

OCCUPATIONAL THERAPY RULES AND STATUTES IN TENNESSEE

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DEFINITIONS OF NOTE

Occupations

- **Everyday life activities named, organized, and given value and meaning by individuals and their culture**
- Includes everything that people do to occupy their time, including caring for their needs, enjoying life, and contributing to the social and economic fabric of their communities.

T.C.A. §63-13-103(11)

Occupational Therapy Practice

- **Therapeutic use of everyday life activities** (i.e., occupations) to enable individuals or groups to participate in roles and situations in home, school, workplace, community, and other settings
- Occupational therapy addresses the **physical, cognitive, psychosocial, and sensory aspects of performance** in a variety of contexts to support engagement in occupations that affect health, well-being, and quality of life

T.C.A. §63-13-103(10)(A)

Occupational Therapy Services

- Training in the use of prosthetic devices
- Assessment, design, development, fabrication, adaptation, application, fitting, and training in the use of assistive technology and adaptive and selective orthotic devices
- Application of physical agent modalities with proper training and certification
- Assessment and application of ergonomic principles
- Adaptation or modification of environments, at home, work, school or community, and use of a range of therapeutic procedures, such as wound care management, techniques to enhance sensory, perceptual and cognitive processing and manual therapy techniques, to enhance performance skills, occupational performance or the promotion of health and wellness;
- Practice of dry needling of the upper limb, with proper training and certification;

T.C.A. §63-13-103(10)(B)

Settings Where Occupational Therapy Practice Occurs

- **Institutional inpatient settings** – acute rehabilitation facilities, psychiatric hospitals, community and specialty hospitals, nursing facilities, and prisons
- **Outpatient settings** – clinics, medical offices, and therapist offices
- **Research facilities**
- **Educational institutions**
- **Home and community settings** – homes, group homes, assisted living facilities, schools, early intervention centers, day care centers, industrial and business facilities, hospices, sheltered workshops, wellness centers, fitness centers, and community mental health facilities
- **Telehealth, telemedicine, or provider-based telemedicine**, as authorized by § 63-1-155;

T.C.A. §63-13-103(10)(C)

**SPECIALTY CERTIFICATION
AVAILABLE TO AN OT IN
TENNESSEE**

Certification in the Use of Physical Agent Modalities

Two types of certification:

1. Electrical stimulation certification
2. Thermal agents certification

Both require documentation of current certification from the Hand Therapy Certification Commission *or* completion of a specified number of contact hours of didactic and laboratory experiences

- Training courses are approved by the Board of Occupational Therapy or its consultant
- Fieldwork students may take training courses and practice under a PAMs certified therapist

Rule 1150-2-.04(4)

Certification in the Use of Physical Agent Modalities (cont.)

- Successfully complete Board-approved training that shall consist of a total of twenty-five (25) contact hours of didactic and laboratory experiences which include five (5) treatments on clinical patients to be supervised by licensees who hold certification pursuant to subparagraph (a) or by a physical therapist currently licensed in the United States. The treatments shall be from the following categories, and at least one (1) treatment shall be from each category:
 - (i) Neuromuscular electrical stimulation
 - (ii) Electrical stimulation for pain control
 - (iii) Edema reduction

Rule 1150-2-.04(4)

Certification in the Use of Dry Needling*

Certification available to OTs only

***Statute passed 2022, Rules reflective as of June 14, 2023

- Fifty (50) hours of instruction which are generally satisfied during the normal course of study in occupational therapy school or continuing education from a Board-approved continuing education provider including:
 1. Musculoskeletal and Neuromuscular systems;
 2. Anatomical basis of pain mechanisms, chronic pain, and referred pain;
 3. Trigger Points; and
 4. Universal Precautions.

[RULE 1150-02-.21](#)

Certification in the Use of Dry Needling* (cont.)

(b) Twenty-four (24) hours of dry needling instruction that includes specific instruction of the upper limb defined as hand, wrist, elbow, and shoulder girdle.

