

AOTA BOARD CERTIFICATION IN GERONTOLOGY

Occupational Therapist Candidate Application

American Occupational Therapy Association 4720 Montgomery Lane Bethesda, MD 20814-5320 800-SAY-AOTA, ext. 2838 (Members) 301-652-AOTA, ext. 2838 (Nonmembers and Local) 800-377-8555 (TDD)

> prodev@aota.org http://www.aota.org/certification

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BACKGROUND AND INFORMATION AOTA Board Certification in **Gerontology**

Purpose

Through its Board Certification programs, the American Occupational Therapy Association (AOTA) provides formal recognition for practitioners who have engaged in a voluntary process of ongoing professional development and who are able to translate that development into improved client outcomes.

The AOTA certification process recognizes applicants who have carefully designed and systematically completed professional development activities that facilitate achievement of the criteria delineated for an advanced practitioner in the certification area.

AOTA Board Certification is based on peer-review that includes (1) demonstration of relevant experience, (2) a reflective portfolio, and (3) ongoing professional development. The objectives of Board Certification are to

- 1. Create a community of occupational therapists who share a commitment to continuing competence and the development of the profession.
- 2. Facilitate and respond to the future development of best practice, education, and research in occupational therapy.
- 3. Assist consumers and others in the health care community in identifying occupational therapists with expertise in recognized areas of practice.

Benefits of Certification

- *Clinicians*—Personal accomplishment, professional recognition, career advancement
- *Administrators*—Career laddering, The Joint Commission and other stakeholders, marketing
- *Faculty*—Models the importance of ongoing professional development and reinforces the critical examination of clinical practice, which can be extended to support learning opportunities for students.

Authority

Gerontology Board Certification is awarded by AOTA and is

- A private program
- Not awarded or required by federal or state governments
- Not required as part of the minimum qualifications to work as an occupational therapist
- Voluntary.

Gerontology Board Certification is awarded to individuals who have demonstrated the capacity for meeting identified criteria that reflect advanced occupational therapy practice in the area of gerontology through a peer-reviewed reflective portfolio process.

Administration of the program is by the AOTA Board for Advanced and Specialty Certification (BASC) under the auspices of the AOTA Commission on Continuing Competence and Professional Development (CCCPD).

Occupational Therapy Code of Ethics and Ethics Standards

Articulated within Principle 1 of the Occupational Therapy Code of Ethics and Ethics Standards is the expectation that occupational therapy practitioners shall provide services that are within their scope of practice. Principle 5 reminds that the practitioner is responsible for "maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills" (AOTA, 2010, p. S23)

The Board Certification program embodies these ethical principles by offering applicants a way to document and reflect on professional development in which they have engaged, as well as determine future learning needs and plan subsequent professional development activities that will enhance their practice.

Reference

American Occupational Therapy Association. (2010). Occupational therapy code of ethics and ethics standards. *American Journal of Occupational Therapy*, 64, S17–S26. <u>http://dx.doi.org/10.5014/ajot.2010.64S17</u>

Eligibility

- Professional degree in occupational therapy
- Certified or licensed by and in good standing with an AOTA-recognized credentialing or regulatory body
- Minimum of 5 years as an occupational therapist¹
- Minimum of 5,000 hours in any capacity in Gerontology
- Minimum of 500 hours *delivering* occupational therapy services as an occupational therapist in the certification area to clients (person, organization, or populations) in the past 5 calendar years^{1, 2, 3}
- Verification of employment.

¹Experience and service delivery hours must be at the level for which certification is sought. Applicants seeking Board Certification must have accumulated the necessary hours as an occupational therapist, not as an occupational therapy assistant or other type of professional.

²One foundation of the Gerontology Board Certification is that *initial* certification is considered to be practice based. That does not mean that managers, researchers, and faculty cannot apply. However, it does mean that applicants need to have at least 500 actual service delivery hours in the certification area. It is important to note that, while faculty may apply for certification, students in occupational therapy academic programs are not considered clients. Teaching that does not include service delivery with actual recipients of occupational therapy services does not count toward these 500 hours.

³Service delivery may be paid or voluntary.

