

**RULES
OF
THE TENNESSEE BOARD OF OCCUPATIONAL THERAPY**

**CHAPTER 1150-02
GENERAL RULES GOVERNING THE PRACTICE OF OCCUPATIONAL THERAPY**

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1150-02-.01 DEFINITIONS. As used in these rules, the terms and acronyms shall have the following meanings ascribed to them.

- (1) The Act - The Occupational and Physical Therapy Practice Act of 1984.
- (2) Advertising - Includes, but is not limited to, business solicitations, with or without limiting qualifications, in a card, sign, or device issued to a person; in a sign or marking in or on any building; or in any newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual(s), radio, video, or television broadcasting or any other means designed to secure public attention.
- (3) American Occupational Therapy Association - When the acronym AOTA appears in these rules, it is intended to mean American Occupational Therapy Association.
- (4) Applicant - Any individual seeking licensure by the Board who has submitted an official application and paid the application fee.
- (5) Board - The Board of Occupational Therapy.
- (6) Board's administrative office - The office of the administrator assigned to the board located at 227 French Landing, Suite 300, Heritage Place, MetroCenter, Nashville, TN 37243.
- (7) Board Designee - Any person who has received a written delegation of authority from the board to perform board functions subject to review and ratification by the full board where provided by these rules.
- (8) Closed File - An administrative action which renders an incomplete or denied file inactive.
- (9) Continued Competence – A dynamic, multidimensional process in which an occupational therapist or an occupational therapy assistant develops and maintains the knowledge, performance skills, interpersonal abilities, critical reasoning skills, and ethical reasoning skills necessary to perform his or her professional responsibilities.
- (10) Department - Tennessee Department of Health.
- (11) Direct contact - Observed treatment interventions, in-person review and/or discussion of caseload and treatment planning.

(Rule 1150-02-.01, continued)

- (12) Division - The Division of Health Related Boards, Department of Health, from which the board receives administrative support.
- (13) Electrical Stimulation Certification - An authorization issued by the Board when a licensed occupational therapist or occupational therapy assistant has successfully completed requirements to use a device, for which a federally required prescription is necessary, that employs transcutaneous electrical current (direct, alternating, or pulsatile) for the purpose of eliciting muscle contraction, alleviating pain, reducing edema, or drug delivery.
- (14) Examination Service - The testing service whose written examination has been adopted by the board.
- (15) Fee - Money, gifts, services, or anything of value offered or received as compensation in return for rendering services; also the fees required in Rule .06.
- (16) Good Moral Character - The quality of being well regarded in personal behavior and professional ethics.
- (17) He/she Him/her - When "he" appears in the text of these rules, the word represents both the feminine and masculine genders.
- (18) HRB - When the acronym HRB appears in the text of these rules, HRB represents Health Related Boards.
- (19) License - Document issued to an applicant who successfully completes the licensure process. The certificate takes the form of an "artistically designed" license as well as other versions bearing an expiration date.
- (20) Licensed Occupational Therapist (OT) - Any person who has met the qualifications for licensed occupational therapist and holds a current, unsuspended or unrevoked license which has been lawfully issued by the Board.
- (21) Licensed Occupational Therapy Assistant (OTA) - Any person who has met the qualifications for licensed occupational therapy assistant and holds a current, unsuspended or unrevoked, license which has been lawfully issued by the Board. Such person assists and works under the supervision of a licensed occupational therapist.
- (22) Occupations - Everyday life activities, named, organized, and given value and meaning by individual and their culture. The term 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.
- (23) Person - Any individual, firm, corporation, partnership, organization, or body politic.
- (24) Recognized educational program - an educational program in occupational therapy approved by the Board of Occupational Therapy and accredited by the Accreditation Council of Occupational Therapy Education in collaboration with the American Occupational Therapy Association; or alternatively, as the case may be, an educational program for occupational therapy assistants approved by the Board of Occupational Therapy and the American Occupational Therapy Association.
- (25) Registrant - Any person who has been lawfully issued a license.

(Rule 1150-02-.01, continued)

