



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
September 6, 2012
9:00 a.m.

Members Present

Rebecca Finni, OTR/L, Secretary
Jean Halpin, OTR/L, Chair
Kimberly Lawler, OTR/L
Nanette Shoemaker, COTA/L
Mary Stover, OTR/L

Staff

Lisa Ratinaud, Enforcement Division Supervisor
Jeffrey Rosa, Executive Director

Guests

Jacquelyn Chamberlin, OOTA
Daniel Hurley

Legal Counsel

Yvonne Tertel, AAG

Call to Order

Jean Halpin, Section Chair called the meeting to order at 9:22 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

- Provide Education to the Consumers of Occupational Therapy Services;
- Enforce Practice Standards for the Protection of the Consumer of Occupational Therapy Services;
- Regulate the Profession of Occupational Therapy in an Ever-Changing Environment;
- Regulate Ethical and Multicultural Competency in the Practice of Occupational Therapy;
- Regulate the Practice of Occupational Therapy in all Current and Emerging Areas of Service Delivery.

Approval of Minutes

Action: Jean Halpin moved that the minutes from the July 26, 2012 meeting be approved as submitted. Mary Stover seconded the motion. The motion carried.

Action: Jean Halpin moved that the minutes from the August 2, 2012 retreat be approved as submitted. Kimberly Lawler seconded the motion. The motion carried.

Special Orders

Election of Officers

Action: Mary Stover nominated Jean Halpin to be Section Chairperson for the period beginning September 6, 2012 and ending immediately following the September 2013 Section meeting. Nanette Shoemaker seconded the nomination. All members present voted to elect Jean Halpin as Section Chairperson.

Action: Mary Stover nominated Rebecca Finni to be Section Secretary for the period beginning September 6, 2012 and ending immediately following the September 2013 Section meeting. Kimberly Lawler seconded the nomination. All members present voted to elect Rebecca Finni as Section Secretary.

Appointment of Liaisons

The liaison appointments beginning September 6, 2012 and ending September 30, 2013 are:

Enforcement Division Liaison:	Kimberly Lawler
Licensure Liaison:	Jean Halpin
Continuing Education Liaison:	Kimberly Lawler
Correspondence Liaisons:	Rebecca Finni
Rules Liaison:	Jean Halpin

Action: Mary Stover moved to authorize the Executive Director to accept or reject consent agreements on the

Section's behalf for the period beginning September 6, 2012 and ending on September 30, 2013. Rebecca Finni seconded the motion. The motion carried.

Action: Nanette Shoemaker moved to authorize the use of signature stamps or electronic signatures by the Section Chairperson, Section Secretary, and the Executive Director for the period beginning September 6, 2012 and ending on September 30, 2013. Kimberly Lawler seconded the motion. The motion carried.

Action: Rebecca Finni moved to authorize the Executive Director to make editorial changes to motions for the period beginning September 6, 2012 and ending on September 30, 2013. Nanette Shoemaker seconded the motion. The motion carried.

Action: Mary Stover moved to authorize the use of hearing officers for the period beginning September 6, 2012 and ending on September 30, 2013. Jean Halpin seconded the motion. The motion carried.

Action: Kimberly Lawler moved to authorize the staff to issue licenses to applicants with completed applications and that the Section ratify the licenses issued by the staff at the Section meeting following issuance of license for the period beginning September 6, 2012 and ending September 30, 2013. Mary Stover seconded the motion. The motion carried.

Discussion of Law Changes

The Section reviewed the stakeholders comments on the rules scheduled for Five-Year Review in 2013. The Executive Director will send a thank you email to the individuals that commented on the rules.

Administrative Reports

Continuing Education Report

Action: Nanette Shoemaker moved that the Section approve forty-eight applications for contact hour approval and deny one application for contact hour approval. Kimberly Lawler seconded the motion. The motion carried.

Licensure Report

Action: Mary Stover moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from July 26, 2012 through September 6, 2012, taking into account those licenses subject to discipline, surrender, or non-renewal. Jean Halpin seconded the motion. The motion carried.