Submission Deadlines and Review Period

- Applications will be accepted in **June** and **December** of each year for all certifications. Upcoming deadlines will be listed at <u>www.aota.org/certification</u>.
- Applications are peer-reviewed and processed over a 4-month period following the application deadline. Review for June applications occurs July to October; review for December applications occurs January to April.
- Applications are confirmed as Approved, Denied, or Clarification Needed. Applications that require minimal clarification will be processed with no additional fee. Applications that require clarification significant enough that the content of the application may be altered will be charged an additional \$100 processing fee.

Application Fee

Board Certification: \$525.00 (nonrefundable)

Applicants must be AOTA members at the time of application and at the time certification is granted. Membership is not required to maintain certification once granted, except at the time of renewal.

GERONTOLOGY APPLI CATION

Part A. Applicant Information

Please complete the following information.

APPLI CANT INFORMATION

AOTA Member ID		
Name (<i>Last, First, MI</i>)		
Credentials		
Primary E-mail		
Home Address		
City	State	ZIP
Home Phone	Work Phone	

ACADEMIC BACKGROUND List up to 4 degrees.

University/ College Neme	Year	Deriver Dessived
University/ College Name	Graduated	Degree Received
		Select One

Year of initial certification by NBCOT

CURRENT LI CENSURE If not required by state, please mark "n/a."

State(s) Licensed	License Number(s)	Expiration Date

If more than 4, please list additional here.

OTHER CERTIFICATIONS

Certifying Agency	Credential Awarded, If Any	Date of Initial Certification	Certification Expiration Date

If more than 4, please list additional here.

PROFESSIONAL MEMBERSHIPS

Organization Name	Organization's Focus/ Mission	Dates of Membership

If more than 4, please list additional here.

EMPLOYMENT—CURRENT Primary

Employer Name			
Dates with Employer			
Current Position or Title			
Employer Address			
City	State	ZIP	

Type of Setting

Academic Institution	🗌 Military
Community-Based Setting	🗌 Non-profit Agency
Government—Federal	Private Industry
Government–Local, State	Private Practice
Home Health Agency	🗌 Rehab Facility
Long-term Care Facility/SNF	School System
Hospital Setting	Other (please specify):

Clients Served

Please identify the populations served at this setting on which this application is based.

EMPLOYMENT – CURRENT Secondary, if applicable

Employer Name			
Dates With Employer			
Current Position or Title			
Employer Address			
City	State	ZIP	

Type of Setting

Academic Institution	Military
Community-Based Setting	Non-profit Agency
Government—Federal	Private Industry
Government–Local, State	Private Practice
Home Health Agency	🗌 Rehab Facility
Long-term Care Facility/SNF	School System
Hospital Setting	Other (please specify):

Clients Served

Please identify the populations served at this setting on which this application is based.

EMPLOYMENT—PAST

If there are employers in the past 5 years other than those listed above, please identify below.

Previous Employer Name	State	Dates With Previous Employer

VERIFICATION OF EMPLOYMENT/ VOLUNTEER SERVICE

An employment/volunteer verification form is required to provide third-party verification of the required hours (see next page). Applicants may submit as many forms as needed to verify the required hours, and duplication of the form is acceptable if needed for more than one employer.

Instructions for submitting Verification Form: Print the form and have employers(s) complete. Include the form as a scanned document as the first page(s) of either the application or evidence file.

Tracking Hours—It is up to applicants how to track the specifics of their service delivery. We ask only for the employment verification form(s) to be submitted, so be sure that whoever is verifying the information feels comfortable and ethical with whatever tracking system is used.

Self-Employed—Because private practice takes on many different forms, applicants have varying ways in which to handle employment verification. Examples of who might verify the form include

- Administrator for a company/organization that contracted with the private practitioner for services
- Referral source
- Business partner or co-owner
- Accountant for the practice.

If none of the options listed above fit an applicant's situation, and the applicant has an alternative source for verification to use, the applicant may forward that information for review and approval to prodev@aota.org prior to submitting an application.