- (26) Relative - a parent, foster parent, parent-in-law, child, spouse, brother, foster brother, sister, foster sister, grandparent, grandchild, son-in-law, brother-in-law, daughter-in-law, sister-in-law, or other family member who resides in the same household.
- (27) Supervision is defined as the following:
- (a) Continuous: Within sight of the individual being supervised.
 - (b) Close: Daily direct contact at the site of treatment.
 - (c) Routine: Direct contact at least every two (2) weeks at the site of treatment, with interim supervision occurring by other methods such as telephone or written communication.
 - (d) General: At least monthly direct contact with supervision available as needed by other methods.
 - (e) Minimal:
 - 1. For supervision of occupational therapists, minimal supervision may be provided on an as-needed basis and may be less than monthly.
 - 2. For supervision of occupational therapy assistants, minimal supervision is not appropriate.
- (28) Thermal Agents Certification - An authorization issued by the Board when a licensed occupational therapist or occupational therapy assistant has successfully completed requirements to use thermal agents, for which a federally required prescription is necessary, that include superficial heating agents (e.g., hot packs, paraffin), cryotherapy, and deep heating agents (e.g., ultrasound).
- (29) Unlicensed person – A person who performs specific supportive tasks related to occupational therapy practice under the direct supervision of an occupational therapist or an occupational therapy assistant and whose activities do not require professional or advanced training in the basic anatomical, biological, psychological and social sciences involved in the provision of occupational therapy services. Such persons are often referred to as aides, technicians, transporters or support staff.
- (30) Use of a title or description - To hold oneself out to the public as having a particular status by means of stating on signs, mailboxes, address plates, stationery, announcements, business cards, or other means of professional identification.
- (31) Written evidence - Includes, but is not limited to, written verification from supervisors or other professional colleagues familiar with the applicant's work.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-13-102, 63-13-103, 63-13-108, 63-13-202, 63-13-203, 63-13-204, 63-13-206, 63-13-207, 63-13-212, and 63-13-216. **Administrative History:** Original rule filed November 22, 1978; effective January 8, 1979. Repeal and new rule filed March 15, 1996; effective May 29, 1996. Amendment filed September 11, 1998; effective November 25, 1998. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed July 29, 2002; effective October 12, 2002. Amendment filed March 10, 2005; effective May 24, 2005. Amendment filed March 24, 2005; effective June 7, 2005. Amendments filed October 11, 2005; effective December 25, 2005. Amendment filed April 17, 2007; effective July 1, 2007. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 Session of the Tennessee General Assembly. Amendments filed October 21, 2009; effective January 19, 2010.

1150-02-.02 SCOPE OF PRACTICE.

- (1) The license to practice as an Occupational Therapist or an Occupational Therapy Assistant is prescribed and limited by the Tennessee Code Annotated (see especially T.C.A. §63-13-103). The license is conferred by the Board of Occupational Therapy for applicants who have been found to meet established standards.
- (2) The Board adopts for licensed occupational therapists and occupational therapy assistants, as if fully set out herein, and as it may from time to time be amended, the current "Occupational Therapy Code of Ethics" issued by the American Occupational Therapy Association and the "Candidate / Certificant Code of Conduct" approved by the National Board for Certification in Occupational Therapy, except to the extent that it conflicts with the laws of the state of Tennessee or the rules of the Board. If either document conflicts with state law or rules, the state law or rules govern the matter. Information to acquire copies may be obtained by contacting the following:
 - (a)

The American Occupational Therapy Association, Inc. 4720 Montgomery Lane PO Box 31220 Bethesda, MD 20824-1220 Telephone: (301) 652-2682 Fax: (301) 652-7711 TDD: (800) 377-8555 Internet: www.aota.org	The National Board for Certification in Occupational Therapy, Inc. 800 South Frederick Ave. Suite 200 Gaithersburg, MD 20877-4150 Telephone (301) 990-7979 Fax (301) 869-8492 Internet : www.nbcot.org
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 - (b) Board of Occupational Therapy
227 French Landing, Suite 300
Heritage Place, MetroCenter
Nashville, TN 37243
Telephone: (615) 532-3202 ext. 25135
Telephone: (800) 778-4123 ext. 25135
Fax: (615) 532-5164
Internet: www.tennessee.gov/health
- (3) "Occupational therapy practice" means the therapeutic use of everyday life activities (occupations) for the purpose of enabling 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. Occupational therapy practice includes, but is not limited to:
 - (a) The screening, evaluation, assessment, planning, implementation and discharge planning of an occupational therapy program or services in consultation with the client, family members, caregivers and other appropriate persons;
 - (b) Selection and administration of standardized and non-standardized tests and measurements to evaluate factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including:
 1. Body functions and body structures;
 2. Habits, routines, roles and behavior patterns;

(Rule 1150-02-.02, continued)

3. Cultural, physical, environmental, social and spiritual context and activity demands that affect performance; and
 4. Performance skills, including motor, process and communication/interaction skills;
- (c) Methods or strategies selected to direct the process of interventions, such as:
1. Modification or adaptation of an activity or the environment to enhance performance;
 2. Establishment, remediation or restoration of a skill or ability that has not yet developed or is impaired;
 3. Maintenance and enhancement of capabilities without which performance in occupations would decline;
 4. Health promotion and wellness to enable or enhance performance and safety of occupations; and
 5. Prevention of barriers to performance, including disability prevention;
- (d) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including:
1. Therapeutic use of occupations, exercises and activities;
 2. Training in self-care, self-management, home management and community/work reintegration;
 3. Development, remediation or compensation of physical, cognitive, neuromuscular and sensory functions and behavioral skills;
 4. Therapeutic use of self, including an individual's personality, insights, perceptions and judgments as part of the therapeutic process;
 5. Education and training of individuals, family members, caregivers and others;
 6. Care coordination, case management, discharge planning and transition services;
 7. Consulting services to groups, programs, organizations or communities;
 8. Assessment, recommendations and training in techniques and equipment to enhance functional mobility, including wheelchair management;
 9. Driver rehabilitation and community mobility; and
 10. Management of feeding and eating skills to enable feeding and eating performance;
- (e) Management of occupational therapy services, including the planning, organizing, staffing, coordinating, directing or controlling of individuals and organizations;