Occupational Therapist – Examination

Baker, Sarah	Blazer, Stephen	Bumgardner, Angela
Chennault, Jonathan	Chongolola, Patricia	Crabill, Elizabeth
Dannemiller, Emily	Fox, Tatyanna	Kleindienst, Lindsey
Kuhlman, Manali	McCullough, Molly	Mizner, Tara
Phillips, Julie	Pytlik, Lara	Roth, Elise
Schmachtenberger, Shelly	Schmitt, Bethany	Schulenberg, Diane
Schummer, Lauren	Wurzback, Rebekah	

Occupational Therapy Assistant – Examination

Armentrout, Amy	Artman, Constance	Bailey, Abby
Betts, Beth	Blystone, Rosalyn	Bradley, Darlena
Casolo, Marissa	Clark, Danielle	Conley, Citlali
Daulton, Jenna	Dillon, Tosha	Egan, Stephanie
Fuhrman, Michael	Gallaughner, Leslie	Gehret, Jessica
Gerhardt, Paul	Goebeler, Jessica	Grooms, Nicole
Haas, Kelly	Haisley, Terra	Harris, Helen
Heard, Tanesha	Herning, Jodie	Herr, Brittany
Homenko, Kelly	Horn, Cynthia	James, Rebecca
Jarvis, Amy	Kauffman, Julie	Knasel, Amanda
Krupa, Jennifer	Lammers, Nichole	Lombardi, Jason

Loughry, Kara
Mitchell, Tommie
Nikolenko, Valentina
Pena, Dee
Pratt, Robin
Roberts, Stacey
Scheff, Gina
Singer, Lori
Stewart, Keishana
Truman, Eugene
Wallen, Michelle
Wiegele, Mary

Mathias, Chelsea
Moizuk, Shelia
Paterson, Caitlin
Powers, Rebecca
Richey, Kimberly
Robison, Chelsea
Scherger, Barbara
Smith, Pamela
Svegel, Cecilia
Ugwu, Nkemdilim
Weidger, Danielle
Witte, Susan

McCorkle, Judy
Newman, Mark
Peak, Melody
Prater, Danielle
Roberts, Jammie
Sapp, Barbara
Schmiesing, Ellyn
Spring-Barker, Hope
Swords, Jessica
Wahoff, Julia
Weisenberg, Kimberlyn
Worthington, Mary

Occupational Therapist – Endorsement

Bearden, Lynn
Elam, Valerie
Murray, James
Pflum, Kara

Black, Cara
Groth, Robin
Patel, Mona
Powell, Adia

Conley-Smith, Kristina
Kramer, Kathleen
Petrozzi, Susan
Vaughn, Stephanie

Occupational Therapy Assistant – Endorsement

Gibbs, Casandra
Kittle, Neioka

Greenfield, Amanda
McMurray, Tammie

Haupin, Anna
White, Tiffany

Occupational Therapist – Reinstatement

Berwa, Christina
Leap, Christina
Smith, Teresa

Boyle, Carla
Myers, Elizabeth
Wimer, Brooke

Fagan, Brenda
Petersen, Harmony

Occupational Therapy Assistant – Reinstatement

Bergstedt, Pamela
Jansen, Tina
Selley, Cheri

Bromfield, Marlene
Lightner, Breanne

Horvat, Brandi
Marshall, William

Occupational Therapist – Restoration

None

Occupational Therapy Assistant – Restoration

None

Limited License Agreements

Mary Stover reported the Section received two new limited license applications since the July 26, 2012 meeting. There are currently twenty-two limited license applications/agreements being monitored.

Mary Stover reported that Holly Routenberg complied with all terms and conditions and was released from her limited license agreements.

Mary Stover recommended that, pursuant to rule 4755-3-12(D)(2) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant reinstatement applicant #5200084. **Action:** Rebecca Finni moved that Section grant a limited occupational therapy assistant license agreement to reinstatement applicant #5200084. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Karen Schill.

Mary Stover recommended that, pursuant to rule 4755-3-12(D)(2) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant reinstatement applicant #5209844. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license agreement to reinstatement applicant

#5209844. Rebecca Finni seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Stephanie Hausfeld.

Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report for the Section.

Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened seven cases and closed two cases since the July 26, 2012 meeting. There are currently thirteen cases open. There are three consent agreements and one adjudication order being monitored.