AOTA BOARD CERTIFICATION Employment/ Volunteer Verification Form

Employer:

- You are being asked to verify employment or delivery of occupational therapy services for someone who is applying for Board Certification by the American Occupational Therapy Association (AOTA).
- Please complete all sections of this form and **return it to the applicant** so that it can be included in his or her application portfolio.
- If you have questions, please contact AOTA at <u>prodev@aota.org</u> or (301) 652-6611, ext. 2838. Thank you for your assistance!

Applicant:

- Submit only as many forms as needed to verify the required hours of occupational therapy experience. Duplication of the form is acceptable if more than one employer is completing the form.
- The form must be submitted as the first page(s) of the electronic portfolio of scanned evidence (e.g., portable document format [PDF]) that is submitted in support of the application. The application will not be accepted if materials are submitted separately.

Applicant Name		
Certification Sought	Pediatrics Physical Rehabilitation	
Name of Facility/Company/Organization		
City	State	
Applicant Start Date Applicant End Date	☐ Full-time — Employment ☐ Part-time Type: ☐ Contract/PRN ☐ Volunteer	
PART A <i>Experience as an occupational therapist in the</i> <i>certification area. May include direct intervention,</i> <i>supervision, teaching, consultation,</i> <i>administration, case or care management,</i> <i>community programming, or research.</i>	PART B <i>Experience <u>delivering occupational therapy</u> <u>services to clients</u> (persons, populations, or groups) that are specific to the certification area. Students in OT or OTA academic programs are not considered clients.</i>	
This employment/volunteer service represents hours within the past 5 calendar years toward the 5,000 hours required as an occupational therapist in the certification area.	This employment/volunteer service represents hours within the past 5 calendar ye toward the 500 hours requirement for deliver occupational therapy services to clients in the certification area.	
Name of Person Completing Form (please print)		
Signature		
Job Title	Phone Number	

GERONTOLOGY APPLI CATI ON PART B. Reflective Portfolio

AOTA certification programs focus on *continuing competence*, or the building of capacity to meet identified criteria. Continuing competence is a component of ongoing professional development or lifelong learning. Applicants are expected to engage in a process of *self-appraisal* relative to the identified criteria. This involves the deliberate selection of the best supporting evidence that demonstrates applicant's potential for meeting identified criteria and answers the question, What evidence would best indicate that I meet the criteria for advanced practice?

Submit only 1 activity for each criterion. Complete the required professional development activity form for each activity being submitted.

I tems to Submit

In addition to submitting this fillable application form, applicants must create a single separate file (e.g., PDF) of the

- 1. Employment/Volunteer verification form
- 2. 13 activity forms 1 for each criterion
- 3. Any additional evidence as required on the activity forms.

Guidelines:

- For each of the 13 criteria below, choose only 1 of the available options to submit as part of the application.
- Activities must have occurred within the 5 years prior to submitting the application.
- An activity may not be used to meet more than 1 criterion. For example, a formal learning activity engaged in for Criterion 1 may not also be used for Criterion 3.

The following page outlines the professional development criteria required for Gerontology certification. The criteria are based on the 5 *AOTA Standards for Continuing Competence:* Knowledge, Critical Reasoning, Interpersonal Skills, Performance Skills, and Ethical Practice (AOTA, 2010).

Reference

American Occupational Therapy Association. (2010). Standards for continuing competence. *American Journal of Occupational Therapy*, 64, S103–S105. <u>http://dx.doi.org/10.5014/ajot.2010.64S103</u>

Reflective Portfolio—Professional Development Activities

CRITERION 1—<u>Knowledge: Lifespan and Conditions</u>—Demonstrates acquisition of current knowledge of the effects of the interaction between lifespan issues and relevant conditions that impact occupational performance related to Gerontology.

Select One

CRITERION 2—<u>Knowledge: Evaluation</u>—Demonstrates acquisition of current knowledge of relevant evidence specific to *evaluation* in Gerontology.

Select One

CRI TERI ON 3—<u>Knowledge: Intervention</u>—Demonstrates acquisition of current knowledge of relevant evidence specific to *intervention* in Gerontology.

Select One

CRITERION 4—<u>Knowledge: Systems</u>—Demonstrates acquisition of current knowledge of laws, regulations, payer sources, and service delivery systems relevant to Gerontology.