(Rule 1150-02-.02, continued)

- (f) Providing instruction in occupational therapy to students in an accredited occupational therapy or occupational therapy assistant educational program by persons who are trained as occupational therapists or occupational therapy assistants; and
 - (g) Administration, interpretation and application of research to occupational therapy services.
- (4) Occupational therapy services are provided for the purpose of promoting health and wellness to those clients who have, or are at risk of developing, illness, injury, disease, disorder, impairment, disability, activity limitation or participation restriction and may include:
- (a) Training in the use of prosthetic devices;
 - (b) Assessment, design, development, fabrication, adaptation, application, fitting and training in the use of assistive technology and adaptive and selective orthotic devices;
 - (c) Application of physical agent modalities with proper training and certification;
 - (d) Assessment and application of ergonomic principles;
 - (e) Adaptation or modification of environments (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.
- (5) Occupational therapy practice may occur in a variety of settings, including, but not limited to:
- (a) Institutional inpatient settings, such as acute rehabilitation facilities, psychiatric hospitals, community and specialty hospitals, nursing facilities and prisons;
 - (b) Outpatient settings, such as clinics, medical offices and therapist offices;
 - (c) Home and community settings, such as homes, group homes, assisted living facilities, schools, early intervention centers, daycare centers, industrial and business facilities, hospices, sheltered workshops, wellness and fitness centers and community mental health facilities;
 - (d) Research facilities; and
 - (e) Educational institutions.
- (6) Occupational therapy practice includes specialized services provided by occupational therapists or occupational therapy assistants who are certified or trained in areas of specialization, which include, but are not limited to, hand therapy, neurodevelopmental treatment, sensory integration, pediatrics, geriatrics and neurorehabilitation, through programs approved by AOTA or other nationally recognized organizations.
- (7) Universal Precautions for the Prevention of HIV Transmission - The Board adopts, as if fully set out herein, rules 1200-14-03-.01 through 1200-14-03-.03 inclusive, of the Department of Health and as they may from time to time be amended, as its rule governing the process for implementing universal precautions for the prevention of HIV transmission for health care workers under its jurisdiction.

(Rule 1150-02-.02, continued)

Authority: T.C.A. §§4-5-202, 4-5-204, 63-13-102, 63-13-103, 63-13-104, 63-13-108, 63-13-202, and 63-13-203. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed March 21, 1996; effective June 4, 1996. Amendment filed February 13, 2002; effective April 29, 2002. Amendment filed March 10, 2005; effective May 24, 2005. Amendment filed April 17, 2007; effective July 1, 2007. References to Board of Occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 Session of the Tennessee General Assembly.

1150-02-.03 NECESSITY OF LICENSURE.

- (1) It is unlawful for any person who is not licensed in the manner prescribed in Title 63, Chapter 13 of The Tennessee Code Annotated to represent himself as an occupational therapist or occupational therapy assistant or to hold himself out to the public as being licensed by using a title on signs, mailboxes, address plates, stationery, announcements, telephone listings, calling cards, or other instruments of professional identification.
- (2) Occupational therapy is one of the healing arts and as such the practice is restricted to those persons credentialed by this board. Persons engaging in the practice of occupational therapy without being credentialed or expressly exempted by the laws are in violation of division law, T.C.A. §63-1-123.
- (3) No person shall hold himself out to the public by a title or description of services incorporating the words "occupational therapist" or "occupational therapy assistant", nor shall state or imply that he is licensed unless such person is licensed or expressly exempted pursuant to T.C.A. §§ 63-13-201, et seq. The provisions of these rules do not apply to a person if that person is preparing for the practice of occupational therapy under a qualified supervisor in a training institution approved by the board of occupational therapy
- (4) Teaching or instruction of occupational therapy in an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), or in developing programs in the process of receiving accreditation constitutes the practice of occupational therapy and the provision of occupational therapy services to the public requiring licensure.
- (5) Licensee Use of Titles - Any person who possesses a valid, current and active license issued by the Board that has not been suspended or revoked has the right to use the title "Occupational Therapist" or "Occupational Therapy Assistant" as applicable, and to use the acronyms "O.T." or "O.T.A." as applicable, and to practice occupational therapy, as defined in T.C.A. § 63-13-103. Any person to whom this rule applies must use one of the titles authorized by this rule in every "advertisement" [as that term is defined in rule 1150-02-.13 (2) (a)] he or she publishes or the failure to do so will constitute an omission of a material fact which makes the advertisement misleading and deceptive and subjects the licensee to disciplinary action pursuant to T.C.A. § 63-13-209 (a) (1) and (a) (3).

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-123, 63-1-145, 63-13-102, 63-13-103, 63-13-104, 63-13-108, 63-13-202, 63-13-203, 63-13-204, 63-13-209, 63-13-210, 63-13-211, 63-13-212, and 63-13-216. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed October 11, 2005; effective December 25, 2005. Amendment filed August 18, 2006; effective November 1, 2006. Amendment filed October 21, 2009; effective January 19, 2010.

1150-02-.04 QUALIFICATIONS FOR LICENSURE.

