

**REGULATION NO. 6:  
REGULATIONS GOVERNING THE LICENSING  
AND PRACTICE OF OCCUPATIONAL  
THERAPISTS**

1. APPLICATION FOR LICENSURE. Any person who plans to practice as a licensed occupational therapist or occupational therapy assistant in the state of Arkansas shall, in addition to demonstrating his or her eligibility in accordance with the requirements of Section 7 of Act 381 of 1977, apply for licensure to the Board, on forms and in such a manner as the Board shall prescribe.
  - 1.1 FORMS. Application forms can be secured from the Arkansas State Medical Board.
  - 1.2 FILING REQUIREMENTS. Completed applications shall be submitted together with necessary documents and filing fee to the Board. The filing fee is not refundable. Applications and documentation must be completed within one year of date of receipt by the Arkansas State Medical Board. Applications and documentation over one year old are voided and the applicant must reapply.
  - 1.3 BOARD ACTION ON APPLICANTS. Applications for licensure shall be acted upon by the Board no later than its next regularly scheduled meeting following the receipt of the required fee and all credentials.
2. EXAMINATION. All occupational therapists and occupational therapy assistants are required to pass an examination, approved by the Board, for licensure to practice the profession in Arkansas, except as otherwise provided in Arkansas Code 17-88-103. The Board has adopted for this purpose the examination administered by the National Board for Certification in Occupational Therapy for the certification of occupational therapists and occupational therapy assistants. For this purpose the Board shall follow the schedule, format and acceptable passing scores set by the National Board for Certification in Occupational Therapy and its designated agent. Applicants may obtain their examination scores in accordance with such rules as the National Board for Certification in Occupational Therapy may establish.
  - 2.1 RE-EXAMINATION. An applicant who fails an examination may make reapplication to the National Board for Certification in Occupational Therapy for re-examination accompanied by the prescribed fee. Any applicant who fails or misses three (3) examinations must take additional educational work in the areas of his weakness as determined by the Committee before being eligible for re-examination.
3. LICENSING. All occupational therapists and occupational therapy assistants must be licensed to practice in the state of Arkansas prior to practicing the profession.

- 3.1 BY EXAMINATION. The Board shall register as an occupational therapist or occupational therapy assistant and shall issue a license to any person who satisfactorily passes the said examination provided for in these Rules and Regulations, and who otherwise meets the requirements for qualification contained herein and pays a fee as determined by the Board.
- 3.2 TEMPORARY LICENSES. The Secretary of the Board shall issue a temporary license, without examination, to practice occupational therapy, in association with an occupational therapist, licensed under the Act, to persons who have completed the education and experience requirements of the Act and rules and who are required to be licensed in order to obtain employment as an occupational therapist or an occupational therapy assistant. The temporary license shall only be renewed once if the applicant has not passed the examination or if the applicant has failed to take the qualifying examination, unless the failure is justified by good cause acceptable at the discretion of the Board, with recommendation of the Committee.
- 3.3 RENEWAL.
  - (A) A renewal or re-registration fee shall be paid annually to the Board by each occupational therapist and occupational therapy assistant who holds a license to practice occupational therapy in the State of Arkansas.
  - (B) Each licensee must complete, answer truthfully, and provide such information on a Renewal Application prior to being relicensed.
  - (C) Each occupational therapist and occupational therapy assistant shall be required to complete ten (10) continuing education credits each year, as a prerequisite for license renewal in the State of Arkansas. Credit for continuing education requirements may be earned in the following manner:
    - (1) Workshops, refresher courses, professional conferences, seminars, or facility-based continuing education programs, for occupational therapists. Hour for hour credit on program content only.
      - (a) Evaluate professional skills using the National Board for Certification in Occupational Therapy online Self-Assessment tool or similar professional skills assessment tool; limited to one (1) continuing education credit.
      - (b) Volunteer for an organization that enhances one's practice roles; limited to two (2) continuing education credits. Five (5) hours of volunteer work equals one (1) continuing education credit. Hours will need to be verified from the organization on their letterhead. Letter

will confirm hours and the overall outcome of the service.

