

# 2022 Comparative Analysis of Certification and Education Standards for the OTR<sup>®</sup>

# OTR<sup>®</sup>

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To meet NBCOT eligibility requirements, each candidate for certification must graduate from a program accredited by the Accreditation Council for Occupational Therapy (ACOTE®) or meet educational comparability standards. ACOTE is an associated advisory council of the American Occupational Therapy Association (AOTA®) executive board. It is “recognized as the accrediting agency for occupational therapy education by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA)” (ACOTE, n.d.-a). ACOTE’s mission “ensures quality occupational therapy education by developing accreditation standards and verifying implementation to support the preparation of competent occupational therapists and occupational therapy assistants” (ACOTE, n.d.-b).

ACOTE reviews its accreditation standards on a routine basis. The 2018 standards (effective July 31, 2020) were used to complete this Matrix Study (ACOTE, n.d.-c).

NBCOT develops certification exams that assess the knowledge required for entry-level occupational therapy practice. The content of these exams is aligned to the content outline developed from the results of a practice analysis study. Practice analysis is the critical foundation for developing a psychometrically sound and legally defensible credentialing exam. The primary goal of a practice analysis is to collect data that describes current practice to provide a linkage between exam content and entry-level occupational therapy practice.

In 2022, NBCOT completed the latest OTR practice analysis with entry-level OTR certificants (0-36 months from initial certification) across the country.

Survey respondents were asked to consider practice requirements for an OTR in terms of domains, tasks, and knowledge. Domains are the major areas of responsibilities or activities of a job or profession. Tasks are the individual functions, whether mental or physical, required for certain aspects of a job or profession. Tasks are essentially a description of critical duties performed. Knowledge statements describe learnable information that an individual must possess to perform a task competently. The results of this practice analysis led to the development of the 2022 OTR Examination Content Outline which will guide exam construction for the OTR certification exams beginning with administrations in January 2024 (NBCOT, 2023).

## Purpose of this Document

From an occupational therapy educator perspective, the completion of the OTR practice analysis and the review of the current ACOTE Accreditation Standards are a timely reminder of the factors influencing curriculum development. While distinct missions drive both entities, the occupational therapy educational community strives to meet the ACOTE standards and help prepare their students for the OTR certification exam.

This report is a comparative review of 2022 OTR Examination Content Outline, and the 2018 ACOTE Accreditation Standards. The results may help to serve as a basis for discussion during curriculum review.

Using this resource alone or with other resources does not guarantee a passing score on the certification examination.

## Method

Using the 2022 OTR Examination Content Outline as the anchor document, a cross-tabulation process was completed by comparing the knowledge statements from the NBCOT anchor document to “Section B: Content Requirements” from the 2018 ACOTE Accreditation Standards for a Doctoral Degree-Level Educational Program for the Occupational Therapist, and Accreditation Standards for a Master’s Degree-Level Educational Program for the Occupational Therapist.

Acknowledging that the terminology, order, and sequencing of statements differ across the two documents, some interpretation was necessary to align the documents.

The matrix appearing in this document records areas of alignment between the 2022 OTR Examination Content Outline and Section B of the ACOTE standards.

## Domain 1

### Evaluation and Assessment:

Acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process.

#### TASK 1

Identify the influence of development and lived experience; body functions and body structures; values, beliefs, and spirituality; and identity on occupational performance.

1. Impact of typical development and aging on occupational performance, health, and wellness across the life span

**ACOTE Standards:** B.1.1., B.1.3., B.3.2., B.4.4., B.4.5.

2. Expected patterns, progressions, and prognoses associated with conditions that limit occupational performance

Some examples include:

- signs and symptoms of disease
- stages of disease
- secondary complications

**ACOTE Standards:** B.1.1., B.1.3., B.3.5., B.3.7., B.4.4., B.4.5.

3. Impact of body functions and body structures on occupational performance

Some examples include:

- cognitive impairments
- congenital anomalies

**ACOTE Standards:** B.1.1., B.3.7., B.4.4., B.4.5.

4. Influence of lived experiences and identity on occupational performance

Some examples include:

- history of trauma and adverse childhood events
- socioeconomic status
- gender, race, culture, religion

**ACOTE Standards:** B.1.1, B.1.2, B.1.3, B.3.5, B.4.4, B.4.5, B.4.9, B.4.27, B.5.1.

## TASK 2

### Assess a client's functional skills, roles, prioritized needs and wants, and performance context to evaluate their occupational performance.