- (1) To qualify for licensure as an occupational therapist, an applicant must:

(Rule 1150-02-.04 continued)

- (a) Be of good moral character;
 - (b) Have successfully completed the academic requirements of an educational program for occupational therapists accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or its predecessor organization;
 - (c) Have successfully completed the supervised fieldwork experience required by ACOTE; and
 - (d) Pass the National Board for Certification in Occupational Therapy Examination administered by the National Board for Certification in Occupational Therapy; or be eligible for licensure as provided in T.C.A. § 63-13-213.
- (2) To be eligible for licensure as an occupational therapy assistant, an applicant must:
- (a) Be of good moral character;
 - (b) Have successfully completed the academic requirements of an educational program for occupational therapy assistants accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or its predecessor organization;
 - (c) Have successfully completed the supervised fieldwork experience required by ACOTE; and
 - (d) Pass the National Board for Certification in Occupational Therapy Examination administered by the National Board for Certification in Occupational Therapy; or be eligible for licensure as provided in T.C.A. § 63-13-213.
- (3) Certification in the use of physical agent modalities
- (a) Electrical stimulation certification - To be eligible for certification in electrical stimulation, an applicant must:
 - 1. Meet all qualifications in paragraph (1) or (2) of this rule and all applicable procedures in rule 1150-02-.05; and
 - 2. Submit documentation of current certification from the American Society of Hand Therapists; or
 - 3. 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
 - (iv) Iontophoresis

(Rule 1150-02-.04 continued)

(b) Thermal agents certification - To be eligible for certification in the use of thermal agents, an applicant must:

1. Meet all qualifications in paragraph (1) or (2) of this rule and all applicable procedures in rule 1150-02-.05; and
2. Submit documentation of current certification from the American Society of Hand Therapists; or
3. Successfully complete Board-approved training that shall consist of a total of twenty (20) contact hours of didactic and laboratory experiences which include ten (10) treatments on clinical patients to be supervised by licensees who hold certification pursuant to subparagraph (b) or by a physical therapist currently licensed in the United States. Five (5) of the ten (10) treatments shall utilize ultrasound. The treatments shall be from the following categories, and at least one (1) treatment shall be from each category:
 - (i) Superficial heating agents
 - (ii) Cryotherapy
 - (iii) Deep heating agents

(c) Training. The continuous supervision of fieldwork students who are training to be certified in the use of physical agent modalities is required at all times. Such supervision shall only be provided by an occupational therapist who is currently licensed in Tennessee and is currently certified in Tennessee in the use of physical agent modalities.

1. Approval of all training courses shall be made by the Board. The required training for electrical stimulation and thermal agents certification may be obtained through:
 - (i) Colleges and universities approved for training occupational therapists and occupational therapy assistants by the American Occupational Therapy Association, or physical therapists and physical therapy assistants by the American Physical Therapy Association, or at clinical facilities affiliated with such accredited colleges or universities; or
 - (ii) The American Society of Hand Therapists; or
 - (iii) Any approved provider offering a Board-approved course.
2. The training for the therapeutic use of electrical stimulation devices shall provide competency in the following areas:
 - (i) Standards
 - (I) The expected outcome or treatments with therapeutic electrical current (TEC) must be consistent with the goals of treatment.
 - (II) Treatment of TEC must be safe, administered to the correct area, and be of proper dosage.
 - (ii) Correct dosage and mode

(Rule 1150-02-.04 continued)

- (I) Ability to determine the duration and mode of current appropriate to the patient's neurophysiological status while understanding Ohm's law of electricity, physical laws related to the passage of current through various media, as well as impedance.
 - (II) Ability to describe normal electrophysiology of nerve and muscle; understanding generation of bioelectrical signals in nerve and muscle; recruitment of motor units in normal muscle and in response to a variety of external stimuli.
 - (III) Ability to describe normal and abnormal tissue responses to external electrical stimuli while understanding the differing responses to varieties of current duration, frequency and intensity of stimulation.
- (iii) Selection of method and equipment
- (I) Ability to identify equipment with the capability of producing the pre-selected duration and mode.
 - (II) Ability to describe characteristics of electrotherapeutic equipment and understanding of the therapeutic value of different electrotherapeutic equipment.
 - (III) Ability to describe safety regulations governing the use of electrotherapeutic equipment.
 - (IV) Ability to describe principles of electrical currents.
 - (V) Ability to describe requirements/idiosyncrasies of body areas and pathological conditions with respect to electrotherapeutic treatment.
- (iv) Preparation of treatment
- (I) Ability to prepare the patient for treatment through positioning and adequate instructions
 - (II) Ability to explain to the patient the benefits expected of the electrotherapeutic treatment.
- (v) Treatment administration
- (I) Ability to correctly operate equipment and appropriately adjust the intensity and current while understanding rate of stimulator, identification of motor points, and physiological effects desired.
 - (II) Ability to adjust the intensity and rate to achieve the optimal response, based on the pertinent evaluative data.
- (vi) Documentation of treatments - Ability to document treatment including immediate and long-term effects of therapeutic electrical current.
3. The training for the therapeutic use of thermal agents shall provide competency in the following areas:

(Rule 1150-02-.04 continued)

