

Re-entry/Mentorship Instructions and Checklist

During your license application review the board may request a completed re-entry/mentorship program. If so, complete the following steps:

Step one:

Submit Application forms for Re-entry

- Re-entry Initial Self Assessment**—this will be completed by the applicant.
- Re-entry Site and Supervisor Data Sheet**—this will be completed by the supervisor.
- Summary of Re-entry Educational Plan and Agreement Form**—this will be completed by the applicant and the supervisor.

The board will review and approve your plan, or recommend changes typically within one month. (If a specialist review/board consultation is needed, it may take until the next scheduled board meeting.)

Approval is based on the thoroughness of the applicant's self-assessment and the degree to which the plan appears to provide opportunity to remediate weak areas. If the application is approved, the applicant and supervisor receive notice that the clinical experience activities can begin. If changes are recommended, those changes are sent to the applicant who makes changes and re-submits the materials.

The plan for the clinical experience activities should be based on an applicant's self-assessment of skills with input from the proposed clinical supervisor. The applicant may add other items to the self-assessment if he/she wishes. However, at minimum, all items on the Board-provided forms must be addressed. The applicant and the supervisor sign an agreement to formalize their working relationship and planned supervision for the re- entry clinical experience.

Step Two:

Complete clinical experience. Since the applicant is not currently licensed to practice as an occupational therapist nor is a student in an accredited program, actual hands-on treatment is not allowed. Tasks that would be assigned to an aide are allowed as is role playing with the supervisor, problem solving in discussion and practicing documentation.

Step Three:

- Re-entry Outcome Assessment Form: Report of Supervised Clinical Experience**—this will be completed by the supervisor and applicant.

When the board receives the final clinical experience outcome reports from the applicant and the supervisor, and verification of 80 supervised hours, it determines whether the documentation provides evidence entry level skill competence has been attained.

You will be informed of the Board's decision at the earliest possible date.

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Occupational Therapist Practice Board Re-entry Site and Supervisor Data Sheet

1. Supervisor Information:

Name	First	Middle	Last
Mailing Address			
City	State	Zip Code	County
Country			
Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)	
License Number	Expiration Date		
Re-entry Candidates Name			

2. Supervisor Employment:

List your employment pertaining to the practice of occupational therapy for the past 2 years after passing the AOTCB or NBCOT certification examination.

Start mm/yyyy	End mm/yyyy	Address	Employer/Activities	Title

3. Supervisor Attestation:

List your current job responsibilities:

List your clinical experience site:

I agree to supervise the above name re-entry candidate during his or her re-entry program. I am a Washington State licensed occupational therapist, and have been in continuous practice for at least two years.

Supervisor's Signature _____ Date _____

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Re-Entry Initial Self Assessment: Assessment Skills

(to be completed by the re-entry applicant and used to develop goals for developing competencies to re-enter practice)

Name: _____

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Assessment Skills	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
1. Gathers necessary information before assessing the patient.			
2. Selects relevant areas to assess.			
3. Selects the correct methods to assess the relevant areas.			
4. Obtains complete information from staff, family members, patient, and records.			
5. Administers the assessment procedures according to standardized or recommended techniques.			
6. Adapts assessment method when usual procedures are not practical.			
7. Interprets assessment data accurately.			
8. Reports the results of assessment and reassessment(s) accurately and completely.			
9. Reassesses the patient's programs and progress at regular intervals.			
10. Presents assessment purposes and procedures to patient, family and significant others in a manner consistent with their level of understanding.			
11. Explains the steps of the activity at the patient's level of understanding.			
12. Establishes and maintains a therapeutic relationship with the patient.			
13. Creates an environment which maximizes patient's responses.			
14. Adheres to treatment precautions and contraindications.			
15. Responds to changes in patient's physical and emotional status during administrations of the assessment procedures			
16. Intervenes, when necessary, at signs of fatigue or frustration.			
17. Uses praise or other reinforcers to elicit desired behavior.			
18. Sets necessary limits in response to undesirable physical or social behavior.			