1. Resources and considerations for acquiring information about the client's current condition and occupational performance

Some examples include:

- referrals
- client records
- developmental history
- Individualized Education Program (IEP) plans
- theoretical approach and frame of reference

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2., B.3.5., B.4.4., B.4.5., B.4.6

2. Administration, purpose, indications, advantages, and limitations of standardized and nonstandardized screening and assessment tools

Some examples include:

- criterion-referenced tests
- norm-referenced tests
- client and caregiver interviews
- observation

**ACOTE Standards:** B.1.1., B.1.2., B.1.4., B.4.4., B.4.5., B.4.6, B.4.7., B.4.8.

3. Internal and external factors influencing a client's engagement in occupation

Some examples include:

- roles, habits, routines, and rituals
- environmental context
- family and social supports
- medication side effects and interactions
- mental health

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2., B.3.5., B.3.6., B.3.7., B.4.4., B.4.5., B.4.6., B.4.16, B.4.18., B.4.22, B.4.27., B.5.1.

## TASK 3

**Perform an activity analysis to determine the influence of task demands, current conditions, performance skills, and context on occupation.**

1. Task requirements, steps to task completion, and task demands across contexts or settings

**ACOTE Standards:** B.1.1., B.3.2., B.3.5., B.3.6., B.4.4., B.4.5., B.4.6., B.4.8., B.4.10., B.4.18.

2. Personal and environmental factors that facilitate or inhibit task completion or occupational engagement

Some examples include:

- compensation patterns
- role of performance context
- influence of current conditions

**ACOTE Standards:** B.1.1., B.1.3., B.3.2., B.3.5., B.3.6., B.4.4., B.4.6., B.4.10., B.4.18.

## Domain 2

### Analysis, Interpretation, and Planning:

**Formulate conclusions regarding client needs and priorities to develop and monitor an intervention plan throughout the occupational therapy process.**

## TASK 1

**Synthesize assessment results to determine eligibility for services and establish a client-centered intervention plan.**

1. Interpretation and analysis of quantitative assessments

Some examples include:

- statistical terminology
- scoring
- limitations of scores
- client reactions to testing

**ACOTE Standards:** B.1.1., B.1.4., B.3.2., B.3.4., B.3.5., B.4.2., B.4.4., B.4.5., B.4.6., B.4.7., B.4.8., B.6.1.

2. Interpretation of qualitative findings

Some examples include:

- occupational profile
- outcomes of needs assessment
- results from interviews or observations

**ACOTE Standards:** B.1.1., B.1.4., B.3.2., B.3.4., B.3.5., B.4.2., B.4.4., B.4.5., B.4.6., B.4.7., B.4.8., B.6.1.

3. Integration and application of quantitative assessment results and qualitative findings to guide critical decision-making and prioritize needs

**ACOTE Standards:** B.1.1., B.3.5., B.3.6., B.4.4., B.4.5., B.4.6., B.4.7., B.4.8., B.4.22., B.4.29.

## TASK 2

### Collaborate with the client, the client’s relevant others, occupational therapy colleagues, and other professionals using a client-centered approach and therapeutic use of self to manage occupational therapy services.

1. Roles and responsibilities among interprofessional teams when coordinating client care and providing services

Some examples include:

- referral to and consultation with other services
- interprofessional communication methods
- scope of practice

**ACOTE Standards:** B.3.3., B.4.1., B.4.19., B.4.20., B.4.21., B.4.22., B.4.23., B.4.24., B.4.25., B.4.26., B.4.28., B.5.2., B.5.6., B.5.8., B.7.1., B.7.3., B.7.5.

2. Processes for managing interprofessional intervention plans

Some examples include:

- Individualized Education Program (IEP) plans
- discharge plans
- transition plans
- palliative and hospice care plans

**ACOTE Standards:** B.3.3., B.4.1., B.4.3., B.4.4., B.4.5., B.4.6., B.4.19., B.4.20., B.4.21., B.4.22., B.4.23., B.4.24., B.4.25., B.4.26., B.4.27., B.4.28., B.5.1., B.5.8., B.7.1., B.7.3.

