Rule 1. Definitions

844 IAC 10-1-1 Applicability

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 1. The definitions in this rule apply throughout this article. (Medical Licensing Board of Indiana; 844 IAC 10-1-1; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1064; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-1-2 "Bureau" defined

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 2. "Bureau" refers to the health professions bureau established under IC 25-1-5-3. (Medical Licensing Board of Indiana; 844 IAC 10-1-2; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1064; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-1-2.5 "Objective tests" defined

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 2.5. "Objective tests" means, but is not limited to, the following:

(1) Sensation.

(2) Range of motion.

(3) Muscle strength.

(4) Perceptual/visual motor.

(5) Gross and fine motor coordination.

(6) Vocational.

(7) Activities of daily living.

(8) Other such tests.

(Medical Licensing Board of Indiana; 844 IAC 10-1-2.5; filed Nov 14, 1991, 3:30 p.m.: 15 IR 581; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-1-2.7 "Permanent record" defined

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 2.7. "Permanent record" means medical charts and/or educational files. (Medical Licensing Board of Indiana; 844 IAC 10-1-2.7; filed Nov 14, 1991, 3:30 p.m.: 15 IR 581; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-1-3 "School or program of occupational therapy and program of occupational therapy assistants approved by the board" defined

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-5

Sec. 3. (a) "School or program of occupational therapy and program of occupational therapy assistants approved by the board" means a program for the education of occupational therapists and occupational therapy assistants. Content requirements shall include liberal and professional education as follows:

(1) Liberal arts, sciences, and humanities.

(2) Biological, behavioral, and health sciences shall include the following:

(A) Structure and function of the human body and recognition of normal and abnormal conditions.

(B) Human development throughout the life cycle including sensorimotor, cognitive, and psychosocial components.

- (C) Human behavior in the context of sociocultural systems and beliefs, ethics, and values.
- (D) Effects of health and illness on person and society.
- (3) Occupational therapy theory and practice shall include the following:
 - (A) Human performance which shall include occupational throughout the life cycle, human interaction, roles, values, and the influence of the nonhuman environment.
 - (B) Activity processes which shall include the following:
 - (i) Theories underlying the use of purposeful activity; and the meaning and dynamics of activity including selfcare, work, play, and leisure.
 - (ii) Performance of selected life tasks and activities.
 - (iii) Analysis, adaptation, and application of purposeful activity as therapeutic intervention.
 - (iv) Use of self, dyadic, and group interaction.
 - (C) Theoretical approaches including those related to purposeful activity, human performance, and adaptation.
 - (D) Application of occupational therapy theory to practice which shall include the following:
 - (i) Assessment and interpretation, observation, interviews, history, standardized and nonstandardized tests.(ii) Directing, planning, and implementation shall include the following:

(AA) Therapeutic intervention related to daily living skills and sensorimotor, cognitive, and psychosocial components.

(BB) Therapeutic adaptation including methods of accomplishing daily life tasks, environmental adjustments, orthotics, and assistive devices and equipment.

(CC) Health maintenance including energy conservation, joint protection, body mechanics, and positioning. (DD) Prevention programs to foster age-appropriate balance of self-care, work, and play or leisure.

(iii) Program termination including reevaluation, determination of discharge, summary of occupational therapy outcome, and appropriate recommendations to maximize treatment gains.

- (iv) Documentation.
- (E) Development and implementation of quality assurance.
- (F) Management of occupational therapy service which shall include the following:
 - (i) Planning services for client groups.
 - (ii) Personnel management including Cota's aides, volunteers, and Level I students.
 - (iii) Departmental operations including budgeting, scheduling, record keeping, safety, and maintenance of supplies and equipment.
- (4) Research shall include the following:
 - (A) Critique of studies related to occupational therapy.
 - (B) Application of research approaches to occupational therapy practice.
- (5) Values and attitudes congruent with the following:
 - (A) The profession's standards and ethics.
 - (B) Individual responsibility for continued learning.

(C) Participation in the promotion of occupational therapy through professional organizations, governmental bodies,

and human service organizations.

(D) Documentation and validation of occupational therapy practice through research, publication, and program evaluation.