- (i) Standards
 - (I) The expected outcome or treatments with thermal agents must be consistent with the goals of treatment.
 - (II) Treatment with thermal agents must be safe, administered to the correct area, and be the proper dosage.
 - (III) Treatment with thermal agents be adequately documented.
 - (ii) Instrumentation
 - (I) Ability to describe the physiological effects of thermal agents as well as differentiate tissue responses to the various modes of application.
 - (II) Ability to select the appropriate thermal agent considering the area and conditions being treated.
 - (III) Ability to describe equipment characteristics, indications, and contraindications for treatment, including identifying source and mechanisms of generation of thermal energy and its transmission through air and physical matter.
 - (iii) Preparation for treatment
 - (I) Ability to prepare the patient for treatment through positioning and adequate instruction.
 - (II) Ability to explain to the patient the benefits expected of the thermal treatment.
 - (iv) Determination of dosage - Ability to determine dosage through determination of target tissue depth, stage of the condition (acute vs. chronic), and application of power/dosage calculation rules as appropriate.
 - (v) Treatment administration - Ability to administer treatment through identification of controls, sequence of operation, correct application techniques and application of all safety rules and precautions.
 - (vi) Documentation of treatments - Ability to document treatment including immediate and long-term effects of thermal agents.
- (4) In determining the qualifications of applicants for licensure as an occupational therapist or as an occupational therapy assistant, only a majority vote of the board of occupational therapy shall be required.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-13-102, 63-13-103, 63-13-108, 63-13-202, 63-13-203, 63-13-206, and 63-13-213. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed July 31, 2000; effective October 14, 2000. Amendments filed March 10, 2005; effective May 24, 2005. Amendment filed October 11, 2005; effective December 25, 2005.

1150-02-.05 PROCEDURES FOR LICENSURE. To become licensed as an occupational therapist or occupational therapy assistant in Tennessee, a person must comply with the following procedures and requirements.

(Rule 1150-02-.05 continued)

(1) Occupational Therapist and Occupational Therapy Assistant by Examination

- (a) An application packet shall be requested from the Board's administrative office.
- (b) An applicant shall respond truthfully and completely to every question or request for information contained in the application form and submit it along with all documentation and fees required by the form and these rules to the Board's administrative office. It is the intent of these rules that all steps necessary to accomplish the filing of the required documentation be completed prior to filing an application and that all documentation be filed simultaneously.
- (c) Applications will be accepted throughout the year and completed files will ordinarily be processed at the next Board meeting scheduled for the purpose of reviewing files.
- (d) An applicant shall pay the nonrefundable application fee and state regulatory fee as provided in rule 1150-02-.06 when submitting the application.
- (e) An applicant shall submit with his application a "passport" style photograph taken within the preceding 12 months.
- (f) It is the applicant's responsibility to request that a graduate transcript from his degree granting institution, pursuant to T.C.A. §63-13-202, be submitted directly from the school to the Board's administrative office. The institution granting the degree must be accredited by the AOTA at the time the degree was granted. The transcript must show that the degree has been conferred and carry the official seal of the institution and reference the name under which the applicant has applied for certification.
- (g) An applicant shall submit an original letter of recommendation attesting to the applicant's good moral character. The letter cannot be from a relative.
- (h) Examination Verification
 - 1. It is the responsibility of the applicant to request a copy of his certification examination results from the National Board for Certification in Occupational Therapy Examination be sent directly to the Board's administrative office.
 - 2. For examinations taken prior to January, 1985, the applicant shall request the National Board for Certification in Occupational Therapy send a verification of certification examination results to the Board of Occupational Therapy. For an examination taken in January, 1985, or later, the applicant shall request that Professional Exam Service send verification of certification examination results to the Board of Occupational Therapy.
- (i) Physical agent modality certification. If an applicant is seeking certification in the use of physical agent modalities, as provided in paragraph (3) of rule 1150-02-.04, the applicant shall cause to have proof of successful training completion be submitted directly from the training provider to the Board's administrative office.
- (j) An applicant shall disclose the circumstances surrounding any of the following:
 - 1. Conviction of any criminal law violation of any country, state, or municipality, except minor traffic violations.
 - 2. The denial of licensure application by any other state or the discipline of a license in any state.

(Rule 1150-02-.05 continued)

