

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Board of Occupational Therapy

RULE CITATION: 21 NCAC 38 .0103

DEADLINE FOR RECEIPT: Thursday, June 7, 2018

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (1), since "ADL" is used elsewhere, would it be appropriate to add "ADL" here?

In (2), please delete "specific"

In (6), please add a comma after "financial management." Also, since "IADL" is used elsewhere, would it be appropriate to add it here?

In (13)(a), please add a comma after "psychosocial"

In (13)(c), please change "which" to "that"

In (14), please delete "currently"

In (15)(c)(ii), please change "community/work" to "community and work" or "community or work."

In (15)(c)(viii), please add a comma after "work" and "school"

In (15)(c)(xiii), please delete the comma after "modalities"

In (16), delete "currently"

In (19), please change "it implies" to "it means"

In (21), please add a comma after "exchanges"

In (21), line 116-117, since there appears to now only be direct supervision for students and assistants and direct supervision for unlicensed personnel and volunteers, is this necessary? It does not appear as though there are options for movement at this point since the "close supervision" provision has been deleted.

Amber May
Commission Counsel
Date submitted to agency: May 23, 2018

In (21), it appears to me that the definition of "supervision" is actually intended to be the definition for "general supervision." I say this because throughout your rules, you reference "general supervision" and "direct supervision." Also, the definition of "direct supervision" directly contradicts the definition of "supervision." Please clarify. A suggestion is as follows (please note that I've made my suggestions in blue and have tried to format them accordingly – this is only a suggestion and you are in no way required to use it. If you choose to use it, please ensure the accuracy and feel free to make any changes you deem necessary):

- (21) "Supervision" is the process by which two or more people participate in joint effort to establish, ~~maintain~~ maintain, and elevate a level of performance to ensure the safety and welfare of clients during the provision of occupational therapy. A variety of types and methods of supervision may be used. Methods Supervision may include direct face to face contact and indirect contact. Examples of methods or types of supervision that involve face to face direct contact include observation, modeling, co-treatment, discussions, teaching, instruction, [phone] [conversations, and video conferencing. [Methods of observation include face to face, synchronous or asynchronous videoconferencing.] Examples of methods or types of supervision that involve indirect contact include phone conversations, written correspondence, electronic exchanges, and other methods using telecommunication technology. Supervision is structured according to the supervisee's qualifications, position, level of preparation, depth of experience and the environment within which the supervisee functions. [A change in practice setting may require a change in level of supervision until service competency has been established.] Levels of supervision are:
- (a) "Close supervision" requires daily, direct contact at the service delivery site (where intervention plan is provided); [at least weekly:]
- (i) observation for a minimum of 60 minutes of occupational therapy services provided by the occupational therapy assistant; and
- (ii) review of the occupational therapy assistant's entire caseload, observations and delegated services through direct or indirect contact.]
- (b)(a) "General supervision" supervision", which is required for all occupational therapy assistants. It includes a variety of types and methods of supervision and may include observation, modeling, co-treatment, discussions, teaching, instruction, phone conversations, videoconferencing, written correspondence, electronic exchanges, and other telecommunication technology. Methods of observation include face-to-face, synchronous or asynchronous videoconferencing. General supervision shall be required at least monthly monthly; and direct contact, with supervision available as needed by other methods. [or indirect contact.]
- (c)(b) "Direct supervision" supervision", which is required for all [of] unlicensed personnel and volunteers. It means the Occupational Therapy supervisor must be within audible and visual range of the client and unlicensed personnel and available for immediate physical intervention. Direct supervision is required for unlicensed personnel. Videoconferencing is not allowed for direct supervision.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 23, 2018

21 NCAC 38 .0103 is proposed for amendment with changes as follows:

21 NCAC 38 .0103 DEFINITIONS

The definitions in G.S. 90-270.67 apply to this Chapter. The following definitions also apply to the Chapter:

- (1) "Activities of daily living" means self-care activities.
- (2) "Assessment" means the specific tools or instruments that are used during the evaluation process.
- (3) "Client" means a person, group, program, organization, or community for whom the occupational therapy practitioner is providing services.
- (4) "Entry-level" means a person who has no experience in a specific position, such as a new graduate, a person new to the position, or a person in a new setting with no previous experience in that area of practice.
- (5) "Evaluation" means the process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results.
- (6) "Instrumental activities of daily living" means multi-step activities to care for self and others, such as household management, financial management and childcare.
- (7) "Intervention" means treatment.
- (8) "Intervention plan" is the program established by the occupational therapist for the delivery of occupational therapy services. It may also be referred to as treatment plan, individualized education plan (IEP), individualized family service plan (IFSP), plan of care, or other terminology as determined by the occupational therapy service delivery setting.
- (9) "Level I Fieldwork" provides introductory level clinical training opportunities.
- (10) "Level II Fieldwork" provides clinical training in preparation for entry-level practice.
- (11) "Neglect of duty" occurs when a Board member fails to attend a majority of the official meetings of the Board within any 12 month period.
- (12) "Occupational Therapy", as defined in G.S. 90-270.67(4), may include evaluation of activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
- (13) "Occupational Therapy evaluation, treatment, and consultation" include the following:
 - (a) remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychosocial and developmental process;
 - (b) adaptation of skills, process or environment, or the teachings of compensatory techniques in order to enhance performance;
 - (c) disability prevention methods and techniques which facilitate the development or safe application of performance skills;
 - (d) promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction; and

- (e) interpretation of the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.
- (14) "Occupational therapy practitioner" means an individual currently licensed by the Board as an occupational therapist or an occupational therapy assistant.
- (15) "Occupational therapy services" include the following:
- (a) Methods or strategies selected to direct the process of interventions such as:
 - (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired;
 - (ii) Compensation, modification, or adaptation of activity or environment to enhance performance;
 - (iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline;
 - (iv) Health promotion and wellness to enable or enhance performance in everyday life activities; and
 - (v) Prevention of barriers to performance, including disability prevention.
 - (b) Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:
 - (i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems);
 - (ii) Habits, routines, roles, and behavior patterns;
 - (iii) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance; and
 - (iv) Performance skills, including motor, process, and communication/interaction skills.
 - (c) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure and social participation, including:
 - (i) Therapeutic use of occupations, exercises, and activities;
 - (ii) Training in self-care, self-management, home management, and community/work reintegration;
 - (iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills;
 - (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process;
 - (v) Education and training of individuals, including family members, caregivers, and others;

- (vi) Care coordination, case management, and transition services;
- (vii) Consultative services to groups, programs, organizations, or communities;
- (viii) Modification of home, work school or community environments and adaptation of processes, including the application of ergonomic principles;
- (ix) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices;
- (x) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management;
- (xi) Driver rehabilitation and community mobility;
- (xii) Management of feeding, eating, and swallowing to enable eating and feeding performance; and
- (xiii) Application of physical agent modalities, and use of a range of specific therapeutic procedures to enhance performance skills.
- (16) "Occupational therapy student" means an individual currently enrolled in an occupational therapist or occupational therapy assistant program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE).
- (17) "Practice Act" refers to the North Carolina Occupational Therapy Practice Act found in G.S. 90-270.65 et. seq.
- (18) "Screening" means obtaining and reviewing data relevant to a potential client to determine the need for further evaluation and intervention.
- (19) "Service Competency" is the ability to provide occupational therapy services in a safe and effective manner. It implies that two practitioners can perform the same or equivalent procedure and obtain the same result.
- (20) "Skilled occupational" therapy services when rendered by an occupational therapist or occupational therapy assistant means functions that require the exercise of professional occupational therapy judgment, including the interpretation of referrals, screening, assessment, evaluation, development or modification of intervention plans, implementation of intervention, reassessment, or discharge planning.
- (21) "Supervision" is the process by which two or more people participate in joint effort to establish, maintain and elevate a level of performance to ensure the safety and welfare of clients during the provision of occupational therapy. A variety of types and methods of supervision may be used. Methods of [Supervision] supervision may include ~~direct face-to-face contact and indirect contact.~~ Examples of methods or types of supervision that involve face to face [direct] contact include observation, modeling, co-treatment, discussions, teaching, instruction, phone [conversations] conversations, and video teleconferencing, teleconferencing, written correspondence, electronic exchanges and other telecommunication technology. Methods of observation include face-to-face,

synchronous or asynchronous videoconferencing. Examples of methods or types of supervision that involve indirect contact include phone conversations, written correspondence, electronic exchanges, and other methods using telecommunication technology. Supervision is structured according to the supervisee's qualifications, position, level of preparation, depth of experience and the environment within which the supervisee functions. A change in practice setting may require a change in level of supervision until service competency has been established. Levels of supervision are:

(a) "Close supervision" requires daily, direct contact at the service delivery site (where intervention plan is provided); [at least weekly:]

(i) observation for a minimum of 60 minutes of occupational therapy services provided by the occupational therapy assistant; and

(ii) review of the occupational therapy assistant's entire caseload, observations and delegated services through direct or indirect contact.]