- (6) Fieldwork education shall include the following:
 - (A) Supervised fieldwork shall be an integral part of the professional education program and shall include the following: (i) There shall be collaboration between academic and fieldwork educators.
 - (ii) Fieldwork shall be conducted in settings approved by the program as providing experiences appropriate to the learning needs of the student and as meeting the objectives of fieldwork.

(B) Level I fieldwork shall be provided and shall include those experiences designed as an integral part of didactic courses for the purpose of directed observation and participation in selected field settings. These experiences are not expected to emphasize independent performance or to be considered substitutes for or part of the sustained Level II fieldwork.

- (C) Level II fieldwork shall be required and shall include the following:
 - (i) A minimum of six (6) months of practice.

(ii) Emphasize the application of an academically acquired body of knowledge.

(iii) Experience with a wide range of client ages and a variety of physical and mental health conditions.(b) "Program of occupational therapy assistants approved by the board" means a program for the education of occupational

therapy assistants. Content requirements shall include the following:

(1) General education prerequisite to, or concurrent with, technical education are those studies which include the following:
(A) Oral and written communication skills.

(B) Sociocultural similarities and differences.

(2) Biological, behavioral, and health sciences shall include the following:

- (A) Basic structure and function of the normal human body.
- (B) Basic development of personality traits and learning skills.
- (C) Environmental and community effects on the individual.
- (D) Basic influences contributing to health.
- (E) Disabling conditions commonly referred for occupational therapy.
- (3) Occupational therapy concepts and skills shall include the following:
 - (A) Human performance including life tasks and roles as related to the developmental process from birth to death.
 - (B) Activity processes and skills which shall include the following:
 - (i) Performance of selected life tasks and activities, including self-care, work, play, and leisure.
 - (ii) Analysis and adaptation of activities.
 - (iii) Instruction of individuals and groups in selected life tasks and activities.
 - (C) Concepts related to occupational therapy practice which shall include the following:
 - (i) The importance of human occupation as a health determinant.
 - (ii) The use of self, interpersonal, and communication skills.
 - (D) Use of occupational therapy concepts and skills which shall include the following:
 - (i) Data collection, which shall include structured observation and interviews, history, and structured tests.
 - (ii) Participation in planning and implementation shall include the following:

(AA) Therapeutic intervention related to daily living skills and sensorimotor, cognitive, and psychosocial components.

(BB) Therapeutic adaptation including methods of accomplishing daily life tasks, environmental adjustments, orthotics, and assistive devices and equipment.

(CC) Health maintenance including mental health techniques, energy conservation, joint protection, body mechanics, and positioning.

- (DD) Prevention programs to foster age-appropriate balance of self-care, work, and play or leisure.
- (iii) Program termination including assisting in reevaluation, summary of occupational therapy outcome, and appropriate recommendations to maximize treatment gains.
- (iv) Documentation.
- (E) Participation in management of occupational therapy service which shall include the following:
 - (i) Departmental operations including scheduling, record keeping, safety, and maintenance of supplies and equipment.

(ii) Personnel training and supervision including aides, volunteers, and Level I occupational therapy assistants students.

(iii) Management of activity service.

(4) Values, attitudes, and behaviors congruent with the following:

(A) The profession's standards and ethics.

(B) Individual responsibility for continued learning.

(C) Interdisciplinary and supervisory relationships within the administrative hierarchy.

(D) Participation in the promotion of occupational therapy through professional organizations, governmental bodies, and human service organizations.

(E) Understanding of the importance of occupational therapy research, publication, program evaluation, and documentation of services.

(5) Fieldwork education shall include the following:

(A) Supervised fieldwork shall be an integral part of the technical education program and shall include the following:

(i) There shall be collaboration between academic and fieldwork educators.

(ii) Fieldwork shall be conducted in settings approved by the program as providing experiences appropriate to the learning needs of the student and as meeting the objectives of fieldwork.