1. The twenty-four (24) hours must include instruction in each of the following six (6) areas:

- (i) Dry needling technique;
- (ii) Dry needling indications and contraindications;
- (iii) Documentation of dry needling;
- (iv) Management of adverse effects;
- (v) Practical psychomotor competency; and
- (vi) Occupational Safety and Health Administration's Bloodborne Pathogens Protocol.

Specialized Services

Occupational therapy practice includes specialized services provided by OT's and OTA's who are certified or trained in areas of specialization through programs approved by AOTA and other nationally recognized organizations, including but not limited to:

- **Hand therapy**
- **Neurodevelopmental treatment**
- **Sensory integration**
- **Pediatrics**
- **Geriatrics**
- **Neurorehabilitation**

T.C.A. §63-13-103(10)(D)

**REGULATING THE PRACTICE
OF OCCUPATIONAL
THERAPY IN TENNESSEE**

Board of Occupational Therapy

Five (5) members who are residents of Tennessee, appointed by the Governor for three-year terms

- Three (3) OT's
- One (1) OTA
- One (1) consumer member who is not professionally or commercially associated with health care
- The OT's and the OTA must have **five (5) years experience in practice or teaching**

- Meets as frequently as necessary in Nashville, typically 4x/year
- Issues or denies licenses to applicants for OT or OTA licenses
- Adopts rules governing occupational therapy practice
- Conducts disciplinary hearings
- Works with the staff of the Department of Health
- Receives per diem of \$100 per day, plus travel expenses, for each Board meeting attendee

<http://health.state.tn.us/Boards/OT>

T.C.A. §63-13-216

Current members are:

- **Allan Adriaanse, OT, Board Chair**
- **Amanda Newbern, OT**
- **Anita Tisdale, OT**
- **Hollie Simpson, OTA**
- **Larry D. Goings, Consumer**

LICENSURE AND RENEWAL

Requirements for Licensure and Renewal as an OT or OTA

4 Licensure Requirements:

- Good moral character
- Successful completion of the academic requirements of an educational program accredited by the **Accreditation Council for Occupational Therapy Education (ACOTE)**
- Successful completion of the period of supervised fieldwork experience required by ACOTE
- Making an acceptable score on the entry-level examination prepared and administered by the **National Board for Certification in Occupational Therapy (NBCOT)**

Renewal Requirements:

- Every OT and OTA must renew his or her license **biennially**
- The due date for license renewal is the **last day of the month in which a licensee's birthday falls**
- Renewal may be done online or by mailing in a renewal application with the renewal fee
- Licensees who fail to renew their licenses will have their licenses administratively revoked
- Reinstatement of an expired license may be accomplished by paying all past due renewal fees and a late renewal fee and filling out a reinstatement application
- The Board must now determine license status within 60 days.

Current License Fees

Application Fee	\$100 - OT	\$75 - OTA
Renewal Fee (Biennial)	\$85 - OT	\$60 - OTA
Limited Permit Fee	\$25 - OT	\$25 - OTA
Late Renewal Fee	\$15 - OT	\$15 - OTA
Endorsement/ Verification Fee	\$25 - OT	\$25 - OTA
Duplicate License Fee	\$25 - OT	\$25 - OTA
State Regulatory Fee	\$10 - OT	\$10 - OTA
Inactive License Fee (Biennial)	\$25 - OT	\$25 - OTA

administering the statute (licensure, disciplinary actions, etc.). The Board is likely to increase renewal fees in the near future.

Rule 1150-02-.06(4)

LIMITED PERMITS

Prerequisites for Limited Permits

- An applicant for licensure as an OT or OTA is eligible for a Limited Permit when the applicant has completed the educational and field experience requirements for licensure and has received a letter from the NBCOT stating that he or she is authorized to take the NBCOT examination
- An applicant who has received a Limited Permit must take the NBCOT examination within **90 days** of receiving the Limited Permit or the Limited Permit expires
- A licensed OT must supervise a person working on a Limited Permit
- **An applicant may receive a Limited Permit only once**

If an applicant **fails** the NBCOT examination, the Limited Permit **expires immediately**.