- (c) Mentoring an occupational therapist or occupational therapy assistant colleague to improve skills; limited to two (2) continuing education credits. Form on the National Board for Certification in Occupational Therapy website must be completed and submitted to the Board.
- (d) Receive mentoring from a current licensed occupational therapist or occupational therapy assistant. Form from NBCOT's website must be completed and submitted to the Board; limited to two (2) continuing education credits.
- (e) Participation in a professional occupational therapy study group/online study group designed to expand one's knowledge; limited to two (2) continuing education credits.
- (f) Level I fieldwork supervision equals two (2) continuing education credits and Level II fieldwork supervision equals four (4) continuing education credits; limited to four (4) continuing education credits.
- (2) Professional presentation at a state, national, or international workshop, seminar, or conference. One-time presentation per topic; time spent on preparation cannot be included. Limited to ten (10) continuing education credits.
- (3) Formal academic coursework related to the field of occupational therapy. One (1) to two (2) semester hour class equivalent to five (5) continuing education credits. Three (3) to four (4) semester hour class equivalent to ten (10) continuing education credits.
  - (a) Serve as adjunct faculty teaching an occupational therapy course (must not be one's primary role); limited to ten (10) continuing education credits.
- (4) Publications/Media; Research/Grant activities. A request to receive credit for these activities must be submitted in writing, for approval, to the Arkansas State Occupational Therapy Examining Committee thirty (30) days prior to the expiration of the license. Ten (10) continuing education credits earned however grant must be complete and the Committee must provide pre-approval before being accepted for continuing education credits.
  - (a) Developing training manuals, multimedia, or software programs that advance the professional skills of occupational therapist (must not be

one's primary role); limited to five (5) continuing education credits for non-peer review and ten (10) continuing education credits for published peer review.

- (b) Author of a practice-area related article in a non-peer reviewed professional publication; limited to five (5) continuing education credits.
- (c) Author of a practice-area related article in a peer-reviewed professional publication; limited to ten (10) continuing education credits.
- (d) Author of a practice-area related article in a newsletter or community newspaper; limited to one (1) continuing education credit.
- (e) Author of a chapter in a practice-area related professional textbook; limited to ten (10) continuing education credits.
- (5) Self-study.
  - (a) Book, journal or video reviews. Must be verified by submission of a one (1) page typewritten review of the material studied, including application to clinical practice, one (1) continuing education credit per review; two (2) hour maximum per year.
  - (b) Self-study coursework verified by submission of proof of course completion. The number of contact hours credited will be determined by the Arkansas Occupational Therapy Examining Committee. Course outline and proof of completion must be submitted to the Committee thirty (30) days prior to the expiration of the license.
- (6) Any deviation from the above continuing education categories will be reviewed on a case by case basis by the Committee. A request for special consideration or exemption must be submitted in writing sixty (60) days prior to the expiration of the license.
- (7) All continuing education programs shall directly pertain to the profession of occupational therapy. The Committee will not pre-approve continuing education programs. All occupational therapists licensed by the Board in the State of Arkansas must complete annually ten (10) continuing education hourly units as a condition for renewal of a license. Each licensee will sign his or her renewal application verifying that he or she has completed said ten (10) hours and will maintain for a period of three (3) years proof of

the courses taken, should it be requested by the Board for audit purposes. Acceptable documentation to maintain on file is as follows:

- (a) Official transcripts documenting completion of academic coursework directly related to the field of occupational therapy.
  - (b) A signed verification by a program director or instructor of the practitioner's attendance in a program, by letter on letterhead of the sponsoring agency, certificate, or official continuing education transcript, accompanied by a brochure, agenda, program or other applicable information indicating the program content.
  - (c) A letter from a practitioner's supervisor on the agency's letterhead, giving the names of the continuing education programs attended, location, dates, subjects taught, and hours of instruction.
- (8) Therapists receiving a new license will not be required to submit for continuing education credit during the first partial year of licensure. Failure to submit verification of continuing education for renewal will result in issuance of a "failure to comply" notification. If the continuing education submitted for credit is deemed by the Committee to be unrelated to the profession of occupational therapy, the applicant will be given three (3) months to earn and submit replacement hours. These hours will be considered as replacement hours and cannot be counted during the next licensure period. If the applicant feels the continuing education credit has been denied inappropriately, the applicant may appeal the issue to the Board for determination within thirty (30) days of the date of receiving notice from the Committee. The Board will be responsible for maintaining all of the records involved in the continuing education requirements set forth in this regulation. The re-registration fee and proof of continuing education completed, as set forth above, shall be presented to the Board and the Committee before or during the birth month of the license holder each year. Failure to re-register and comply with the continuing education requirements by the last day of the birth month of the license holder of that year shall cause the license of the occupational therapist or occupational therapy assistant in question to automatically expire. This

requirement becomes effective 1993 with the first submission of continuing education credits being required in January of 1994.

- 3.4 REINSTATEMENT. Any delinquent license of less than five (5) years may be reinstated, at the discretion of the Board by,
- (A) Paying all delinquent fees and a penalty of Twenty Five and No/100 (\$25.00) Dollars for each year or part of a year he or she has been delinquent, and
  - (B) by providing proof of completion of the continuing education requirement for each year, and
  - (C) completing the Renewal Application provided by the Board.

Any person who shall fail to re-register and pay the annual license fee for five (5) consecutive years shall be required to make reapplication to the Board before his or her license may be reinstated.

4. REFUSAL, REVOCATION, AND/OR SUSPENSION OF LICENSE. The Board after due notice and hearing may deny or refuse to renew a license, or may suspend or revoke a license, or impose such penalties as provided by the Practice Act, where the licensee or applicant for license has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public.

Such unprofessional conduct shall include:

- (A) Obtaining a license by means of fraud, misrepresentation or concealment of material facts; or providing false material to the Board at application or renewal.
- (B) Being guilty of unprofessional conduct or gross negligence as defined by rules established by the Committee, or violating the Code of Ethics adopted and published by the Committee;
- (C) Treating, or undertaking to treat, ailments of human beings otherwise than by occupational therapy, as authorized by the Act;
- (D) Being convicted of a crime other than minor offenses defined as "minor misdemeanors", "violations", or "offenses", in any court, except those minor offenses found by the Board to have direct bearing on whether one should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant;
- (E) Use of any drug or alcohol to an extent that impairs his or her ability to perform the work of an occupational therapist with safety to the public;
- (F) Being adjudged to have a mental condition that renders him or her unable to practice occupational therapy with reasonable skill and safety to patients.

5. FEES. The fees are as follows:

	OT	OTA
A. Application Fee	\$25.00	\$25.00
B. Full License Fee	\$50.00	\$25.00
C. Temporary Permit Fee	\$25.00	\$25.00
D. Reinstatement Fee		
All delinquent fees plus \$25.00 late fee per year for each year delinquent up to five (5) years.		
E. Annual Renewal Fee	\$65.00	\$65.00
F. Renewal Late Fee	\$25.00	\$25.00

6. DEFINITIONS

6.1 ACT DEFINED. The term Act as used in these rules shall mean the Arkansas State Occupational Therapy Licensing Act 381 of 1977.

6.2 FREQUENT AND REGULAR SUPERVISION DEFINED: As specified in the Occupational Therapy Practice Act 17-88-102, (3) an "occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy under the frequent and regular supervision by or in consultation with an occupational therapist whose license is in good standing. "Frequent" and "regular" are defined by the Arkansas State Occupational Therapy Examining Committee as consisting of the following elements:

- (A) The supervising occupational therapist shall have a legal and ethical responsibility to provide supervision, and the supervisee shall have a legal and ethical responsibility to obtain supervision regarding the patients seen by the occupational therapy assistant.
- (B) Supervision by the occupational therapist of the supervisee's occupational therapy services shall always be required, even when the supervisee is experienced and highly skilled in a particular area.
- (C) Frequent/Regular Supervision of an occupational therapy assistant by the occupational therapist is as follows:
  - 1) The supervising occupational therapist shall meet with the occupational therapy assistant for on-site, face to face supervision a minimum of one (1) hour per forty (40) occupational therapy work hours performed by the occupational therapy assistant, to review each patient's progress and objectives.
  - 2) The supervising occupational therapist shall meet with each patient and the occupational therapy assistant providing services on a monthly basis, to review patient progress and objectives.
  - 3) Supervision Log. It is the responsibility of the occupational therapy assistant to maintain on file signed documentation reflecting supervision activities. This supervision documentation shall contain the following: date of supervision, time

(start to finish), means of communication, information discussed, number of patients, and outcomes of the interaction. Both the supervising occupational therapist and the occupational therapy assistant must sign each entry.

- 4) Each occupational therapy assistant will maintain for a period of three (3) years proof of a supervision log, should it be requested by the Board for audit purposes.
- (D) The occupational therapists shall assign, and the occupational therapy assistant shall accept, only those duties and responsibilities for which the occupational therapy assistant has been specifically trained and is qualified to perform, pursuant to the judgment of the occupational therapist.
  - (1) Assessment/reassessment. Patient evaluation is the responsibility of the occupational therapists. The occupational therapy assistant may contribute to the evaluation process by gathering data, and reporting observations. The occupational therapy assistant may not evaluate independently or initiate treatment prior to the occupational therapist's evaluation.
  - (2) Treatment planning/Intervention. The occupational therapy assistant may contribute to treatment planning as directed by the occupational therapist. The occupational therapist shall advise the patient/client as to which level of practitioner will carry out the treatment plan.
  - (3) Discontinuation of intervention. The occupational therapy assistant may contribute to the discharge process as directed by the occupational therapist. The occupational therapist shall be responsible for the final evaluation session and discharge documentation.
- (E) Before an occupational therapy assistant can assist in the practice of occupational therapy, he or she must file with the Board a signed, current statement of supervision of the licensed occupational therapist(s) who will supervise the occupational therapy assistant. Change in supervision shall require a new status report to be filed with the Board, prior to starting work and when supervision ends.
- (F) In extenuating circumstances, when the occupational therapy assistant is without supervision, the occupational therapy assistant may carry out established programs for up to thirty (30) calendar days while appropriate occupational therapy supervision is sought. It shall be the

responsibility of the occupational therapy assistant to notify the Board of these circumstances.

- (G) Failure to comply with the above will be considered unprofessional conduct and may result in punishment by the Board.

6.3 DIRECT SUPERVISION OF AIDES DEFINED.

(A) The occupational therapy aide as defined in 17-88-102 (4) means a person who aids a licensed occupational therapist or occupational therapy assistant in the practice of occupational therapy, whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy.

(B) The aide functions with supervision appropriate to the task as determined by the supervisor. This supervision is provided by the occupational therapists or the occupational therapy assistant. The aide is not trained to make professional judgments or to perform tasks that require the clinical reasoning of an occupational therapy practitioner. The role of the aide is strictly to support the occupational therapist or the occupational therapy assistant with specific non-client related tasks, such as clerical and maintenance activities, preparation of a work area or equipment, or with routine client-related aspects of the intervention session.

(C) Any duties assigned to an occupational therapy aide must be determined and appropriately supervised on-site, in-sight daily by a licensed occupational therapist or occupational therapy assistant and must not exceed the level of training, knowledge, skill and competence of the individual being supervised. Direct client related duties shall require continuous visual supervision by the occupational therapist or the occupational therapy assistant. The Board holds the supervising occupational therapist professionally responsible for the acts or actions performed by any occupational therapy aide supervised by the therapist in the occupational therapy setting.

(D) Duties or functions which occupational therapy aides shall not perform include the following:

- (1) Interpreting referrals or prescriptions for occupational therapy services;
- (2) Performing evaluative procedures;
- (3) Developing, planning, adjusting, or modifying treatment procedures;
- (4) Preparing written documentation of patient treatment or progress for the patient's record;

(5) Acting independently or without on-site, in-sight supervision of a licensed occupational therapist during patient therapy sessions.