(B) Level I fieldwork shall be provided and include those experiences designed as an integral part of didactic courses for the purpose of directed observation and participation in selected field settings. These experiences are not expected to emphasize independent performance or to be considered substitutes for or part of the sustained Level II fieldwork. (C) Level II fieldwork shall be required and shall:

(i) include a minimum of two (2) months of practice; and

(ii) emphasize the application of an academically acquired body of knowledge.

(c) The committee shall maintain a list of occupational therapy and occupational therapy assistant programs which the board has approved. This list shall be available in written form from the Health Professions Bureau, One American Square, Suite 1020, Post Office Box 82067, Indianapolis, Indiana 46282. (Medical Licensing Board of Indiana; 844 IAC 10-1-3; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1064; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

Rule 2. Fees

844 IAC 10-2-1 Fees (Repealed)

Sec. 1. (Repealed by Medical Licensing Board of Indiana; filed Feb 11, 2002, 4:40 p.m.: 25 IR 2247)

844 IAC 10-2-2 Fees

Authority: IC 25-1-8-2; IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-2; IC 25-23.5-5

Sec. 2. (a) The board shall charge and collect the following fees:

Application for certification	\$100
Certification renewal	\$100 biennially
Temporary permit	\$50
Verification of certification	\$10
Duplicate wall certification	\$10

(b) Applicants required to take the national examination for licensure shall pay a fee directly to a professional examination service in the amount set by the examination service. (Medical Licensing Board of Indiana; 844 IAC 10-2-2; filed Feb 11, 2002, 4:40 p.m.: 25 IR 2247)

Rule 3. Admission to Practice

844 IAC 10-3-1 Application for certification; deadlines

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-5

Sec. 1. All applicants for certification must apply on such form and in such manner as the committee shall prescribe. Complete applications for certification must be submitted at least thirty (30) days prior to the examination date. (Medical Licensing Board of Indiana; 844 IAC 10-3-1; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1067; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-3-2 Certification by examination

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-5

Sec. 2. The committee shall issue a certificate by examination to an applicant who completes the following:

(1) Applies in the form and manner prescribed by the committee.

(2) Submits the fees specified in 844 IAC 10-2-1.

(3) Successfully completes the examination required by the committee for certification as an occupational therapist.

(4) Successfully completes the examination required by the committee for certification as an occupational therapy assistant.

(5) Submits two (2) recent passport-quality photographs of the applicant, approximately two (2) inches by two (2) inches in size, signed by the applicant, shall be submitted with each application.

(6) Submits an official transcript of grades from which the applicant obtained the applicant's degree which shows that all requirements for graduation have been met.

(7) Submits a certified copy of a diploma to the committee of the applicant's graduation from a school or program of occupational therapy or a program of occupational therapy assistants approved by the board that meets the standards set by the board under 844 IAC 10-1-2.

(8) Otherwise meets the requirements of IC 25-23.5-5.

(Medical Licensing Board of Indiana; 844 IAC 10-3-2; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1067; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-3-3 Certification by endorsement

Authority: IC 25-23.5-2-6 Affected: IC 25-23.5-5

Sec. 3. The committee may issue a certificate by endorsement to an applicant who completes the following:

(1) Applies to the committee in the form and manner required by the board.

(2) Submits the fees required under 844 IAC 10-2-1.

(3) Submits a diploma to the committee of the applicant's graduation from a school or program of occupational therapy or a program of occupational therapy assistants approved by the board that meets the standards set by the board under 844 IAC 10-1-2.

(4) Submits two (2) recent passport-quality photographs of the applicant, no smaller than two (2) inches by two (2) inches, each signed by the applicant, in black ink.

(5) Submits an official transcript of grades from which the applicant obtained the applicant's degree which shows that all requirements for graduation have been met.

(6) Submits verification of licensure/certification status from the initial state in which the applicant has been or is currently licensed/certified.

(7) Submits verification from all states in which the applicant has been or is currently licensed/certified which statement shall include whether the applicant has ever been disciplined in any manner.

(8) Otherwise meets the requirements of IC 25-23.5-5.