3. Loss or restriction of licensure.
 4. Any civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitations, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under the country's or state's statutory, common or case law.
- (k) The applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check.
 - (l) When necessary, all required documents shall be translated into English. Both translation and original document, certified as to authenticity by the issuing source must be submitted.
 - (m) Personal resumes are not acceptable and will not be reviewed.
 - (n) Application review and licensure decisions shall be governed by Rule 1150-02-07.
 - (o) The burden is on the applicant to prove by a preponderance of the evidence that his course work and supervised field work experience are equivalent to the board's requirements.
 - (p) The initial licensure fee must be received in the Board's administrative office on or before the thirtieth (30th) day from receipt of notification that the fee is due. Failure to comply will result in the application file being closed.
 - (q) A license will be issued after all requirements, including payment of an initial licensure fee pursuant to Rule 1150-02-.06, have been met.
- (2) Occupational Therapist and Occupational Therapy Assistant by Reciprocity
 - (a) An application packet shall be requested from the Board's administrative office.
 - (b) An applicant shall respond truthfully and completely to every question or request for information contained in the application form and submit it along with all documentation and fees required by the form and these rules to the Board's administrative office. It is the intent of this rule that all steps necessary to accomplish the filing of the required documentation be completed prior to filing an application and that all documentation be filed simultaneously.
 - (c) An applicant shall submit with his application a "passport" style photograph taken within the preceding twelve (12) months.
 - (d) An applicant shall pay the non-refundable application fee, and state regulatory fee as provided in rule 1150-02-.06 when submitting the application.
 - (e) Applications will be accepted throughout the year and completed files will ordinarily be processed at the next board meeting scheduled for the purpose of reviewing files.
 - (f) It is the applicant's responsibility to request that a graduate transcript from his degree granting institution, pursuant to T.C.A. §63-13-202, be submitted directly from the school to the board's administrative office. The institution granting the degree must be accredited by the AOTA at the time the degree was granted. The transcript must show

(Rule 1150-02-.05 continued)

that the degree has been conferred and carry the official seal of the institution and reference the name under which the applicant has applied for licensure.

- (g) It is the applicant's responsibility to request verification of licensure status be submitted directly to the Board's administrative office from all states in which the applicant is or has ever been licensed.
- (h) Examination Verification
 - 1. It is the responsibility of the applicant to request a copy of his certification examination results from the National Board for Certification in Occupational Therapy Examination be sent directly to the Board's administrative office.
 - 2. For examinations taken prior to January, 1985, the applicant shall request the National Board for Certification in Occupational Therapy send a verification of certification examination results to the Board of Occupational Therapy.
 - 3. For examinations taken in January, 1985, or later, the applicant shall request that Professional Exam Service, send a verification of certification examination results to the Board of Occupational Therapy.
- (i) Physical agent modality certification If an applicant is seeking certification in the use of physical agent modalities, as provided in paragraph (3) of rule 1150-02-.04, the applicant shall cause to have proof of successful training completion be submitted directly from the training provider to the Board's administrative office.
- (j) An applicant shall disclose the circumstances surrounding any of the following:
 - 1. Conviction of any criminal law violation of any country, state, or municipality, except minor traffic violations.
 - 2. The denial of licensure application by any other state or the discipline of a license in any state.
 - 3. Loss or restriction of licensure.
 - 4. Any civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitations, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under the country's or state's statutory, common or case law.
- (k) The applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check.
- (l) When necessary, all required documents shall be translated into English. Both translation and the original document, certified as to authenticity by the issuing source, must be submitted.
- (m) Personal resumes are not acceptable and will not be reviewed.
- (n) Application review and licensure decisions shall be governed by Rule 1150-02-.07.
- (o) The burden is on the applicant to prove by a preponderance of the evidence that his course work, and experiential qualifications are equivalent to the board's requirements.

(Rule 1150-02-.05 continued)

- (p) The initial licensure fee must be received in the Board's administrative office on or before the thirtieth (30th) day from receipt of notification that the fee is due. Failure to comply will result in the application file being closed.
- (q) A license will be issued after all requirements, including payment of an initial licensure fee pursuant to Rule 1150-02-.06, have been met.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-13-102, 63-13-103, 63-13-108, 63-13-202, 63-13-203, 63-13-204, 63-13-206, 63-13-209, and 63-13-213. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed July 31, 2000; effective October 14, 2000. Amendments filed March 10 2005; effective May 24, 2005. Amendments filed October 11, 2005; effective December 25, 2005. Amendment filed March 14, 2006; effective May 28, 2006. Amendment filed April 17, 2007; effective July 1, 2007.

1150-02-.06 FEES.

- (1) The fees are as follows:
 - (a) Application fee - A nonrefundable fee to be paid by all applicants including those seeking licensure by reciprocity. It must be paid each time an application for licensure is filed.
 - (b) Endorsement/Verification - A fee paid whenever an individual requests the board endorse him to another state or whenever a request is made to verify a certificate.
 - (c) Late Renewal Fee - A nonrefundable fee to be paid when an individual fails to timely renew a certificate.
 - (d) Limited Permit Fee - A nonrefundable fee to be paid when an individual requests a limited permit.
 - (e) Initial License Fee - To be paid prior to the issuance of the "artistically designed" license.
 - (f) Renewal fee - To be paid by all license holders. This fee also applies to individuals who reactivate a retired or lapsed license.
 - (g) Duplicate License Fee - To be paid when an individual requests a replacement for a lost or destroyed "artistically designed" license.
 - (h) State Regulatory Fee - To be paid by all individuals at the time of application and with all renewal applications.
 - (i) Registration fee - A one time fee to be paid by initial license holders for issuance of a certificate of registration from the Division.
 - (j) Inactive License Fee – A nonrefundable fee to be paid each time a licensee requests an Inactive License, and every two (2) years thereafter until reactivation is requested.
- (2) All fees shall be established, reviewed and changed by the Board, as appropriate.
- (3) All fees must be submitted to the Board's administrative office by certified or personal check or money order. Checks or money orders are to be made payable to the Board of Occupational Therapy.