Select One

CRITERION 5—<u>Evaluation: Uses Relevant Evidence</u>—Uses relevant evidence to establish an occupational profile with the client (person, organization, population) and assess the client's occupational performance through a variety of measures, including standardized assessments, as appropriate.

Select One

CRITERION 6—<u>**Evaluation:**</u> Prioritizes Needs</u>—Prioritizes needs related to the client, context, and performance by synthesizing and interpreting assessment data and clinical observations in Gerontology.

Select One

CRITERION 7—<u>Intervention</u>: Design and Implementation</u>—Designs and implements Gerontology interventions that are client-centered, contextually relevant, and evidence-based to facilitate optimal occupational engagement.

Select One

CRITERION 8—<u>Intervention</u>: Wellness and Prevention—Provides Gerontology intervention that incorporates wellness and prevention for clients (persons, organizations, populations) to optimize present and future occupational engagement.

Select One

CRITERION 9—<u>**Outcomes**</u>—Evaluates effectiveness of services delivered, either for caseload or programs, in order to validate service delivery and make changes as appropriate to maximize outcomes related to Gerontology.

Select One

CRITERION 10—<u>Holistic Practice</u>—Holistically addresses the client's needs, including physical, social, and emotional well-being, that may impede occupational performance.

Select One

CRITERION 11—<u>Ethical Practice</u>—Identifies ethical implications associated with practice in Gerontology and applies ethical reasoning for navigating through identified issues. *This criterion is addressed directly in this application in 3 parts over the next 6 pages.*

CRITERION 12—<u>Advocating for Change</u>—Advances access to services or influences policies or programs that promote the health and occupational engagement of clients (persons, organizations, populations) in the Gerontology practice area.

Select One

CRITERION 13—<u>Accessing Networks and Resources</u>—Negotiates the service delivery system to establish networks and collaborate with team members, referral sources, or stakeholders to support clients' occupational engagement.

Select One

ETHI CAL PRACTICE SCENARIO (Part 1 of 3)-Client Based

Criterion 11—Ethical Practice: Client-Based

I dentifies ethical implications associated with the delivery of services in gerontology and articulates a process for navigating through identified issues.

Guidelines

- The applicant identifies ethical implications associated with the delivery of services and articulates a process for navigating through the identified issues.
- The applicant shall review the <u>AOTA Code of Ethics</u> and align the dilemma with the ethical principle(s) that is/are challenged.

Ethical Scenarios

Scenario #1

An OT is treating a cognitively intact older client. During a family meeting, the client stated that he did not want to work on bathing retraining. After the meeting, the client's daughter, who is the primary caregiver but not medical POA, asks the OT to ignore the client's wishes and insists that the client participate in bathing retraining.

Scenario # 2

While performing an initial OT evaluation at the bedside of an older adult client, the OT observes the client hesitating to answer questions about the roles of her live-in caregiver. When exiting the room, the OT overhears the caregiver repeatedly yelling derogatory statements at the client.

Scenario #3

An OT working a weekend shift in an acute rehab unit is asked to complete an initial evaluation on a client with new CVA. The client has family members present in the room during the evaluation. The OT discovers the client uses English as his second language but now appears to only speak and understand Bosnian. The family members offer to interpret for the evaluation.

- 1. To which scenario are you responding?
- 2. From the <u>AOTA Code of Ethics</u>, which ethical principle(s) has/have been challenged in this <u>scenario</u>? *Select the top ethical principle(s) that apply, up_to a maximum of 3.*
 - 1. Beneficence
 - 2. Non-maleficence
 - 3. Autonomy

- 4. Justice 5. Veracity
- ____ 6. Fidelity

3. Describe how you would apply the ethical principles identified above to guide you toward a resolution for the concern noted. *(average word guideline—500)*

ETHICAL PRACTICE SCENARIO (Part 2 of 3)-Fiscal & Regulatory

Criterion 11—Ethical Practice: Fiscal & Regulatory

I dentifies ethical implications associated with the delivery of services in gerontology and articulates a process for navigating through identified issues.

Guidelines

- The applicant identifies ethical implications associated with the delivery of services and articulates a process for navigating through the identified issues.
- The applicant shall review the <u>AOTA Code of Ethics and Ethics Standards</u> and align the dilemma with the ethical principle(s) that is/are challenged.