(Medical Licensing Board of Indiana; 844 IAC 10-3-3; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1067; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

Rule 4. Certification

844 IAC 10-4-1 Mandatory registration; renewal

Authority: IC 25-23.5-2-6 Affected: IC 25-23.5-5-9; IC 25-23.5-5-12

Sec. 1. Every occupational therapist and occupational therapy assistant holding a certificate issued by the committee shall renew his or her certificate biennially on or before December 31 of each even-numbered year. (Medical Licensing Board of Indiana; 844 IAC 10-4-1; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1068; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Aug 12, 2004, 10:12 a.m.: 28 IR 211)

844 IAC 10-4-2 Address; change of name

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-5

Sec. 2. (a) Each certificate holder shall inform the committee, in writing, of all changes of address or name within fifteen (15)

days of the change.

(b) A certificate holder's failure to receive notification of renewal due to failure to notify the board of a change of address or name shall not constitute an error on the part of the committee, board, or bureau, nor shall it exonerate or otherwise excuse the certificate holder from renewing such certification. (Medical Licensing Board of Indiana; 844 IAC 10-4-2; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1068; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-4-3 Reinstatement of delinquent certificate

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-5-10

Sec. 3. (a) An occupational therapist or occupational therapy assistant who is less than three (3) years delinquent in renewing a license or registration shall be reinstated upon receipt of renewal application, penalty fee, and renewal fees.

(b) If more than three (3) years have elapsed since the expiration of a certificate to practice as an occupational therapist or occupational therapy assistant, the applicant must take and pass an examination approved by the committee prior to reinstatment *[sic.]*. (Medical Licensing Board of Indiana; 844 IAC 10-4-3; filed Dec 28, 1990, 5:00 p.m.: 14 IR 1068; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

Rule 5. Standards of Competent Practice of Occupational Therapy

844 IAC 10-5-1 Applicability

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 1. An occupational therapist in the conduct of his or her practice of occupational therapy shall abide by, and comply with, the standards of competent practice in this rule. (*Medical Licensing Board of Indiana; 844 IAC 10-5-1; filed Nov 14, 1991, 3:30 p.m.: 15 IR 581; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325*)

844 IAC 10-5-2 Confidentiality

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 2. An occupational therapist shall maintain the confidentiality of all knowledge and information regarding a patient, including, but not limited to, the patient's diagnosis, treatment, and prognosis, and of all records relating thereto, about which the practitioner may learn or otherwise be informed during the course of, or as a result of, the patient-practitioner relationship. Information about a patient shall be disclosed by an occupational therapist when required by law or when authorized by the patient or those responsible for the patient's care. (*Medical Licensing Board of Indiana; 844 IAC 10-5-2; filed Nov 14, 1991, 3:30 p.m.: 15 IR 582; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325*)

844 IAC 10-5-3 Professional practice

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 3. When the occupational therapist refers a patient to another professional or suggests purchase or rental of therapy or rehabilitative equipment, the occupational therapist shall allow the patient a choice of qualified professionals or equipment companies. (Medical Licensing Board of Indiana; 844 IAC 10-5-3; filed Nov 14, 1991, 3:30 p.m.: 15 IR 582; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-5-4 Information to patient

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 4. An occupational therapist shall give a truthful, candid, and reasonably complete account of the patient's condition to the patient or to those responsible for the patient's care. (*Medical Licensing Board of Indiana; 844 IAC 10-5-4; filed Nov 14, 1991, 3:30 p.m.: 15 IR 582; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325*)

844 IAC 10-5-5 Supervision of occupational therapy assistant

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 5. Under the supervision of an occupational therapist, an occupational therapy assistant may contribute to the evaluation process by performing objective tests. The occupational therapy assistant may also contribute to the development and implementation of the treatment plan and the monitoring and documentation of progress. The occupational therapy assistant may not independently develop the treatment plan and/or initiate treatment. (*Medical Licensing Board of Indiana; 844 IAC 10-5-5; filed Nov 14, 1991, 3:30 p.m.: 15 IR 582; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325*)

844 IAC 10-5-6 Documentation

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 6. The occupational therapist shall countersign within seven (7) calendar days all documentation written by the occupational therapy assistant, which will become part of the patient's permanent record. (*Medical Licensing Board of Indiana; 844 IAC 10-5-6; filed Nov 14, 1991, 3:30 p.m.: 15 IR 582; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325*)