If an applicant **passes** the NBCOT examination, the Limited Permit **remains effective until a full license is issued or denied**.

Supervision Requirements for OT/OTA Working on Limited Permit

Occupational Therapist:

- Direct contact once every two weeks at the site of treatment, as well as additional contact by telephone and electronic means as needed
- Observation by the supervising OT of treatment provided by the OT working on a Limited Permit
- Direct contact should exceed once every two weeks, if warranted by the condition of the patient, complexity of treatment, evaluation procedures, or proficiencies of the OT working on a Limited Permit
- Documentation of each supervisory visit must be maintained to document compliance with this rule
- The documentation which must be maintained is the same as for the supervision of an OTA by an OT

- The supervising OT must co-sign all evaluations, treatment plans, and discharge summaries

Occupational Therapist Assistant:

- All the requirements governing supervision of an OTA who has a license also apply to supervision of an OTA working on a limited permit
- In addition, the OT must provide additional supervision if the patient's required level of care is beyond the level of skill of an OTA working on a limited permit
- The OT must perform routine inspection of patient notes and must evaluate the OTA's performance of services
- The OT must provide relevant in-service training to the OTA

**UNLICENSED PERSONS
WORKING IN
OCCUPATIONAL THERAPY**

General Rules of Unlicensed Persons

- Such persons are often referred to as aides, technicians, transporters, or support staff
- An OT or OTA may delegate to an unlicensed person *specific routine tasks associated with the nontreatment aspects of occupational therapy practice*
- These tasks *may not* be evaluative, assessive, task selective, or recommendational in nature
- These tasks *may not* be tasks that require making decisions or making assessment or treatment entries in official patient records
- The OT or OTA must accept professional responsibility for the performance of the tasks by the unlicensed person
- The unlicensed person must have been appropriately trained for the performance of the tasks which are delegated

T.C.A. §63-13-207(a)

**LICENSURE EXEMPTIONS,
RETIREMENT, AND
ALTERNATIVES**

Exemptions From the OT Practice Act

- Any person who is licensed under another chapter of Title 63 of the Tennessee Code, (i.e. another health professional)
- An OT or OTA who is employed by the federal government
- An OT or OTA student in an ACOTE-accredited educational program
- An OT or OTA program graduate who is completing the supervised fieldwork experience requirements for licensure
- An OT or OTA who is licensed in another state and is in Tennessee to provide educational, consulting, or training services for no more than 14 days in a calendar year
- A person certified as a Therapeutic Recreation Specialist by the National Council for Therapeutic Recreation Certification (NCTRC)

T.C.A. §63-13-208(a)

Licensure By Reciprocity

- The Board of Occupational Therapy may grant a license to an applicant who is currently licensed as an OT or OTA in another state, the District of Columbia, or a territory of the United States if that applicant possesses educational and experiential qualifications which meet or exceed the requirements for licensure in Tennessee

T.C.A. §63-13-213

Retirement of License

- An OT or OTA who wishes to cease the practice of occupational therapy must retire his/her license by filing an affidavit with the Tennessee Board of Occupational Therapy
- If the OT or OTA wishes to reenter practice at a later time, the person must apply to the Board which will decide how much continuing education the person must complete before being allowed to reenter practice

T.C.A. §63-13-215

Internationally Trained Applicants

- An applicant who has completed an educational program outside the United States must furnish proof of good moral character and must demonstrate that his or her educational program and supervised fieldwork experience was substantially similar to programs accredited by ACOTE

T.C.A. §63-13-214

**REQUIREMENTS FOR
SUPERVISION OF AN
OTA BY AN OT**

Supervision Parameters

Supervision is a collaborative process in which the OT and the OTA share responsibility