Ethical Scenarios

Scenario #4

An OT is working with a client. The session is scheduled for 75 minutes; however, the OT realizes after 65 minutes that the client has completed the treatment plan and does not require an additional 10 minutes of therapy that day. The OT knows that if the client does not receive the scheduled 75 minutes then reimbursement for therapy that week falls into a lower payment category.

Scenario # 5

An older adult client is referred to home health after a recent hospitalization for a chronic condition. The therapist had 2 visits with the client in the last 6 months. Upon evaluation after this recent hospitalization, the therapist determines there is no medical necessity to justify continued services. The home health agency asks the therapist to have at least 5 visits with the client.

Scenario #6

An older adult is admitted to a SNF Medicare A service bed for rehab following a recent hospitalization for a UTI. The older adult had been a long term resident in the facility, and the OT evaluation determines that she is performing basic ADLs at her prior level of function. The therapist's supervisor asks her to write the frequency and duration orders for an ultra-high RUG category, stating the facility is currently slow and needs more productive hours for the staff.

- 4. To which scenario are you responding?
- 5. From the <u>AOTA Code of Ethics</u>, which ethical principle(s) has/have been challenged in this scenario? *Select the top ethical principle(s) that apply, up to a maximum of 3.*
 - 1. Beneficence
 - 2. Non-maleficence
 - 3. Autonomy

~	 -	
	4.	Justice
	5.	Veracity

6. Fidelity

6. Describe how you would apply the ethical principles identified above to guide you toward a resolution for the concern noted. *(average word guideline—500)*

ETHICAL PRACTICE SCENARIO (Part 3 of 3)-Scope of Practice

Criterion 11—Ethical Practice: Systems/ Organizational

I dentifies ethical implications associated with the delivery of services in gerontology and articulates a process for navigating through identified issues.

Guidelines

- The applicant identifies ethical implications associated with the delivery of services and articulates a process for navigating through the identified issues.
- The applicant shall review the <u>AOTA Code of Ethics and Ethics Standards</u> and align the dilemma with the ethical principle(s) that is/are challenged.

Ethical Scenarios

Scenario #7

An 83 year old woman who recently had a total hip replacement is being discharged home from a nursing home after 14 days of rehab. Her insurance company will no longer cover the stay because of her high level of function. The woman has reached a level of modified independence for all self-care ADLs but requires supervision for toilet and shower transfers. She lives alone, and even though the therapist has recommended a homecare OT evaluation, she knows that homecare will not start for 4 days.

Scenario #8

An OT working in a SNF in a case-mix state screens a resident and finds that the resident would benefit from OT services. The Director of Nursing requests that the therapist holds off on the evaluation for a month so that the resident will receive the OT services in the resident's assessment window.

Scenario # 9

An OT employed in an acute care hospital is asked to evaluate an older adult client who has recently undergone hip surgery. The physician tells the OT that the client will be discharged home later that day. The results of the OT evaluation indicate that the client has cognitive deficits, including poor short-term memory, poor judgment, and is impulsive. The client was residing alone in the community prior to hospitalization.

7. To which scenario are you responding?

- 8. From the <u>AOTA Code of Ethics</u>, which ethical principle(s) has/have been challenged in this scenario? *Select the top ethical principle(s) that apply, up to a maximum of 3.*
 - 1. Beneficence
 - 2. Non-maleficence
 - 3. Autonomy



6. Fidelity

9. Describe how you would apply the ethical principles identified above to guide you toward a resolution for the concern noted. *(average word guideline—500)*

GERONTOLOGY APPLI CATI ON Part C. Self-Assessment

Self-assessment is a formative and dynamic process through which occupational therapy practitioners identify goals for professional development and monitor progress toward goals (Moyers, 2010). Self-assessment answers the question, "What can I do to prepare or increase my capacity for the competency demands of the future?" In the Board Certification process applicants will use self-assessment to consider all that they have learned thus far in their achievement of the certification criteria. This self-understanding combined with ideas about the way practice is changing will help applicants determine what they should learn next.