844 IAC 10-5-7 Fees

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 7. Fees charged by an occupational therapist for his or her professional services shall be reasonable and shall reasonably compensate the practitioner only for services actually rendered. (*Medical Licensing Board of Indiana; 844 IAC 10-5-7; filed Nov 14, 1991, 3:30 p.m.: 15 IR 582; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325*)

844 IAC 10-5-8 Fee division

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 8. An occupational therapist shall not divide a fee for professional services with another practitioner who is not a partner, employee, or shareholder in a professional corporation, unless:

(1) the patient consents to the employment of the other practitioner after a full disclosure that a division of fees will be made; and

(2) the division of fees is made in proportion to actual services performed and responsibility assumed by each practitioner. (Medical Licensing Board of Indiana; 844 IAC 10-5-8; filed Nov 14, 1991, 3:30 p.m.: 15 IR 582; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-5-9 Advertising

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 9. (a) An occupational therapist shall not, on behalf of himself or herself, a partner, an associate, a shareholder in a professional corporation, or any other practitioner or specific health care provider affiliated with the practitioner, use, or participate in the use of, any form of public communication containing a false, fraudulent, misleading, deceptive, or unfair statement or claim.

(b) Subject to the requirements of subsection (a), and in order to facilitate the process of informed selection of a practitioner by the public, an occupational therapist may advertise services through the public media, provided that the advertisement is dignified

and confines itself to the existence, scope, nature, and field of practice of occupational therapy.

(c) If the advertisement is communicated to the public by radio, cable, or television, it shall be prerecorded, approved for broadcast by the occupational therapist, and a recording and transcript of the actual transmission shall be retained by the occupational therapist for a period of five (5) years from the last date of broadcast.

(d) If an occupational therapist advertises a fee for a service, treatment, consultation, examination, or other procedure, the practitioner must render that service or procedure for no more than the fee advertised.

(e) Unless otherwise specified in the advertisement, if an occupational therapist publishes or communicates any fee information in a publication which has no fixed date for publication of a succeeding issue, the occupational therapist shall be bound by any representation made therein for thirty (30) days. (Medical Licensing Board of Indiana; 844 IAC 10-5-9; filed Nov 14, 1991, 3:30 p.m.: 15 IR 582; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-5-10 Contingency fee prohibited

Authority:	IC 25-23.5-2-5; IC 25-23.5-2-6
Affected:	IC 25-1-5-3; IC 25-23.5

Sec. 10. An occupational therapist shall not base his or her fee upon the uncertain outcome of a contingency, whether such contingency be the outcome of litigation or any other occurrence or condition which may or may not develop, occur, or happen. (Medical Licensing Board of Indiana; 844 IAC 10-5-10; filed Nov 14, 1991, 3:30 p.m.: 15 IR 583; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-5-11 Liability to patients

Sec. 11. An occupational therapist shall not attempt to exonerate himself or herself from or limit his or her liability to a patient for his or her personal malpractice except that an occupational therapist may enter into agreements which contain informed, voluntary releases and/or waivers of liability in settlement of a claim made by a patient or by those responsible for a patient's care. (Medical Licensing Board of Indiana; 844 IAC 10-5-11; filed Nov 14, 1991, 3:30 p.m.: 15 IR 583; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-5-12 Patient complaints

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Sec. 12. An occupational therapist shall not attempt to preclude, prohibit, or otherwise prevent the filing of a complaint against him or her by a patient or other practitioner for the alleged violation of any law. (Medical Licensing Board of Indiana; 844 IAC 10-5-12; filed Nov 14, 1991, 3:30 p.m.: 15 IR 583; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-5-13 Supervision of a holder of a temporary permit