3. Client-centered approaches and considerations for coordinating occupational therapy services

Some examples include:

- therapeutic use of self
- advocacy
- frequency/duration of intervention
- level of service delivery

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2., B.3.3., B.3.4., B.4.4., B.4.5., B.4.6., B.4.18., B.4.19., B.4.20., B.4.22., B.4.24., B.4.25., B.4.26., B.4.28.

4. Factors used to prioritize intervention goals and activities in collaboration with the client and family, teacher, caregiver, and relevant others

Some examples include:

- client-reported outcomes
- level of support required
- context of service delivery
- progress toward goals

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2., B.3.3., B.3.4., B.4.1., B.4.2., B.4.3., B.4.4., B.4.5., B.4.6., B.4.9., B.4.18., B.4.20., B.4.22., B.4.28., B.5.1.

## 5. Strategies for addressing and enhancing health literacy with the client and relevant others

Some examples include:

- caregiver training
- teaching-learning models
- methods for making health information accessible
- informed decision-making
- navigating challenges to professional expertise

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.4.1., B.4.2., B.4.3., B.4.4., B.4.9., B.4.21., B.4.22., B.4.23., B.4.28., B.5.2., B.7.1.

## TASK 3

### Monitor and modify the intervention plan, approach, context, and goals on an ongoing basis using clinical reasoning.

#### 1. Factors for determining and managing context and activities to meet individual and group intervention goals and objectives

Some examples include:

- client needs and priorities
- response to intervention

**ACOTE Standards:** B.1.1., B.1.2., B.3.2., B.3.5., B.3.6., B.4.1., B.4.2., B.4.3., B.4.6., B.4.10., B.4.11., B.4.16., B.4.18., B.4.22., B.5.1.

#### 2. Strategies for monitoring the effectiveness of individual and group interventions

Some examples include:

- client-reported outcomes
- reevaluation results
- progress toward goals

**ACOTE Standards:** B.1.1., B.1.2., B.3.2., B.3.6., B.4.2., B.4.3., B.4.4., B.4.5., B.4.6., B.4.16., B.4.19., B.4.20., B.4.22., B.4.23., B.5.1.

#### 3. Clinical decision-making for assessing and adapting the intervention plan and prioritizing goals based on client response to intervention

Some examples include:

- physiological changes
- behavioral reactions
- emotion regulation
- developmental needs

**ACOTE Standards:** B.1.1., B.1.2., B.3.2., B.3.4., B.3.6., B.3.7., B.4.1., B.4.4., B.4.5., B.4.6., B.4.16., B.4.18., B.4.20., B.4.22., B.5.1.



4. Precautions or contraindications associated with a client’s condition or stage of recovery

Some examples include:

- postsurgical precautions
- vital signs
- laboratory values
- suicidal ideation

**ACOTE Standards:** B.1.1., B.1.3., B.2.1., B.3.5., B.3.7., B.4.16.

## Domain 3

### Select and Manage Interventions:

Select and implement interventions to promote healing and enhance engagement in occupation-based activities.

#### TASK 1

Incorporate preparatory techniques, activities, and modalities as an adjunct to interventions to promote healing and enhance engagement in occupation-based activities.

1. Considerations for selecting, preparing, and adapting the intervention technique to support optimal engagement and promote goal achievement

Some examples include:

- client condition
- client safety

**ACOTE Standards:** B.1.1., B.1.3., B.2.1, B.3.1, B.3.2., B.3.4., B.3.6., B.4.1., B.4.3., B.4.9., B.4.14., B.4.18., B.4.27.

2. Considerations for selecting, preparing, and adapting the intervention environment to support optimal engagement and promote goal achievement

Some examples include:

- ensuring privacy during telehealth sessions
- equipment safety
- line management

**ACOTE Standards:** B.1.1., B.1.3., B.2.1., B.3.2., B.3.4., B.3.5., B.3.6., B.3.7., B.4.1., B.4.3., B.4.9., B.4.14., B.4.15., B.4.18., B.4.27.