Relevant factors to be considered in working out the details of supervision:

- Level of skill, experience and competency of OTA
- Demands of the work setting
- Complexity and stability of patient population

Rule 1150-02-.10(5)(c) recommends the following amount of supervision:

- **Entry level OTA** (*less than 1 year of experience*) – requires “close” supervision (daily direct contact at site of treatment)
- **Intermediate level OTA** (*1-3 years of experience*) – requires “routine” supervision (direct contact at least every 2 weeks at site of treatment)

Rule 1150-02-.10(3)

Supervision Parameters (continued)

Advanced level OTA (more than 3 years of experience) requires “general” supervision (direct contact at least monthly)

OTA’s may require “minimal” supervision while performing non-clinical administrative responsibilities (less than monthly contact)

Regardless of experience, OTA’s may require closer supervision for “interventions that are more complex or evaluative in nature and for areas in which service competencies have not been established”

Rule 1150-02-.01(27)

Rule 1150-02-.10(5)(c)

Supervision Requirements for an OTA Who Has a License

- Face-to-face contact between the supervising OT and the OTA should be **at least once a month**, but should be more frequent if warranted by the condition of the patient, complexity of treatment, evaluation procedures, or proficiencies of the OTA
- The OT is responsible for the evaluation of the patient and the development of the treatment plan
- The OTA may implement and coordinate the treatment plan under the OT's supervision
- The OTA may provide direct services that follow a documented routine and accepted procedure under the OT's supervision
- The OTA may adapt activities, media, and environment according to the needs of the patient, under the OT's supervision

(a)-(e)

Rule 1150-02-.10(3)

Documentation of Supervision of OTA by an OT

The OT and the OTA must maintain the following documentation of each supervisory visit:

- Location of visit
- Method of identifying clients discussed
- Current frequency of supervision
- Nature of supervision (in-person, etc.)
- Type of interventions observed
- Other supervisory actions (e.g., discussion of goals, training in documentation or intervention, etc.)
- The OT and the OTA must maintain the documentation of these visits for 3 years
- The quality and frequency of supervision must be sufficient to ensure safe and effective occupational therapy service delivery
- The OT and the OTA must sign and date a statement that the supervisory visit occurred and met the needs of both parties.

A [form](#) is available on the Board of Occupational Therapy's website which may be used to document supervision.

Supervision Amendments to the Statute

Under the 2006 amendments to the statute, the following supervision requirements are in effect:

- An OTA must practice under the supervision of an OT licensed in Tennessee
- The supervising OT may assign to the OTA only those duties and responsibilities that the OTA is qualified to perform
- The supervising OT is responsible for all services provided by the OTA, including but not limited to the formulation and implementation of a plan of services for each client
- The supervising OT has a continuing responsibility to follow the progress of each client and to ensure the effective and appropriate supervision of the OTA according to the needs of the client

Parameters Which Govern the Rules of Supervision

- The 2006 legislation gives the Board of Occupational Therapy the authority to adopt rules governing supervision of OTA's by OT's
- A TNOTA Task Force recommended some new rules to implement the 2006 changes in the supervision requirements
- These rules were adopted by the Board and became effective in January 2010
- The 2006 legislation allows the rules to address the following issues:
 - The manner in which the OT oversees the work of the OTA
 - The ratio of OT's and OTA's in different practice settings
 - The documentation of supervision contacts between the OT and OTA

The 2006 legislation states that the frequency, methods, and content of supervision of OTA's by OT's may vary by practice setting and are dependent on the following factors:

- Complexity of the client's needs
- Number and diversity of clients
- Skills of the OTA and the OT
- Type of practice setting
- Requirements of the practice setting