Enforcement Actions

None

Correspondence

1. **Amy Atterholt, OTR/L, MOT:** Ms. Atterholt asked the Section questions regarding whether an occupational therapist can treat a child in two different settings. **Reply:** As the plans of care for each setting would address different goals, it would be acceptable to provide services to a client within a school and outpatient setting. Rules 4755-7-08 (C)(13) and (15)(a) of the Ohio Administrative Code require a licensee to advocate for clients to obtain needed services through available means, and that licensee shall obtain informed consent from clients. The Section recommends that you ensure the client and his or her family is aware and agreeable to having you as the therapy provider in both settings prior to initiating services.
2. **Angela Lambes, OTA/L:** Ms. Lambes asked the Section questions regarding how many level two students an occupational therapy assistant can supervise. **Reply:** Although there is not a specified limit for how many Level II student occupational therapy assistants an occupational therapy assistant may supervise at one time, rule 4755-7-08 (B)(13) of the Ohio Administrative Code states that a licensee shall provide appropriate supervision to individuals for whom the practitioner has supervisory responsibility. Rule 4755-7-04 of the Administrative Code addresses the supervision of occupational therapy assistant students: (A) Supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the: (1) Occupational therapy assistant; (2) Student occupational therapist; (3) Student occupational therapy assistant; and (4) Unlicensed personnel. (E) Student occupational therapy assistant. (1) A student occupational therapy assistant shall be supervised by an occupational therapist or occupational therapy assistant who has completed at least one year of clinical practice as a fully licensed occupational therapist or occupational therapy assistant. (H) Any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. As the supervising occupational therapist is ultimately responsible for all supervised occupational therapy assistants **and** their students, the decision of how many is acceptable should be a collaborative one with your supervising occupational therapist. The Section recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. You may also want to contact the institution you will be receiving students from and contact the academic field work coordinator to review their guidelines for student placement.
3. **Sharon Myers, OTA/L:** Ms. Myers asked the Section questions regarding whether occupational therapy assistants can perform home safety assessment with the patient and family present. **Reply:** A home assessment is an assessment typically performed prior to discharge home from an inpatient or skilled nursing rehabilitation setting. It is primarily performed to determine equipment and environmental needs for the client's safety at home. It is not an evaluation performed within home health services. A home assessment may be performed by an occupational therapy assistant (OTA) with a current client under an established occupational therapy treatment/intervention plan. The OTA can gather objective information and report observations, with or without the client and/or occupational therapist (OT) present. It is the responsibility of the OT to interpret the data gathered by the OTA and collaborate with the OTA to make recommendations. Any collaboration between the OT and OTA must be reflected in client documentation.

4. **Terri Bendele, COTA/L:** Ms. Bendele asked the Section questions regarding whether there is a guideline that physicians can use to identify appropriate clients that would benefit from occupational therapy services. **Reply:** In response to your scenario, occupational therapy practitioners may encounter situations in which they feel a client would not benefit from either an evaluation and/or intervention but other interdisciplinary team members, including the physician, disagree. According to rule 4755-7-08 (C)(1)(b) of the Ohio Administrative Code, an occupational therapist or occupational therapy assistant shall not provide treatment interventions that are not warranted by the client's condition or continue treatment beyond the point of reasonable benefit to the client. Occupational therapy practitioners must clearly document and communicate with the interdisciplinary team. Often, the occupational therapist will perform the evaluation on a client upon receiving an order from the physician. If, in his/her professional opinion, the occupational therapist does not expect the client to benefit from occupational therapy services beyond the initial evaluation, the occupational therapist must clearly document and communicate to the physician that the therapist disagrees with continuing occupational therapy services. If the physician and/or client/client's family decide to continue occupational therapy services after such communication, the occupational therapist may continue to provide services after the client is made aware that no further benefit is expected. In this situation, the occupational therapist would not be in violation of rule 4755-7-08 (C)(1)(b). Regarding the provision of evaluations the therapist may feel are unwarranted under various insurers, it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. However, continued provision of services without documentation supporting their medical necessity can lead to billing and reimbursement issues. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
5. **Patti Berry, OTA/L:** Ms. Berry asked the Section questions regarding supervision requirements for a newly licensed occupational therapy assistant. **Reply:** Rule 4755-7-04 (C) of the Ohio Administrative Code states: Supervision of the occupational therapy assistant, as defined in division (C) of section 4755.04 of the Revised Code, requires initial direction and periodic inspection of the service delivery and relevant in-service training. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. (1) The supervising occupational therapist must provide supervision at least one time per week for all occupational therapy assistants who are in their first year of practice. (3) Supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant. The interactive process must include, but is not limited to, review of the following: (a) Client assessment; (b) Client reassessment; (c) Treatment/intervention plan; (d) Intervention; and (e) Discontinuation of treatment/intervention plan. (4) Co-signing client documentation alone does not meet the minimum level of supervision. (5) It is the responsibility of the occupational therapist and occupational therapy assistant to establish evidence that the supervision occurred in accordance with the requirements of this rule. This evidence may include documentation in the client record, or it may exist as a separate document, such as a collaboration log. As noted above, the supervisory process includes review of the client assessment, reassessment, intervention plan, intervention and discharge plan for clients treated by the occupational therapy assistant *at your facility*. As such, supervision for the occupational therapy assistant with less than one year of experience, *regardless of hours worked*, would be required weekly to review the clients on caseload at all places of employment for the assistant.
6. **Katy Marconett, COTA/L:** Ms. Marconett asked the Section questions regarding clarification on whether occupational therapists are required to sign quarterly progress notes/interims. **Reply:** If progress notes are only printed at the end of the school year to be filed in the student's chart, it would be acceptable for the occupational therapist to review the notes with the assistant during the year and document the review, but co-sign the notes at the end. If reports are printed off and issued to parents periodically throughout the school year, then it is reasonable to have the occupational therapist co-sign at each printing prior to them being filed in the chart. As supervision is an interactive and collaborative process, co-signature of documentation alone does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The evaluating and/or supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence

must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. The Section suggests contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us, and/or the Ohio Occupational Therapy Association's pediatrics member support group chair. They may be able to assist you further with questions regarding school based practice.

7. **Nickie Wolfe, OT:** Ms. Wolfe asked the Section questions regarding whether occupational therapists can supervise home health aide services for occupational therapy clients. **Reply:** There is nothing in the Practice Act that would prohibit an occupational therapist from supervising a home health aide within the home health setting, provided the home health aide would not be providing occupational therapy services. Development of a home health aide care plan is often a natural extension of occupational therapy services, as education and training regarding safety during self care and home management task performance is typically provided by therapy staff to clients and their caregivers. However, the services provided by the home health aide would have to be clearly separate and distinct from the occupational therapy services provided. You may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer policies and/or federal regulations may be more or less restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.
8. **Sylvia Johnson, OTA/L:** Ms. Johnson asked the Section questions regarding whether occupational therapy assistants can supervise a Level I student. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that specifies the qualifications and years of experience required to supervise a Level I student. In fact, ACOTE does not require the supervisor is not required to be an occupational therapy practitioner. The Section recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. You may also want to contact the institution you will be receiving students from and contact the academic field work coordinator to review the objectives that need to be met.
9. **Catherine McCausland, OTR/L:** Ms. McCausland asked the Section for clarification on co-signatures and electronic documentation requirements. **Reply:** It is the position of the Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the client's medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. Electronic signatures are acceptable for occupational therapy practitioners' documentation as long as security and integrity have been maintained. Co-signature of occupational therapy assistant documentation continues to be a requirement. The Practice Act requires timely and accurate documentation, but does not describe specific documentation requirements. The Section recommends that you refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008) for standards of practice related to daily and weekly notes, as well as frequency of progress notes.
10. **Melissa Gibboney, OTR/L:** Ms. Gibboney asked the Section if data collection for a graduate student research project can be utilized for continuing education credit. **Reply:** First, the Section thanks you for your leadership and commitment to students. While we recognize the time and effort that goes into data collection for student research, rule 4755-9-01 (B)(10) of the Administrative Code states that continuing education credit is granted only for completed, published or unpublished research projects related to the theory, clinical practice, management, or education of occupational therapy. Proof of completion is the published article or unpublished manuscript. If you are listed as an author in the manuscript, you may use your data collection hours as continuing education hours. If you are only providing information to the student, but not collaborating with or mentoring the student through the research project, those hours would not be considered for continuing education credit.