3. Indications, contraindications, and precautions associated with wound management and maintaining skin integrity

Some examples include:

- stage of wound healing
- prevention and management of pressure ulcers

**ACOTE Standards:** B.1.1., B.3.2., B.3.4., B.3.5., B.3.7., B.4.10., B.4.17, B.5.5., B.5.8.

**4.** Indications, contraindications, precautions, and clinical application of superficial thermal agents

Some examples include:

- dry whirlpool
- hot packs
- cryotherapy

**ACOTE Standards:** B.1.1., B.3.2, B.3.4., B.3.5., B.3.7., B.4.10., B.4.17., B.5.5., B.5.8.

**5.** Indications, contraindications, precautions, and clinical application of deep thermal, mechanical, and electrotherapeutic physical agent modalities

Some examples include:

- transcutaneous and neuromuscular electrical stimulation
- biofeedback

**ACOTE Standards:** B.1.1., B.3.2., B.3.4., B.3.5., B.3.7., B.4.10., B.4.17., B.5.5., B.5.8.

## TASK 2

### Implement occupation-based strategies to support participation in activities of daily living (ADL), instrumental activities of daily living (IADL), health management, rest and sleep, education, work, play, leisure, and social participation across the life span.

**1.** Interventions for supporting leisure and play

**ACOTE Standards:** B.1.1., B.1.2., B.3.2., B.3.6., B.4.1., B.4.2., B.4.3., B.4.10

**2.** Methods for grading an activity, task, or technique based on level of development, client status, response to intervention, and client needs

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2., B.3.6., B.4.1., B.4.2., B.4.3., B.4.9., B.4.10., B.4.18., B.4.22.

**3.** Considerations for facilitating individual and group participation in shared activities

Some examples include:

- group processes
- group dynamics
- group type and function

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2, B.3.6., B.4.1., B.4.2., B.4.3, B.4.9., B.4.10., B.4.18., B.4.21.

**4.** Interventions to support cognitive, visual-motor, visual, and perceptual processing and sensory arousal

Some examples include:

- sensory modulation
- proprioceptive input
- vestibular strategies
- low vision strategies

**ACOTE Standards:** B.1.1., B.2.1., B.3.2., B.3.6., B.4.1., B.4.2., B.4.3., B.4.9., B.4.10.

**5.** Compensatory and remedial strategies for managing cognitive and perceptual deficits or developmental disabilities

Some examples include:

- graded cueing
- chaining
- metacognition
- memory aids

**ACOTE Standards:** B.1.1., B.1.2., B.2.1., B.3.2., B.3.6., B.4.1., B.4.2., B.4.3., B.4.9., B.4.10., B.4.18.

**6.** Adaptive and preventive strategies for supporting optimal engagement in occupation

Some examples include:

- use of technology/apps
- joint protection
- task simplification
- energy conservation

**ACOTE Standards:** B.1.1., B.1.2., B.3.2., B.3.6., B.4.1., B.4.2., B.4.3., B.4.10., B.4.15., B.4.18., B.4.27.

**7.** Intervention strategies and techniques used to facilitate oral motor skills for drinking, eating, and swallowing

Some examples include:

- hand-to-mouth patterns
- mastication
- adaptive utensils
- positioning at mealtime

**ACOTE Standards:** B.1.1., B.1.2., B.3.2., B.3.6., B.3.7., B.4.1., B.4.2., B.4.3., B.4.10 B.4.16.

**8.** Prevocational, vocational, and transitional services, options, and resources for supporting strengths, interests, employment, and lifestyle goals across the life span

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2., B.3.6., B.4.1., B.4.2., B.4.3., B.4.10., B.4.19., B.4.20., B.4.27.

**9.** Strategies, techniques, and client-centered education to facilitate functional transfers

**ACOTE Standards:** B.1.1., B.1.2., B.3.2, B.3.6., B.4.1., B.4.2., B.4.3., B.4.10., B.4.13., B.4.18, B.4.21.

**10.** Strategies for promoting wellness and mental health

Some examples include:

- relaxation
- sleep hygiene
- addiction management

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2, B.3.6., B.4.1., B.4.2., B.4.3., B.4.10., B.4.18, B.4.23.

### TASK 3

#### Select and implement interventions for improving sensory, motor, neurological, and physiological status, considering client condition and current stage of recovery, to support occupational performance.