Re-Entry Initial Self Assessment: Planning, Documenting and Reporting Skills

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Planning, Documenting and Reporting Skills	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
1. Establishes relevant and attainable short term goals which reflect the assessment data.			
2. Documents and reports the treatment plan.			
3. Documents and reports treatment.			
4. Establishes relevant and long term goals which reflect the assessment data.			
5. Collaborates with the patient in establishing goals.			
6. Collaborates with other practitioners to establish overall goals for patients.			
7. Contributes to discussions at case conferences, rounds, in services, staff, and other pertinent meetings.			
8. Establishes treatment priorities with patient, family, and significant others.			
9. Reviews progress with patients, family and significant others at regular intervals.			
10. Develops and documents discharges and follow-up programs in accordance with patient's probable discharge environment.			
11. Collaborates with patient, family, significant others, and staff to formulate discharge and follow-up plans.			
12. Terminates treatment when patient has received maximum benefit from services.			
13. Maintain established treatment plan.			
14. Plans treatment based upon an accurate analysis of activities.			
15. Determines the logical sequences of treatment activities to attain the established goals.			
16. Selects treatment activities that demonstrate an understanding of occupational therapy theory.			
17. Modifies goals as patient's condition or response to treatment changes.			

Re-Entry Initial Self Assessment: Treatment Skills

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Treatment Skills	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
1. Contributes to discussions at case conferences, rounds, inservices, staff, and other pertinent meetings.			
2. Orients and instructs family, significant others, and staff in activities which support the treatment programs.			
3. Prepares the patient for initial and ongoing treatment.			
4. Explains the steps of the activity at the patient's level of understanding.			
5. Establishes and maintains a therapeutic relationship with the patient.			
6. Creates an environment which maximizes patient's responses.			
7. Adheres to treatment precautions and contraindications.			
8. Intervenes, when necessary at signs of fatigue or frustration.			
9. Uses praise or other reinforcers to elicit desired behavior.			
10. Sets necessary limits in response to undesirable physical or social behavior.			
11. Incorporates prevention related activities in treatment.			
12. Uses purposeful activities to maximize patient performance.			
13. Uses a variety of possible strategies for achieving treatment goals.			
14. Adapts treatment activities, when necessary, to reach desired goals.			
15. Demonstrates problem-solving skills in patient treatment.			

Re-Entry Initial Self Assessment: Administrative Skills and Work Behaviors

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Administrative Skills and Work Behaviors	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
1. Manages time effectively.			
2. Adjusts priorities according to the needs of the program, department, and others.			
3. Complies with the institution's policies and procedures.			
4. Participates responsibly in the supervisory relationship.			
5. Adjusts to change and modifies own behavior according to the demands of the situation.			
6. Assumes responsibility for professional behavior and growth.			
7. Demonstrates an understanding of professional standards and code of ethics.			
8. Maintains work area, equipment, and supplies in a manner conducive to efficiency and safety.			
9. Demonstrates an understanding of the implications of treatment costs and financial support on occupational therapy services.			

Applicant Signature

Date

Supervisor Signature

Date

Summary of Re-entry Educational Plan & Agreement Form

To be completed by the Applicant and the Supervisor (Attach additional sheets if necessary)

Goals	Plan (Include study and clinical components)	Expected Date of Completion
What is the minimum frequency, duration, and availability of the formal observation of sessions and treatments agreed upon by the applicant and supervisor?		

When completed in conjunction with the accompanying documents, this form constitutes a formal agreement between the re-entry applicant and his/her supervisor.

I agree to, and verify the above conditions, and certify this re-entry plan is valid, and will be adhered to. If any changes are to be made, the Occupational Therapy Practice Board will be notified in advance.

Applicant Signature

Date

Proposed Supervisor Signature

Date

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience

To be completed jointly by supervisor and applicant

Rating Scale: Mark **S** for satisfactory (meets entry level); **U** for unsatisfactory.

Name: _____

Assessment	Supervisor Assessment of Performance	Applicant Self Assessment of Performance	Comments
1. Gathers necessary information before assessing the patient.			
2. Selects relevant areas to assess.			
3. Selects the correct methods to assess the relevant areas.			
4. Reports how to obtain complete information from staff, family members, patient and records.			
5. Administers the assessment procedures according to standardized or recommended techniques through role-play			
6. Describes how to effectively adapt assessment method when usual procedures are not practical			
7. Interprets assessment data accurately.			
8. Reports the results of assessment and reassessment(s) accurately and completely.			
9. Describes reassessment of the patient's programs and progress at regular intervals based on observation of treatment.			
10. Is able to verbalize assessment purposes and procedures to patient, family, and significant others in a manner consistent with their level of understanding.			
11. Role-plays how to explain the steps of the activity at the patient's level of understanding.			
12. Describes techniques to establish and maintain a therapeutic relationship with the patient.			
13. Describes how to create an environment which maximizes patient's responses.			
14. Describes how to adhere to treatment precautions and contraindications.			
15. Discusses how applicant would have responded to changes observed in the patient's physical and emotional status during administration of the assessment procedures.			
16. Discusses how applicant would have intervened, when necessary, at signs of fatigue or frustration.			
17. Discusses praise or other reinforcers to elicit desired behavior deemed appropriate to specific clients			
18. Describes how to set necessary limits in response to undesirable physical or social behavior.			