(b)(a) "General supervision" is requires required at least monthly monthly direct contact, with supervision available as needed by other methods. [or indirect contact.]

(e)(b) "Direct supervision" of unlicensed personnel and volunteers means the Occupational Therapy supervisor must be within audible and visual range of the client and unlicensed personnel and available for immediate physical intervention. Direct supervision is required for unlicensed personnel. Videoconferencing is not allowed for direct supervision.

(22) "Unlicensed personnel" means individuals within an occupational therapy setting who provide supportive services to the occupational therapist and the occupational therapy assistant and who function only under the guidance, responsibility, and supervision of the licensed occupational therapist or occupational therapy assistant to provide only specifically selected client-related or non-client related tasks for which the unlicensed personnel has been trained and has demonstrated competence.

History Note: Authority G.S. 90-270.67; 90-270.69(4);

Eff. July 1, 1985;

Amended Eff. July 1, 2007; May 1, 1989; May 1, 1987;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016;

Amended Eff. July 1, 2018.

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Board of Occupational Therapy

RULE CITATION: 21 NCAC 38 .0803

DEADLINE FOR RECEIPT: Thursday, June 7, 2018

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a), what is meant by "provided that the activities are consistent with the provisions of rules in this Section"? How is this determined?

In (a), please specify what the pre-approval is. I assume based upon the title of the rule that is for pre-approval of activities for maintaining continuing competence. Please make this clear within the text of the Rule.

How is pre-approval obtained? It looks like the old (b) provided this information, but that is being deleted. Is this information provided elsewhere in your rules or statutes?

Please end (a)(1) through (3) with semi-colons, and add an "and" at the end of (a)(2).

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 23, 2018

21 NCAC 38 .0803 is proposed for amendment as follows:

**21 NCAC 38 .0803 APPROVAL OF ACTIVITIES FOR MAINTAINING CONTINUING
COMPETENCE**

(a) Provided that the activities are consistent with the provisions of rules in this Section, the Board shall grant pre-approval to:

- (1) Continuing competence activities sponsored or approved by the North Carolina Occupational Therapy Association,
- (2) Continuing competence activities sponsored or approved by the American Occupational Therapy Association,
- (3) Continuing competence activities sponsored by AOTA approved providers.

~~(b) A provider who wishes to obtain Board approval of activities for maintaining continuing competence, consistent with Rule .0804 of this Section, shall submit to the Board, at least 90 days in advance of the program, the following:~~

- ~~(1) course description;~~
- ~~(2) learning outcomes;~~
- ~~(3) target audience;~~
- ~~(4) content focus;~~
- ~~(5) agenda for the activity;~~
- ~~(6) amount of contact hours;~~
- ~~(7) qualifications for the presenter(s);~~
- ~~(8) sample documentation for demonstrating satisfactory completion by course participants such as certificate of completion.~~

~~(c) Upon review of the completed application, the Board shall notify the provider as to whether or not the program has been approved.~~

~~(d)~~ (b) A provider of a continuing competence activity shall furnish documentation for demonstrating completion to all participants, specifying the following information:

- (1) name of the participant;
- (2) name of the provider;
- (3) dates of the activity and completion;
- (4) title and location of the activity;
- (5) number of contact hours; and
- (6) signature of the provider or representative.

*History Note: Authority G.S. 90-270.69; 90-270.75(a);
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016;
Amended Eff. July 1, 2018.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Board of Occupational Therapy

RULE CITATION: 21 NCAC 38 .0903

DEADLINE FOR RECEIPT: Thursday, June 7, 2018

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The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

I'm a bit confused as to what is going on in this rule as the provisions appear to conflict. On line 5, the Rule says that the kind of supervision required will vary dependent upon the factors set forth in this rule; however, Item (1) seems to say that all assistants require "general supervision", but additional supervision may be provided at the discretion of the therapist and the assistant. If that's the case, please say that and delete all of the superfluous information. If not, please clarify within the rule.

On line 7, what is meant by "regulatory requirements"? Do you mean your Rules? Please clarify.

In Item (1), please note my comment above about the definition of "general supervision" in .0103. Do you mean "assistants require supervision on a monthly basis?" Since "supervision" appears to be the definition that you are getting to, would it make sense to use that term here?