Reference

Moyers, P. A. (2010). Competence and professional development. In K. Sladyk, K. Jacobs, & N. MacRae (Eds.), *Occupational therapy essentials for clinical competence* (pp. 475–484). Thorofare, NJ: Slack.

Guidelines

- Develop the self-assessment by answering the questions below in a single narrative as they relate to the certification criteria collectively. Use examples to support the answers.
- The average self-assessment is 1,350–3,000 words.

Self-Assessment Questions:

- Describe your current practice in relation to this certification and how you envision your practice area changing in the future.
- Having gone through the certification process, what have you discovered that you want to learn more about in relation to the criteria required for this certification area?

Applicant's Self-Assessment

GERONTOLOGY APPLI CATION Part D. Professional Development Plan

Professional development planning in the AOTA certification process requires that applicants develop a plan for learning for the next 5 years related to the certification criteria.

Depending on personal style or the specific criterion selected, goals might emphasize *outcome, performance,* or *process*; but it is possible for a goal to include a combination of these elements:

- Outcome—what are you trying to achieve?
- Performance—what task will you complete?
- Process—what specific actions will you take?

Guidelines

Each goal must include the following qualities:

- It must be relevant to the identified criterion. For example, an applicant's goal to "learn a new assessment tool" would not be relevant to a criterion that deals with "advancing access to OT services."
- It must be **measureable**. There must be an objective way for the applicant to demonstrate a change toward meeting the goal in the next 5 years.
- It must be **controllable** by the applicant. The applicant should be able to meet the goal regardless of the external environment. For example, a goal to "Discharge all patients safely to home" is not something than can be realistically controlled by the applicant.

Parameters

- Establish 3 professional development goals.
- Do not develop more than 1 goal for a single criterion; 3 different criteria must be represented in the application.
- For each goal, include: its application to practice, success criteria, strategies, and target date for completion.
- Write goals that are unique and not simply a reiteration of the criterion.
- Goals should be relevant to your practice.
- Develop goals that represent your own professional development, not the development of others (e.g., students, other staff).
- Goals should be met within the coming 5 years prior to certification renewal.

PROFESSI ONAL DEVELOPMENT GOAL-EXAMPLE 1

Criterion: *Knowledge:* Evaluation—Demonstrates acquisition of current knowledge of relevant evidence specific to evaluation in gerontology.

Applicant's Goal:

I will improve the quality of my evaluations—and subsequently my interventions—by adding one new evidence-based assessment to my repertoire for use with clients with neurological impairment. I will perform a literature review of evidence-based assessments, investigate cost, explore training opportunities, and seek a mentor to ensure I am able to implement the assessment appropriately. Target date: June 20XX.

Necessary components included in above goal:

- **Application to Practice:** I will improve the quality of my evaluations—and subsequently my interventions—
- **Success Criteria:** by adding one new evidence-based assessment to my repertoire for use with clients with neurological impairment.
- **Strategies:** I will perform a literature review of evidence-based assessments, investigate cost, explore training opportunities, and seek a mentor to ensure I am able to implement the assessment appropriately.
- Target Date: June 20XX

PROFESSIONAL DEVELOPMENT GOAL-EXAMPLE 2

Criterion: **Accessing Networks & Resources**—Negotiates the service delivery system to establish networks and collaborate with team members, referral sources, or stakeholders to support clients' occupational engagement.

Applicant's Goal:

I will increase my networking with other gerontology occupational therapy practitioners and expand relevant connections for my practice by hosting monthly roundtable discussions. To facilitate this, I will use the AOTA Evidence Exchange to guide identification of relevant discussion topics or questions to be answered. I will advertise to local practitioners, provide a venue, facilitate the roundtable discussions, and collect participant feedback for the purposes of shaping future discussions. Target dates: Monthly from September 20XX through May 20XX.

Necessary components included in above goal:

- Application to Practice: I will increase my networking with other gerontology occupational therapy practitioners and expand relevant connections for my practice
- Success Criteria: by hosting monthly roundtable discussions.
- **Strategies:** I will use the AOTA Evidence Exchange to guide identification of relevant discussion topics or questions to be answered. I will advertise to local practitioners, provide a venue, facilitate the roundtable discussions, and collect participant feedback for the purposes of shaping future discussions.
- Target Date: Monthly from September 20XX through May 20XX

Professional Development Goal 1

To which criterion does this goal apply?