(E) Direct client related services provided solely by an occupational therapy aide/tech without on-site, in-sight continuous visual supervision by a licensed occupational therapist or an occupational therapy assistant cannot be billed as occupational therapy services.

(F) Failure of licensee to supervise an Aide as described herein will be considered as unprofessional conduct and may result in punishment by the Board.

7. PRINCIPLES OF OCCUPATIONAL THERAPY ETHICS OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION.

The Occupational Therapy Examining Committee has adopted the statement on ethics of the American Occupational Therapy Association as the standard of ethical practice for Occupational Therapists and Occupational Therapy Assistants licensed in the state of Arkansas. A violation of these principles and code of ethics will be considered as unprofessional conduct and may result in disciplinary action by the Board, as defined in the practice act and the administrative procedure act.

The American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards (2010) ("Code and Ethics Standards") is a public statement of principles used to promote and maintain high standards of conduct within the profession. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. "Occupational therapy addresses 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" AOTA, (2004). Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society.

The Occupational Therapy Code of Ethics and Ethics Standards (2010) was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers,

research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.

The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, ethical action is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage.

While much has changed over the course of the profession's history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the Core Values and Attitudes of Occupational Therapy Practice (AOTA, 1993): altruism, equality, freedom, justice, dignity, truth, and prudence. Altruism is the individual's ability to place the needs of others before their own. Equality refers to the desire to promote fairness in interactions with others. The concept of freedom and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (justice). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and dignity of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (prudence). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

The Occupational Therapy Code of Ethics and Ethics Standards (2010) is a guide to professional conduct when ethical issues arise. Ethical decision making is a process that includes awareness of how the outcome will impact occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and where a conflict exists, occupational therapy personnel will pursue responsible efforts for

resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.

The specific purposes of the Occupational Therapy Code of Ethics and Ethics Standards (2010) are to

1. Identify and describe the principles supported by the occupational therapy profession.
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
3. Socialize occupational therapy personnel to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

The Occupational Therapy Code of Ethics and Ethics Standards (2010) define the set of principles that apply to occupational therapy personnel at all levels:

**DEFINITIONS**

**Recipient of service:** Individuals or groups receiving occupational therapy.

**Student:** A person who is enrolled in an accredited occupational therapy education program.

**Research participant:** A prospective participant or one who has agreed to participate in an approved research project.

**Employee:** A person who is hired by a business (facility or organization) to provide occupational therapy services.

**Colleague:** A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.

**Public:** The community of people at large.

**Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.**

Beneficence includes all forms of action intended to benefit other persons. The term beneficence connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2009). Forms of beneficence typically include altruism, love, and humanity. Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2009).

**Occupational therapy personnel shall**

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.

- B. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.
- C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
- D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.
- E. Provide occupational therapy services that are within each practitioner's level of competence and scope of practice (e.g., qualifications, experience, the law).
- F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.
- G. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.
- I. Refer to other health care specialists solely on the basis of the needs of the client.
- J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor's subject area of expertise and level of competence.
- K. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.
- L. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.
- M. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.
- N. Take responsibility for promoting and practicing occupational therapy on the basis of current knowledge and research and for further developing the profession's body of knowledge.

**Principle 2. Occupational therapy personnel shall intentionally refrain from actions that cause harm.**

Nonmaleficence imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). The principle of nonmaleficence is grounded in the practitioner's responsibility to refrain from causing harm,

inflicting injury, or wronging others. While beneficence requires action to incur benefit, nonmaleficence requires non-action to avoid harm (Beauchamp & Childress, 2009). Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This principle often is examined under the context of due care. If the standard of due care outweighs the benefit of treatment, then refraining from treatment provision would be ethically indicated (Beauchamp & Childress, 2009).

**Occupational therapy personnel shall**

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
- C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
- D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
- E. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
- G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
- H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.
- I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.
- J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one's own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.

K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.

L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.

**Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.**

The principle of autonomy and confidentiality expresses the concept that practitioners have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care and to protect the client's confidential information. Often autonomy is referred to as the self-determination principle. However, respect for autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a "person's right to hold views, to make choices, and to take actions based on personal values and beliefs" (Beauchamp & Childress, 2009, p. 103). Autonomy has become a prominent principle in health care ethics; the right to make a determination regarding care decisions that directly impact the life of the service recipient should reside with that individual. The principle of autonomy and confidentiality also applies to students in an educational program, to participants in research studies, and to the public who seek information about occupational therapy services.

**Occupational therapy personnel shall**

- A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
- B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
- C. Respect the recipient of service's right to refuse occupational therapy services temporarily or permanently without negative consequences.
- D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
- E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.

F. Respect research participant's right to withdraw from a research study without consequences.

G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.

H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.

I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).

J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

**Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.**

Social justice, also called distributive justice, refers to the fair, equitable, and appropriate distribution of resources. The principle of social justice refers broadly to the distribution of all rights and responsibilities in society (Beauchamp & Childress, 2009). In general, the principle of social justice supports the concept of achieving justice in every aspect of society rather than merely the administration of law. The general idea is that individuals and groups should receive fair treatment and an impartial share of the benefits of society. Occupational therapy personnel have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009). While opinions differ regarding the most ethical approach to addressing distribution of health care resources and reduction of health disparities, the issue of social justice continues to focus on limiting the impact of social inequality on health outcomes.

**Occupational therapy personnel shall**

- A. Uphold the profession's altruistic responsibilities to help ensure the common good.
- B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.
- C. Make every effort to promote activities that benefit the health status of the community.
- D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.



E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.

F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.

G. Consider offering pro bono (“for the good”) or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

**Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.**

Procedural justice is concerned with making and implementing decisions according to fair processes that ensure “fair treatment” (Maiese, 2004). Rules must be impartially followed and consistently applied to generate an unbiased decision. The principle of procedural justice is based on the concept that procedures and processes are organized in a fair manner and that policies, regulations, and laws are followed. While the law and ethics are not synonymous terms, occupational therapy personnel have an ethical responsibility to uphold current reimbursement regulations and state/territorial laws governing the profession. In addition, occupational therapy personnel are ethically bound to be aware of organizational policies and practice guidelines set forth by regulatory agencies established to protect recipients of service, research participants, and the public.

**Occupational therapy personnel shall**

- A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.
- B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.
- C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.
- D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.
- E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.

F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.

G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.

H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.

I. Obtain all necessary approvals prior to initiating research activities.

J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.

K. Use funds for intended purposes, and avoid misappropriation of funds.

L. Take reasonable steps to ensure that employers are aware of occupational therapy’s ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.

M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.

N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.

O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.

P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

**Principle 6. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.**

Veracity is based on the virtues of truthfulness, candor, and honesty. The principle of veracity in health care refers to comprehensive, accurate, and objective transmission of information and includes fostering the client’s understanding of such information (Beauchamp & Childress, 2009). Veracity is based on respect owed to others. In communicating with others, occupational therapy

personnel implicitly promise to speak truthfully and not deceive the listener. By entering into a relationship in care or research, the recipient of service or research participant enters into a contract that includes a right to truthful information (Beauchamp & Childress, 2009). In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided. Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle also requires thoughtful analysis of how full disclosure of information may impact outcomes.

**Occupational therapy personnel shall**

- A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
- C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.
- D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- E. Accept responsibility for any action that reduces the public's trust in occupational therapy.
- F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
- G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- I. Give credit and recognition when using the work of others in written, oral, or electronic media.
- J. Not plagiarize the work of others.

**Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.**

The principle of fidelity comes from the Latin root *fidelis* meaning loyal. Fidelity refers to being faithful, which includes obligations of loyalty and the keeping of promises and commitments (Veatch & Flack, 1997). In the health professions, fidelity refers to maintaining good-faith relationships between various service providers and

recipients. While respecting fidelity requires occupational therapy personnel to meet the client's reasonable expectations (Purtillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision-making and professional practice.

**Occupational therapy personnel shall**

- A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.
- B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.
- C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.
- D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.
- E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- F. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.
- G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
- H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

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