In Item (2), what is meant by "supervision that is more frequent than the minimum level required by the practice setting or regulatory agencies"? Do you mean "more than general supervision as defined by 21 NCAC 38 .0103"? Please clarify.

In Item (2), line 12-13, what is meant by "regulatory agencies"? Please clarify.

In Item (2), line 16, is whether additional supervision "is necessary to ensure safe and effective delivery" in the exclusive discretion of the therapist and the assistant?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 23, 2018

21 NCAC 38 .0903 is proposed for amendment with changes as follows:

21 NCAC 38 .0903 TYPES OF SUPERVISION

Occupational therapy assistants at all levels require supervision by an occupational therapist. The specific frequency, methods, and content of supervision may vary by practice setting and are dependent on the complexity of client needs, number and diversity of clients, demonstrated service competency of the occupational therapist and the occupational therapy assistant, type of practice setting, requirements of the practice setting, and other regulatory requirements. Based on this the following apply:

~~(1) Occupational therapy assistants with less than one year experience and occupational therapy assistants new to a particular practice setting require close supervision;~~

~~(2)~~(1) Occupational therapy assistants with more than one year of experience require general supervision; and

~~(3)~~(2) Supervision that is more frequent than the minimum level required by the practice setting or regulatory agencies is necessary when the needs of the client and the occupational therapy process are complex and changing, the practice setting provides occupational therapy services to a large number of clients with diverse needs, or the occupational therapist and occupational therapy assistant determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.

History Note: Authority G.S. 90-270.69;

Eff. July 1, 2007;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016;

Amended July 1, 2018.

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Board of Occupational Therapy

RULE CITATION: 21 NCAC 38 .0905

DEADLINE FOR RECEIPT: Thursday, June 7, 2018

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

Whose evaluation, intervention, and outcomes evaluation? The client's? Please clarify.

On line 5, please add "shall" before "have"

In (b), specifically delegated by whom? The therapist? Is there a rule that says what may and may not be delegated? If so, please consider providing a cross-reference. Also, please delete "specifically"

In (b), lines 24, how is it determined whether competency has been established? Is this at the discretion of the therapist? Of what factors is this to be determined?

(2)(a) requires that the plan be developed collaboratively with the assistant, but (2)(b) says that the assistant may be involved. These provisions appear to conflict with each other.

In (3)(a)(ii), is there a cross-reference available to the delegable duties or is this solely at the discretion of the therapist so long as the assistant is determined to be competent by the therapist?

*Out of curiosity, in an effort to understand your rules, when does (3)(c) come into play? Is there a requirement anywhere that therapists must delegate some actions to an assistant? (Based upon (4)(c), (5)(c), (6)(b), it looks like the answer is yes, but is this correct?) Is this protection intended to get to the therapists who don't delegate activities to an assistant or is it also intended to get to the assistant who refused to perform a duty because he or she is not comfortable? If it's the latter, would it be helpful to add something like "for refusing to delegate or provide required training for delegation **or refusing the perform delegated duties**, if the..."?*

Amber May
Commission Counsel
Date submitted to agency: May 23, 2018

In (4)(a), when must this meeting occur? After treatment has begun? Also, must the therapist allow the assistant to be at the meeting and the assistant may choose not to or is it at the discretion of the therapist?

In (4)(c), (5)(c), (6)(c), this requires that an assistant "shall" perform these duties, but do you mean "may", such that this is only applicable if these duties have been delegated? In (7)(b), do you mean that they have to be knowledgeable if duties have been delegated?

In (5)(a), what is the intent of "recognizing the unique requirements of specific practice settings, payors, and service delivery models"? Is this language necessary given that you have provided the requirements in (a)(1) through (5)? In (5)(a), line 55, please add a comma after "intervention"

In (5)(a), please delete or define "unique" and "specific"

In (5)(c)(ii), please add a comma after "response"

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 23, 2018

21 NCAC 38 .0905 is proposed for amendment as follows:

21 NCAC 38 .0905 DELINEATION OF CLINICAL RESPONSIBILITIES

Regardless of the setting in which occupational therapy services are delivered, the occupational therapist and the occupational therapy assistant have the following responsibilities during evaluation, intervention, and outcomes evaluation:

(1) Evaluations:

(a) The occupational therapist shall;

- (i) Direct the evaluation process;
- (ii) Determine the need for services;
- (iii) Define the problems within the domain of occupational therapy that need to be addressed;
- (iv) Determine the client's goals and priorities in collaboration with the occupational therapy assistant and the client or caregiver;
- (v) Interpret the information provided by the occupational therapy assistant and integrate that information into the evaluation decision-making process;
- (vi) Establish intervention priorities;
- (vii) Determine specific future assessment needs;
- (viii) Determine specific assessment tasks that can be delegated to the occupational therapy assistant; and
- (ix) Initiate and complete the evaluation, interpret the data, and develop the intervention plan in collaboration with the occupational therapy assistant.