(Rule 1150-02-.06, continued)

(4) Fee Schedule:	OT	OTA
(a) Application	\$ 25.00	\$ 15.00
(b) Duplicate License	\$ 25.00	\$ 25.00
(c) Endorsement/Verification	\$ 25.00	\$ 25.00
(d) Late Renewal Fee	\$ 15.00	\$ 15.00
(e) Limited Permit	\$ 25.00	\$ 25.00
(f) Renewal (biennial)	\$110.00	\$ 80.00
(g) Registration	\$ 40.00	\$ 30.00
(h) State Regulatory Fee (biennial)	\$ 10.00	\$ 10.00
(i) Certificate Fee	\$ 35.00	\$ 30.00
(j) Inactive License (biennial)	\$ 25.00	\$ 25.00

Authority: T.C.A. §§4-3-1011, 4-5-102, 4-5-202, 4-5-204, 63-1-106, 63-1-107, 63-1-118, 63-13-104, 63-13-108, 63-13-202, 63-13-203, 63-13-204, 63-13-205, 63-13-211, and 63-13-215. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed April 17, 2003; effective July 1, 2003. Amendment filed October 11, 2005; effective December 25, 2005. Amendment filed August 18, 2006; effective November 1, 2006. Amendment filed April 17, 2007; effective July 1, 2007. References to Board of Occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 Session of the Tennessee General Assembly.

1150-02-.07 APPLICATION REVIEW, APPROVAL AND DENIAL.

- (1) An application packet shall be requested from the Board's administrative office.
- (2) Applications for licensure will be accepted throughout the year and completed files will be ordinarily processed at the next Board meeting scheduled for the purpose of reviewing files.
- (3) Initial review of all applications to determine whether or not the application file is complete may be delegated to the Board's administrator, provided that final approval of all applications is made and ratified by the Board. In no event may an application be approved or denied without prior review by a member of the Board.
- (4) If an application is incomplete when received in the Board's administrative office, a deficiency letter will be sent to the applicant, within 10 working days, notifying him of the deficiency.
- (5) If a completed application has been denied and ratified as such by the board, the action shall become final and the following shall occur.
 - (a) A notification of the denial shall be sent by the board's administrative office by certified mail return receipt requested. Specific reasons for denial will be stated, such as incomplete information, unofficial records, examination failure or other matters judged insufficient for certification and such notification shall contain all the specific statutory or rule authorities for the denial.

(Rule 1150-02-.07, continued)

- (b) The notification, when appropriate, shall also contain a statement of the applicant's right to request a contested case hearing under the Tennessee Administrative Procedures Act (T.C.A. §§ 4-5-301, et seq.) to contest the denial and the procedure necessary to accomplish that action.
 - (c) An applicant has a right to a contested case hearing only if the licensure denial was based on subjective or discretionary criteria.
 - (d) An applicant may be granted a contested case hearing if licensure denial is based on objective, clearly defined criteria only if after review and attempted resolution by the Board's administrative staff, the application can not be approved and the reasons for continued denial present a genuine issue of fact and/or law which is appropriate for appeal. Such request must be made in writing within thirty (30) days of the receipt of the notice of denial.
- (6) If the Board finds it has erred in the issuance of a license, the Board will give written notice by certified mail of its intent to annul the license. The notice will allow the applicant the opportunity to meet the requirements of licensure within thirty (30) days from date of receipt of the notification.
- (7) Whenever requirements for licensure are not completed within twelve (12) months from the date of the initial review of application and credentials, written notification will be mailed to the applicant and the application file will be closed. An applicant whose file has been closed shall subsequently be considered for licensure only upon the filing of a new application and payment of all appropriate fees.
- (8) Abandonment of Application
- (a) An application shall be deemed abandoned and closed if
 1. The application has not been completed by the applicant within 12 months after it was initially reviewed by the board; or
 2. The applicant fails to sit for the written exam within 12 months after being notified of eligibility.
 - (b) Whenever the applicant fails to complete the application process as stated in (1) or (2) above, written notification will be mailed to the applicant notifying him that the file has been closed. The determination of abandonment must be ratified by the Board.
 - (c) An application submitted subsequent to the abandonment of a prior application shall be treated as a new application.
- (9) If an applicant requests an entrance for licensure and, after Board review, wishes to change that application to a different type of entrance, a new application with supporting documents and an additional application fee must be submitted, i.e., reciprocity to examination.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-13-104, 63-13-108, 63-13-202, 63-13-203, 63-13-204, 63-13-207, 63-13-209, and 63-13-210. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed October 11, 2005; effective December 25, 2005.

1150-02-.08 EXAMINATIONS. In addition to having filed an application, an individual seeking licensure shall be required to pass an examination.