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Planning, Documenting, and Reporting	Supervisor Assessment of Performance	Applicant Self Assessment of Performance	Comments
1. Establishes relevant and attainable short term goals which reflect the assessment data.			
2. Documents and reports the treatment plan.			
3. Documents and reports treatment.			
4. Establishes relevant and attainable long term goals which reflect the assessment data.			
5. Describes how to collaborate with the patient in establishing goals.			
6. Describes how to collaborate with other practitioners to establish overall goals for patients.			
7. Contributes to discussions at case conferences, rounds, inservices, staff, and other pertinent meetings.			
8. Establishes treatment priorities with patient, family, and significant others.			
9. Role-plays how to review progress with patients, family, and significant others at regular intervals.			
10. Develops and documents discharge and follow-up programs in accordance with patient's probable discharge environment.			
11. Describes ow to collaborate with patient, family, significant others, and staff to formulate discharge and follow-up pllans.			
12. Defines when terminating treatment is appropriate for specific patients.			
13. Maintains established treatment plan.			
14. Plans treatment based upon an accurate analysis of activities.			
15. Determines the logical sequences of treatment activities to attain the established goals.			
16. Selects treatment activities that demonstrate an understanding of occupational therapy theory.			
17. Describes modifications to goals as a patient's condition or response to treatment changes.			

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Treatment	Supervisor Assessment of Performance	Applicant Self Assessment of Performance	Comments
1. Contributes to discussions at case conferences, rounds, inservices, staff, and other pertinent meetings.			
2. Describes how to orient and instruct family, significant others, and staff in activities which support the treatment programs.			
3. Describes how to prepare the patient for initial and ongoing treatment.			
4. Role-plays how to explain the steps of the activity at the patient's level of understanding.			
5. Establishes and maintains a therapeutic relationship with the patient.			
6. Creates an environment which maximizes patient's responses.			
7. Adheres to treatment precautions, and contraindications.			
8. Intervenes, when necessary, at signs of fatigue or frustration within scope of responsibilities.			
9. Uses praise or other reinforcers to elicit desired. Demonstrates the ability to maximize the clients stated outcomes through positive verbal reinforcement.			
10. Sets necessary limits in response to undesirable physical or social behavior.			
11. Incorporates prevention related activities in treatment.			
12. Recommends purposeful activities to maximize patient performance.			
13. Recommends a variety of possible strategies for achieving treatment goals.			
14. Recommends how to adapt treatment activities, when necessary, to reach desired goals.			
15. Demonstrates problem-solving skills in patient treatment through discussion with supervisor.			

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Administrative Skills and Work Behaviors	Supervisor Assessment of Performance	Applicant Self Assessment of Performance	Comments
1. Manages time effectively.			
2. Adjusts priorities according to the needs of the program, department, and others.			
3. Complies with the institution’s policies and procedures.			
4. Participates responsibly in the supervisory relationship.			
5. Adjusts to change and modifies own behavior according to the demands of the situation.			
6. Assumes responsibility for professional behavior and growth.			
7. Demonstrates an understanding of professional standards and code of ethics.			
8. Maintains work area, equipment, and supplies in a manner conducive to efficiency and safety.			
9. Demonstrates an understanding of the implications of treatment costs and financial support on occupational therapy services.			
10. The applicant is able to verbalize the scope of practice of an occupational therapist as outlined in Revised Code of Washington and Washington Administrative Code.			