Select One

Applicant's Goal 1:

Professional Development Goal 2

To which criterion does this goal apply?

Select One

Applicant's Goal 2:

Professional Development Goal 3

To which criterion does this goal apply?

Select One

Applicant's Goal 3:

GERONTOLOGY APPLI CATI ON

Checklist and Attestation

Checklist of Application Items

Applicant Information	Reflective Portfolio—Criterion 9
Employment/Volunteer Verification Form(s)	Reflective Portfolio—Criterion 10
Reflective Portfolio-Criterion 1	Reflective Portfolio—Criterion 11
Reflective Portfolio-Criterion 2	Reflective Portfolio—Criterion 12
Reflective Portfolio-Criterion 3	Reflective Portfolio—Criterion 13
Reflective Portfolio-Criterion 4	Self-Assessment
Reflective Portfolio-Criterion 5	Professional Development Goal 1
Reflective Portfolio-Criterion 6	Professional Development Goal 2
Reflective Portfolio-Criterion 7	Professional Development Goal 3
Reflective Portfolio—Criterion 8	

Item(s) to Submit

- 1. The following should be uploaded by the application deadline to the following URL: <u>https://www.filesdirect.com/AOTACertification</u>:
 - A. Certification Application (this document)
 - **B.** Single combined file (e.g., .pdf file) that includes
 - Employment/Volunteer Verification Form
 - All professional activity development forms
 - Any additional evidence as required by a particular activity (e.g., CE certificates)
- 2. Application fee of \$525 (submitted separately from application):
 - Credit card: Call (800) SAY-AOTA (800-729-2682) extension 1708 Monday- Friday between 9:00-5:00 Eastern to pay by phone
 - Check: Mail check on or before the application deadline to

AOTA—Attn: Certification 4720 Montgomery Lane Bethesda, MD 20814-3449

Applicant Attestation

I hereby attest that the information provided in this application is my own and that I have complied with all *Occupational Therapy Code of Ethics and Ethics Standards,* including Beneficence; Nonmaleficence; Autonomy, Confidentiality; Social Justice; Procedural Justice; Veracity; and Fidelity. If granted certification, I will not use my credential to represent myself to others beyond the level for which I am qualified.

Signature (electronic signature acceptable)

Date

APPENDIX

AOTA Board Certification in Geriatrics

References to Support Criteria

- 1. American Occupational Therapy Association, (2008). *Occupational therapy services in the promotion of health and the prevention of disease and disability*. American Journal of Occupational Therapy, 62, 694-703. <u>http://dx.doi.org/10.5014/ajot.62.6.694</u>
- American Occupational Therapy Association. (2010). Occupational therapy code of ethics and ethics standards (2010). *American Journal of Occupational Therapy*, 64, S17–S26. <u>http://dx.doi.org/10.5014/ajot.2010.64S17</u>
- 3. American Occupational Therapy Association. (2011). The role of occupational therapy in end-of-life care. *American Journal of Occupational Therapy, 65,* S66–S75. http://dx.doi.org/10.5014/ajot.2011.65S66
- 4. American Occupational Therapy Association. (2013). Occupational therapy in the promotion of health and well-being. *American Journal of Occupational Therapy*, 67(Suppl.), S47–S59. <u>http://dx.doi.org/10.5014/ajot.2013.67S47</u>
- Arbesman, M., & Lieberman, D. (2012). Methodology for the systematic reviews on occupation and activity-based intervention related to productive aging. *American Journal of Occupational Therapy*, 66(3), 271–276. http://dx.doi.org/doi:10.5014/ajot.2012.003699
- 6. Bengtson, V. K., Silverstein, M., & Putney, N. (Eds.). (2008). *Handbook of theories of aging* (2nd ed.). New York: Springer.
- 7. Bonder, B. R., DalBello, V., & Wagner, M. B. (2009). *Functional performance in older adults* (3rd ed.). Philadelphia: F. A. Davis.
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