CONTINUED COMPETENCE

Continued Competence Credits

- The applicant must attest to having completed the Continued Competence requirements for the two calendar years that precede renewal of his/her license
- The requirement is **24 continued competence credits for each 2-year period**
 - **At least twelve (12) credits must be directly related to the delivery of occupational therapy services**
 - Up to ten (10) credits may pertain to the licensee's current or anticipated professional role
 - One (1) credit must pertain to the AOTA Code of Ethics or other ethics-related activities
 - One (1) credit must pertain to jurisprudence, i.e. , the statute or rules governing occupational therapy practice
 - Up to twelve (12) credits may be obtained online
- **Four (4) continued competence credits may be carried over to the next 2-year period** if the licensee obtains 28 or more continued competence credits during the current 2-year period

Continued Competence Activities

- **The rules contain a list of 11 approved continued competence activity providers**
 - * Other than this list, the Board of Occupational Therapy does not pre-approve continued competence activities
- **The OT or OTA must use his or her professional judgment to determine whether an activity is appropriate to his or her professional development**
- The rules provide a 5-page Activity Table which contains a long list of approved activities and should be studied carefully
- For some activities, 1 hour equals 1 credit; for other activities, 1 hour *does not* equal 1 credit
- The Activity Table also explains the documentation which must be retained by the OT or OTA as proof of the credits for a particular activity
- **This documentation must be retained for five (5) years**

CODE OF ETHICS, ADDITIONAL RULES, AND ACTS

CODE OF ETHICS

The Board of Occupational Therapy has adopted the AOTA Code of Ethics and the NBCOT Code of Conduct and made them applicable to OT's and OTA's licensed in Tennessee, *except* to the extent that they may conflict with the laws or rules that govern OT practice in Tennessee.

Rule 1150-02-.02(2)

SUICIDE PREVENTION TRAINING ACT

- Chapter 396 of the Public Acts of 2017
 - Codified at T.C.A. §63-1-125
- Applies to several professions including OTs but **not** including OTAs
- As of this year, each licensed OT must complete, at least once every 5 years, 2 hours of training that covers the following elements:
 - (A) Suicide prevention
 - (B) Suicide assessment and screening
 - (C) Suicide treatment
 - (D) Suicide management
 - (E) Suicide postvention

SUICIDE PREVENTION TRAINING ACT

- Tennessee Department of Mental Health and Substance Abuse (MH&SA) will develop a model list of training programs
- The Tennessee Board of Occupational Therapy will approve the programs that may be taken by OTs to comply with this law
- An OT who applies for initial licensure on or after January 1, 2020 is not required to complete the training program for 2 years after initial licensure if the OT can demonstrate completion of a two-hour academic training program that meets the criteria established by the Board and was completed no more than 2 years prior to the application for licensure
- The hours completed by an OT will count toward meeting the OT's Continued Competence requirements
- <https://www.tn.gov/behavioral-health/need-help/crisis-services/suicide-prevention1.html>

PUBLIC SAFETY BEHAVIORAL HEALTH ACT

- Chapter 997 of the Public Acts of 2018
- Requires a state or local government agency that employs professional firefighters or emergency medical workers on a full-time basis to pay for **no less than 10 visits** with a mental service provider for the purpose of treating post-traumatic stress disorder (PTSD)
- The current definition of mental health service provider includes OTs but ***not*** OTAs
- A mental health service provider must provide evidence of successful completion of education and training in at least one trauma therapy and must have at least 2 years of post-licensure work experience with trauma patients

PUBLIC SAFETY BEHAVIORAL HEALTH ACT

- **Trauma therapy** is defined to include at least one of the following evidence-based trauma treatment practices:
 - (A) Cognitive behavior therapy
 - (B) Exposure therapy
 - (C) Stress inoculation therapy
 - (D) Eye movement desensitization reprocessing
- A mental health service provider must participate, at least once a year, in training that familiarizes the provider with the unique problems associated with each public safety profession lifestyle, such as critical incident response training or ride-alongs
- At least once a year, each public safety employer must provide to its employees a list of qualified mental health service providers that can provide trauma therapy services