OT/PT Joint Correspondence

- JB1. Jacque Brown OTR/L:** Ms. Brown asked the Occupational and Physical Therapy Sections questions regarding whether occupational and physical therapists can use more than one billing code with the evaluation code for Medicare clients. **Reply:** According to rule 4755-7-08 (B)(4) and (B)(15)(a) of the Ohio Administrative Code, occupational therapy licensees have a responsibility to maintain accurate client and billing records; documenting or billing for services not actually performed is considered failure to adhere to the minimal standards of acceptable practice. Accurate billing as outlined in the Practice Act

includes correctly identifying the specific services rendered (evaluation and/or treatment), and billing appropriately for those services. Regarding the use of modifiers with the billing of evaluation and treatment charges to Medicare, it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. Your questions relate to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.

JB2. Shelly DeLamatre, PT: Ms. DeLamatre asked the Occupational and Physical Therapy Sections whether occupational and physical therapists are required to complete a discharge summary, if the physician discharges the client from an acute hospital setting **Reply:** Yes, a discharge summary must still be completed to document final discharge date and disposition, as the ultimate responsibility for care of the patient lies with the evaluating occupational therapist or physical therapist. Third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. In any situation, licensees should follow the more restrictive policies.

JB3. Melinda Morrison: Ms. Morrison asked the Occupational and Physical Therapy Sections questions regarding whether occupational therapy assistants and physical therapist assistants can complete the discharge summary and clarification regarding documenting the 10th therapy visit for Medicare B clients. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 (A) of the Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information for the discharge summary, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. The “10th visit note” is a documentation requirement specific to Medicare Part B that requires specific visits during a course of therapy to be completed and documented by a licensed therapist. As it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, the Section recommends that you refer to Medicare policies for specific guidelines regarding this requirement. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. According to rule 4755-27-03 (C)(9) of the Ohio Administrative Code, discharge planning and the completion of the discharge evaluation are the responsibility of the supervising physical therapist and cannot be delegated to others. This evaluation and planning must be performed and documented by the physical therapist in a reasonable timeframe prior to discharge. The physical therapist assistant may provide care per that discharge assessment and plan and may document objective information about that care, but the physical therapist must then complete the final discharge summary. It is the position of the Physical Therapy Section that physical therapist assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development. If there is collaboration between the physical therapist and the physical therapist assistant, the collaboration must be reflected in the patient documentation, but only the physical therapist may document the discharge evaluation and recommendations in the discharge summary. Even if the discharge evaluation and recommendations for follow-up care are included in the initial evaluation, a discharge summary must still be completed to document final discharge date and disposition. The discharge summary may refer to the last treatment note for patient status. The ultimate responsibility for care of the patient lies with the evaluating physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide the appropriate standard of care. Likewise, the physical therapist assistant has a legal obligation, in the overall care of the patient, to make sure the review and assessment is performed by the physical therapist to meet the same standard of care. Be aware that payer policies may have specific requirements for final visits to be completed by the physical therapist.

Old Business

OOTA Presentation

Rebecca Finni will continue to update the presentation slides.

OT/OTA Supervision Ratios

The Section reviewed the information from the Delaware Occupational Therapy Board obtained by the Executive Director. Jean Halpin, Rebecca Finni, and the Executive Director will identify states to talk with regarding supervision ratios at the NBCOT Conference.

Cultural Competency

The Section will obtain additional comments on cultural competency from OOTA members at the OOTA annual conference. The Section will incorporate cultural competency into the Section's OOTA presentation..

Emerging Areas of Practice

The Section discussed whether the Section's interpretation of the Ohio Occupational Therapy Practice Act is precluding occupational therapists from working in emerging areas of practice. Is the Section too restrictive on how the Section interprets the need for assessment, plans of care, and/or documentation? The Section will schedule a meeting with Brenda George to discuss this topic in further detail.

New Business

Jurisprudence Examination Update

The Section reviewed the statistics on the online jurisprudence examination. The Section will review questions that fewer than eighty percent answered correctly at the November meeting.

Open Forum

None

Ohio Occupational Therapy Association (OOTA) Report

Jacquelyn Chamberlin had no formal report for the Section.

Items for Next Meeting

- Online Jurisprudence Examination Update
- OOTA Presentation Recap
- NBCOT Conference Recap
- OT/OTA Supervision Ratio Update
- Cultural Competency Update

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, November 8, 2012.

Action: Jean Halpin moved to adjourn the meeting. Mary Stover seconded the motion. The motion carried. The meeting adjourned at 3:21 p.m.

Respectfully submitted,
Diane Moore

Jean Halpin, OTR/L, Chairperson
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Rebecca Finni, OTR/L, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

RF:jmr:dm