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-5-11

Sec. 13. The supervising occupational therapist shall be reasonably available and responsible at all times for the direction and action of the person supervised when services are performed by the holder of a temporary permit issued under IC 25-23.5-5-11(a)(3). Unless the supervising occupational therapist is on the premises to provide constant supervision, the holder of the temporary permit shall meet once each working day to review all patients' treatments. This meeting must include the actual presence of the occupational therapist or the designated occupational therapist. The patient's care shall always be the responsibility of the supervising occupational therapist. Reports written by the holder of a temporary permit issued under IC 25-23.5-5-11(a)(3) for inclusion in the patient's permanent record shall be countersigned by the supervising occupational therapist who may enter any remarks, revisions, or additions as the occupational therapist deems appropriate. The occupational therapist shall countersign within seven (7) calendar days all documentation written by the holder of the temporary permit issued under IC 25-23.5-5-11(a)(3). (Medical Licensing Board of

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-1-5-3; IC 25-23.5

Indiana; 844 IAC 10-5-13; filed Apr 22, 1994, 5:00 p.m.: 17 IR 2076; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-5-14 Limit on number of temporary permit holders supervised

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-5-11

Sec. 14. An occupational therapist may not supervise more than three (3) holders of temporary permits issued under IC 25-23.5-5-11(a)(3) at one (1) time. (Medical Licensing Board of Indiana; 844 IAC 10-5-14; filed Apr 22, 1994, 5:00 p.m.: 17 IR 2076; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325)

844 IAC 10-5-15 Limit on number of temporary permit applications

Authority: IC 25-23.5-2-5; IC 25-23.5-2-6 Affected: IC 25-23.5-5-11

Sec. 15. Under IC 25-23.5-5-11, temporary permits of applicants who fail to appear for the scheduled examination will be invalidated. If the applicant shows good cause to the committee in writing for missing the scheduled examination, the committee may allow the applicant to submit a new application for a temporary permit. The applicant may make up to two (2) applications for a temporary permit. (*Medical Licensing Board of Indiana; 844 IAC 10-5-15; filed Apr 22, 1994, 5:00 p.m.: 17 IR 2076; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325*)

Rule 6. Occupational Therapy Aides; Training and Supervision

844 IAC 10-6-1 Training programs

Authority: IC 25-23.5-2-6 Affected: IC 25-23.5-2

Sec. 1. An occupational therapy aide is an unlicensed or uncertified person who assists in the practice of occupational therapy. Therefore, before an occupational therapy aide may be involved in the provision of direct services to patients, the occupational therapy aide shall have received site-specific training that is appropriate and consistent with the role and function of the aide in the facility to which he or she is assigned. Well-defined and documented training programs are required for the occupational therapy aide to ensure the delivery of quality services. (*Medical Licensing Board of Indiana; 844 IAC 10-6-1; filed Sep 1, 2000, 2:04 p.m.: 24 IR 23; readopted filed Nov 16, 2006, 10:52 a.m.: 20061129-IR-844060240RFA*)

844 IAC 10-6-2 Indirect and direct patient services

Authority: IC 25-23.5-2-6 Affected: IC 25-23.5-2

Sec. 2. An occupational therapy aide may contribute to indirect patient services through the provision of routine department maintenance, transportation of patients, preparation and setting up of treatment equipment, and performing clerical activities. An aide, with direct on-site supervision of a certified occupational therapist or, when appropriate, a certified occupational therapy assistant, may provide direct patient service. (Medical Licensing Board of Indiana; 844 IAC 10-6-2; filed Sep 1, 2000, 2:04 p.m.: 24 IR 23; readopted filed Nov 16, 2006, 10:52 a.m.: 20061129-IR-844060240RFA)

844 IAC 10-6-3 Direct supervision

Authority: IC 25-23.5-2-6 Affected: IC 25-23.5-2

Sec. 3. Direct supervision means that the supervising occupational therapist or occupational therapy assistant shall:

(1) be on the premises, immediately available, in person, and responsible at all times whenever an occupational therapy aide is performing direct client services; and

(2) examine each client prior to the treatment session of the purpose of determining whether a portion of the treatment may

be delegated to the occupational therapy aide.

(Medical Licensing Board of Indiana; 844 IAC 10-6-3; filed Sep 1, 2000, 2:04 p.m.: 24 IR 24; readopted filed Nov 16, 2006, 10:52 a.m.: 20061129-IR-844060240RFA)

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