Applicant Signature

Date

Supervisor Signature

Date

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Health Systems Quality Assurance Program Policy and Procedure

Board: Occupational Therapy Practice Board
Subject: Re-Entry Program
Reference: [WAC 246-847-055](#) Initial Application for Individuals Who Have Never Practiced
[WAC 246-847-067](#) Initial application for individuals who have an expired license in a different state and are seeking Washington licensure.
[WAC 246-847-068](#) Expired License
[WAC 246-847-070](#) Inactive License
Effective Date: October 23, 2020

1. The purpose of the re-entry educational program is to provide occupational therapists and occupational therapy assistants who have not been licensed in any United States jurisdiction for a specified period of time, a method of re-entry to the practice of occupational therapy in accordance with WACs 246-847-055, 246-847-068, and 246-847-070. Re-entry can be achieved after a re-entry applicant satisfies to the Board that he or she: (a) has updated his or her general knowledge of occupation therapy theory and practice and, (b) possesses the professional skills necessary to practice occupational therapy at the entry level.
 - 1.1. An initial applicant who graduated more than three years but less than five years, and never practiced must comply with WAC 246-847-055(2).
 - 1.2. An initial applicant who graduated five or more years ago, and never practiced must comply with WAC 246-847-055(3).
 - 1.3. An initial applicant with an expired license in a different state who has not practiced for three or more years but less than five years from date of application must comply with WAC 246-847-067(2).
 - 1.4. An initial applicant with an expired license in a different state who has not practiced for five or more years from date of application must comply with WAC 246-847-067(3).
 - 1.5. A reactivation applicant with an expired Washington credential for over three years but no more than five years, who has not been in active practice in another United States jurisdiction must comply with WAC 246-847-068(2).
 - 1.6. A reactivation applicant with an expired Washington credential for over five years, who has not been in active practice in another United States jurisdiction must comply with WAC 246-847-068(3).
 - 1.7. A reactivation applicant with an inactive Washington credential for over three years but no more than five years, who has not been in active practice in another United States jurisdiction must comply with WAC 246-847-070(3).

- 1.8. A reactivation applicant with an inactive Washington credential for over five years, who has not been in active practice in another United States jurisdiction must comply with WAC 246-847-070(4).
2. A re-entry educational program has three phases: self-assessment, study, and clinical experience.
 - 2.1. Self-assessment of professional knowledge and skills is conducted by the re-entry applicant in collaboration with his or her proposed clinical experience supervisor using forms and following instructions provided by the Board. The self-assessment results in an educational plan for study and clinical experience, which is also developed in collaboration with the proposed clinical experience supervisor. The plan is submitted to the Board prior to beginning the re-entry program.
 - 2.2. A quorum of the Board reviews the educational plan, determines whether the goals are reasonable and the proposed activities meet the goals. In a timely manner the Board notifies the re-entry applicant of approval or the need to revise the educational plan. The clinical experience generally begins after the study phase of the educational plan is complete or well underway.
 - 2.2.1. If the re-entry applicant chooses to complete additional coursework over re-taking the NBCOT exam as part of their reactivation, the board provides the following guidelines:
 - 2.2.1.1. When an applicant has been out of active practice between 5-10 years, an additional 30-50 hours of additional coursework or continuing education will be required in addition to the thirty required hours of CE.
 - 2.2.1.2. When an applicant has been out of active practice for more than 10 years, at least an additional 50 hours of additional coursework or continuing education will be required in addition to the thirty required hours of CE.
 - 2.2.1.3. The additional coursework or continuing education should not be identical to the clinical experience portion, but should provide some breadth of experience for the applicant.
 - 2.3. The clinical experience shall be no less than 80 hours. The qualified clinical supervisor must be licensed and in continuous practice in the State of Washington for at least the two preceding years. Re-entry applicants at the therapist level must be supervised by a therapist; re-entry applicants at the assistant level may be supervised by an assistant or a therapist. NOTE: Although the educational plan of the assistant level re-entry applicant may be supervised by a licensed assistant, clinical experience activities must be supervised by a licensed occupational therapist as provided for in WAC 246-847-010.
 - 2.3.1. Supervision of the re-entry applicant by the supervisor shall mean documented face to face meetings between the supervisor and the re-entry applicant at intervals as determined necessary by the supervising occupational therapist to (a) establish, review, or revise the client's treatment objectives and (b) ensure completion of education goals of the re-entry applicant.
 - 2.3.2. Since the re-entry applicant is not a currently licensed practitioner or a student of an accredited school the applicant may not perform direct occupational therapy, but may observe treatments, practice writing evaluations, developing treatment plans, and or

documenting observed intervention sessions as appropriate to the anticipated level of licensure under the guidance of a supervisor as described in this section. Client interactions that would be assigned to occupational therapy aides or volunteers may be completed by re-entry applicants.

3. Once all educational plan activities have been completed and all goals have been achieved, the re-entry applicant and clinical experience supervisor submit their educational plan final reports and verification of supervised hours to the Board delegate for review. At that time, the re-entry applicant may be considered for licensure.
4. The educational plan final reports must be submitted within two years of approval of the educational plan.