1. Methods for grading therapeutic exercise and conditioning programs consistent with indications and precautions

**ACOTE Standards:** B.1.1., B.2.1, B.3.2., B.3.7., B.4.2., B.4.3., B.4.10., B.4.18.

2. Techniques for sensory and motor reeducation, pain management, desensitization, edema reduction, and scar management

Some examples include:

- manual edema mobilization
- nerve gliding
- neuromuscular reeducation
- constraint-induced movement

**ACOTE Standards:** B.1.1., B.2.1, B.3.7., B.4.2., B.4.3., B.4.10.

3. Techniques for promoting improved postural stability, dynamic balance, body mechanics, and breathing patterns during functional tasks

**ACOTE Standards:** B.1.1., B.3.7., B.4.2., B.4.3., B.4.10., B.4.13.

### TASK 4

#### Select, fabricate, and modify orthotic devices, and provide training in the use of orthotic and prosthetic devices to support functional outcomes.

1. Types and functions of immobilization, mobilization, and restriction orthoses for managing specific conditions and congenital anomalies across the life span

**ACOTE Standards:** B.1.1., B.3.5, B.4.10., B.4.12.

2. Types and functions of prosthetic devices for upper and lower extremity amputations

**ACOTE Standards:** B.1.1., B.3.5, B.4.10., B.4.12.

3. Implications of anatomical, physiological, biomechanical, cognitive, and socioeconomic factors and healing principles for orthotic selection, design, fabrication, and modification

**ACOTE Standards:** B.1.1., B.1.2, B.4.2., B.4.10., B.4.12.

4. Client-centered education and training methods for the safe and effective use of orthotic and prosthetic devices

**ACOTE Standards:** B.1.1., B.1.2., B.4.2, B.4.10., B.4.12., B.4.21

## TASK 5

### Select assistive technology options, adaptive devices, mobility aids, and other durable medical equipment to enable participation in occupation.

1. Factors related to measuring, selecting, monitoring the fit of, and recommending modifications to seating systems, positioning devices, and mobility aids

Some examples include:

- equipment components
- biomechanical considerations
- usability and maintenance

**ACOTE Standards:** B.1.1., B.4.2., B.4.3., B.4.11., B.4.13

2. Types, characteristics, and features of high- and low-tech assistive technology and adaptive devices

Some examples include:

- interface options and processor parameters
- equipment components

**ACOTE Standards:** B.1.1., B.4.2. B.4.9., B.4.10., B.4.11., B.4.18.

3. Mobility options, vehicle adaptations, and alternative devices for supporting participation in community mobility

Some examples include:

- adapted driving controls
- wheelchair tie downs
- alternative transportation options
- dynamic mobile standers
- navigation apps

**ACOTE Standards:** B.1.1., B.4.2., B.4.10., B.4.14., B.4.18., B.4.27.

4. Client factors influencing successful use and maintenance of assistive technology options, adaptive devices, mobility aids, and other durable medical equipment

Some examples include:

- developmental, physical, functional, cognitive, and mental health status
- prioritized needs

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.3.2., B.3.7., B.4.2., B.4.11., B.4.13.

5. Client-centered education and training methods for successful use and maintenance of assistive technology options, adaptive devices, mobility aids, and other durable medical equipment

**ACOTE Standards:** B.1.1., B.1.2., B.4.2., B.4.10., B.4.11, B.4.13., B.4.14., B.4.15. B.4.21.

## TASK 6

**Recommend environmental modifications, while considering accessibility guidelines, standards, and legislation, to support participation in occupation consistent with client needs and status, task demands, and context.**

1. Principles of ergonomics and universal design for identifying, recommending, and implementing features and reasonable accommodations in the workplace, home, and virtual and public spaces

**ACOTE Standards:** B.1.1., B.1.3., B.4.2., B.4.3., B.4.10., B.4.15, B.4.18.

2. Processes and procedures for identifying, recommending, and implementing modifications in the workplace, home, and virtual and public spaces

**ACOTE Standards:** B.1.1., B.1.2., B.1.3., B.4.2., B.4.3., B.4.10., B.4.14., B.4.15, B.4.18., B.4.27.

## Domain 4

**Competency and Practice Management: Manage professional activities of self and relevant others as guided by evidence, regulatory compliance, and standards of practice to promote quality care.**

### TASK 1

**Employ evidence-based strategies and approaches to provide safe, effective, and efficient services relevant to individuals, groups, and populations.**

1. Methods for locating, reviewing, interpreting, and critically appraising scholarly research to guide practice-relevant decision-making

Some examples include:

- defining a clinical question
- determining the clinical bottom line

**ACOTE Standards:** B.3.4., B.6.1., B.6.2., B.6.3., B.7.4.

2. Methods for applying continuous quality improvement processes and procedures to occupational therapy service delivery

Some examples include:

- program evaluation
- outcome measures

**ACOTE Standards:** B.5.2., B.5.3., B.5.4., B.5.6., B.5.7., B.5.8., B.7.4., B.7.5.

### 3. Evidence-based programming for advancing population health outcomes

Some examples include:

- aging in place
- fall prevention
- health and wellness
- community support groups

**ACOTE Standards:** B.1.2., B.1.3., B.1.4., B.2.1., B.3.3., B.3.4., B.5.3., B.5.6., B.6.1., B.6.2., B.7.4.

## TASK 2

### Incorporate risk management techniques at the individual and practice-setting levels to protect clients, self, staff, and others from injury or harm.

#### 1. Infection control procedures and universal precautions for reducing transmission of contaminants

Some examples include:

- PPE
- isolation precautions
- cleaning equipment

**ACOTE Standards:** B.1.1., B.1.3., B.2.1., B.3.5., B.3.7.

#### 2. Responses to adverse reactions, minor injuries, and emergency situations

Some examples include:

- minor burns and cuts
- seizures
- diabetic reactions

**ACOTE Standards:** B.1.1., B.2.1., B.3.5., B.3.7.

#### 3. Preventive measures for minimizing risk and promoting safety

Some examples include:

- proper body mechanics
- safety data sheet (SDS)
- standard operating procedures
- equipment maintenance
- emergency preparedness
- personal safety in the client's environment

**ACOTE Standards:** B.1.1., B.3.7., B.4.10.

#### 4. Strategies and resources to prevent professional burnout

Some examples include:

- assessment of personal needs
- self-advocacy regarding workload
- stress management

**ACOTE Standards:** B.3.7., B.5.2., B.7.1., B.7.5.

### TASK 3

**Provide occupational therapy services in accordance with laws, regulations, state occupational therapy practice acts, and accreditation guidelines to protect consumers and meet applicable reimbursement requirements related to the service delivery setting.**

1. Application of federal regulations, state practice acts, facility policies, and accreditation guidelines related to service delivery across occupational therapy practice settings

Some examples include:

- health care legislation
- accreditation organizations
- licensing and credentialing
- supervisory role under state practice acts

**ACOTE Standards:** B.5.1., B.5.4., B.5.5., B.5.8., B.7.1., B.7.3., B.7.5.

2. Influence of reimbursement policies and guidelines on occupational therapy service delivery

**ACOTE Standards:** B.4.29., B.5.1., B.5.4., B.5.5., B.7.1., B.7.5.

3. Accountability processes and procedures for justifying, tracking, and monitoring outcomes

Some examples include:

- relevant practice terminology
- documentation guidelines

**ACOTE Standards:** B.4.8., B.4.15., B.4.29., B.5.7., B.5.8., B.7.1., B.7.5.



The cross-tabulation process demonstrated that there is a strong linkage between the NBCOT and ACOTE documents. All knowledge statements in the NBCOT anchor document are reflected in the ACOTE standards. Given the purposes of the two documents, however, it is logical to expect some differences. These are the ACOTE standards that do not appear in the NBCOT anchor document.

**B.2.2.** Explain the process of theory development in occupational therapy and its desired impact and influence on society.

**Explain the process of theory development and its importance to occupational therapy.**

**B.6.4.** Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development. Create grant proposals to support scholarly activities and program development.

**Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development.**

**B.6.5.** Demonstrate an understanding of how to design a scholarly proposal in regards to ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health.

**Demonstrate an understanding of the ethical policies and procedures for human-subject research, educational research, or research related to population health.**

**B.6.6.** Demonstrate an understanding of and apply the principles of instructional design and teaching and learning in preparation for work in an academic setting.

**Demonstrate an understanding of and apply the principles of instructional design and teaching and learning in preparation for work in an academic setting.**

**B.7.2.** Demonstrate knowledge of how the role of a professional is enhanced by participating in and engaging in local, national, and international leadership positions in organizations or agencies.

**Demonstrate knowledge of how the role of a professional is enhanced by participating in and engaging in local, national, and international leadership positions in organizations or agencies.**

\*Doctoral-Degree-Level Standard

\*Master's-Degree-Level Standard

## References

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One Bank Street Suite 300

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