(b) The occupational therapy assistant may contribute to the evaluation process by implementing specifically delegated assessments for which service competency has been established.

(2) Intervention Planning:

- (a) The occupational therapist shall develop the occupational therapy intervention plan. The plan shall be developed collaboratively with the occupational therapy assistant and the client or caregiver; and
- (b) The occupational therapy assistant may provide input into the intervention plan.

(3) Intervention implementation:

(a) The occupational therapist:

- (i) Shall implement the occupational therapy intervention;
- (ii) May delegate aspects of the occupational therapy intervention to the occupational therapy assistant depending on the occupational therapy assistant's service competency; and
- (iii) Shall supervise all aspects of intervention delegated to the occupational therapy assistant.

- (b) The occupational therapy assistant shall implement delegated aspects of intervention in which the occupational therapy assistant has established service competency; and
- (c) Occupational therapists or occupational therapy assistants shall not be subject to disciplinary action by the Board for refusing to delegate or refusing to provide the required training for delegation, if the occupational therapist or occupational therapy assistant determines that delegation may compromise client safety.
- (4) Intervention review:
- (a) The occupational therapist shall meet with each client who has been assigned to an occupational therapy assistant to further assess the client, to evaluate intervention, and, if necessary, to modify the individual's intervention plan. The occupational therapy assistant may be present at this meeting;
- (b) The occupational therapist shall determine the need for continuing or discontinuing services; and
- (c) The occupational therapy assistant shall contribute to the process of determining continuing or discontinuing services by providing information about the client's response to intervention to assist with the occupational therapist's decision making.
- (5) Documentation:
- (a) The occupational therapy practitioner shall document each evaluation, intervention and discharge plan recognizing the unique requirements of specific practice settings, payors, and service delivery models. Documentation shall include the following elements:
- (i) Client name or identifiable information;
- (ii) Signature with occupational therapist or occupational therapy assistant designation of the occupational therapy practitioner who performed the service;
- (iii) Date of the evaluation, intervention, or discharge plan;
- (iv) Objective and measurable description of contact or intervention and client response; and
- (v) Length of time of intervention session or evaluation.
- (b) The occupational therapist shall determine the overall completion of the evaluation, intervention, or discharge plan; and
- (c) The occupational therapy assistant shall;
- (i) Document intervention, intervention response and outcome; and
- (ii) Document client's level of function at discharge.
- (6) Discharge:
- (a) The occupational therapist shall determine the client's discharge from occupational therapy services; and
- (b) The occupational therapy assistant shall:
- (i) Report data for discharge summary; and

- (ii) Formulate discharge or follow-up plans under the supervision of the occupational therapist.
- (7) Outcome evaluation:
- (a) The occupational therapist is responsible for the selection, measurement, and interpretation of outcomes that are related to the client's ability to engage in occupations; and
- (b) The occupational therapy assistant must be knowledgeable about the client's targeted occupational therapy outcome and provide information relating to outcome achievement.
- (8) Supervision of occupational therapy students:
- (a) An occupational therapy practitioner shall comply with Accreditation Council for Occupational Therapy Education (ACOTE) requirements for experience when supervising Level II fieldwork occupational therapist and occupational therapy assistant students, which ACOTE requirements, including subsequent amendments and editions, are incorporated by reference. Copies of the incorporated material are available for inspection at the Board office and are available for purchase for five dollars (\$5.00);
- (b) The occupational therapist may supervise Level I and Level II fieldwork occupational therapist and occupational therapy assistant students; and
- (c) The occupational therapy assistant may:
- (i) Supervise Level I occupational therapist or occupational therapy assistant students;
- (ii) Supervise Level II occupational therapy assistant students; and
- (iii) Participate in the supervision of Level II occupational therapist students under the direction and guidance of the supervising occupational therapist.
- (9) Supervision of unlicensed personnel and volunteers. Direct supervision is required for unlicensed personnel. Unlicensed personnel or volunteers may be supervised by occupational therapists or occupational therapy assistants.

History Note: Authority G.S. 90-270.69;

Eff. July 1, 2007;

Amended Eff. December 1, 2009;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016;

Amended Eff. July 1, 2018.