(Rule 1150-02-.08, continued)

- (1) Occupational Therapist examination adopted by the Board:
 - (a) The examination shall be the National Board for Certification in Occupational Therapy Examination or its successor exam administered by the National Board for Certification in Occupational Therapy. The board adopts the passing scores as set by the National Board for Certification in Occupational Therapy. Examination scores are provided automatically, directly to the candidate by the National Board for Certification in Occupational Therapy.
 - (b) Examinations taken prior to January, 1985 - The applicant shall request the National Board for Certification in Occupational Therapy send a verification of certification examination results to the Board of Occupational Therapy.
 - (c) Examinations taken in January, 1985, or later - The applicant shall request that Professional Exam Service send verification of certification examination results to the Board of Occupational Therapy.
- (2) Occupational Therapy Assistant Examination adopted by the Board:
 - (a) The examination shall be the National Board for Certification in Occupational Therapy Examination or its successor examination administered by the National Board for Certification in Occupational Therapy. The board adopts the passing scores as set by the National Board for Certification in Occupational Therapy. Examination scores are provided automatically, directly to the candidate by the National Board for Certification in Occupational Therapy.
 - (b) Examinations taken prior to January, 1985 - The applicant shall request the National Board for Certification in Occupational Therapy send a verification of certification examination results to the Board of Occupational Therapy.
 - (c) Examinations taken in January, 1985, or later - The applicant shall request that Professional Exam Service send verification of certification examination results to the Board of Occupational Therapy.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-13-104, 63-13-108, 63-13-202, and 63-13-203.
Administrative History: Original rule filed March 15, 1996; effective May 29, 1996. Amendments filed March 10, 2005; effective May 24, 2005. Amendment filed October 11, 2005; effective December 25, 2005.

1150-02-.09 RENEWAL OF LICENSE.

- (1) Renewal Application
 - (a) The due date for licensure renewal is the last day of the month in which a licensee's birthday falls pursuant to the Division of Health Related Boards "birthdate renewal system" contained on the renewal certificate as the expiration date.
 - (b) Methods of Renewal
 1. Internet Renewals - Individuals may apply for renewal and pay the necessary fees via the Internet. The application to renew can be accessed at:

www.tennesseeanytime.org

(Rule 1150-02-.09, continued)

2. Paper Renewals - For individuals who have not renewed their license online via the Internet, a renewal application form will be mailed to each individual licensed by the Board to the last address provided to the Board. Failure to receive such notification does not relieve the licensee from the responsibility of meeting all requirements for renewal.
- (c) A license issued pursuant to these rules is renewable by the expiration date indicated on the renewal certificate. To be eligible for renewal, an individual must submit to the Division of Health Related Boards on or before the expiration date all of the following:
 1. A completed and signed board renewal application form; and
 2. The renewal and state regulatory fees as provided in Rule 1150-02-.06; and
 3. A statement attesting to the completion of continued competence requirements, as provided in Rule 1150-02-.12.
 - (d) Licensees who fail to comply with the renewal rules or notification received by them concerning failure to timely renew shall have their licenses processed pursuant to rule 1200-10-01-.10.
 - (e) Anyone submitting a signed renewal form or letter which is found to be untrue may be subjecting himself to disciplinary action as provided in Rule 1150-02-.15.
- (2) Reinstatement of Expired License
 - (a) Reinstatement of an expired license may be accomplished upon meeting the following conditions:
 1. Payment of all past due renewal and State regulatory fees;
 2. Payment of the late renewal fee in Rule 1150-02-.06; and
 3. Submitting proof of completion of continued competence requirements, as provided in Rule 1150-02-.12.
 - (b) Anyone submitting a signed reinstatement application which is found to be untrue may be subjecting himself to disciplinary action as provided in Rule 1150-02-.15.
 - (3) Renewal issuance decisions pursuant to this rule may be made administratively or upon review by any Board member or the Board's designee.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-107, 63-13-104, 63-13-108, 63-13-204, 63-13-207, 63-13-209, 63-13-210, and 63-13-213. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed July 29, 2002; effective October 12, 2002. Amendment filed March 24, 2005; effective June 7, 2005. Amendment filed October 11, 2005; effective December 25, 2005.

1150-02-10 SUPERVISION. The Board adopts, as if fully set out herein, and as it may from time to time be amended, the current "Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services" issued by the American Occupational Therapy Association but only to the extent that it agrees with the laws of the state of Tennessee or the rules of the Board. If there are conflicts with state law or rules, the state law or rules govern the matter. Information to acquire a copy may be obtained by contacting either of the following:

American Occupational Therapy Association

(Rule 1150-02-.10, continued)

4720 Montgomery Lane
Bethesda, MD 20824-1220
Telephone: (301) 652-2682
T.D.D.: (800) 377-8555
Fax: (301) 652-7711
Fax On Request: (800) 701-7735 (for a specific document)
Internet: www.aota.org

Board of Occupational Therapy
227 French Landing, Suite 300
Heritage Place, MetroCenter
Nashville, TN 37243
Telephone: (615) 532-3202 ext. 25135
Telephone: (888) 310-4650 ext. 25135
Fax: (615) 532-5164
Internet: www.state.tn.us/health

- (1) Supervision of an Occupational Therapist on a limited permit must include initial and routine inspection of written evaluations, written treatment plans, patient/client notes and routine evaluation of performance. The supervision must be conducted in person, by a licensed occupational therapist and must be as follows:
 - (a) Routine supervision with direct contact every 2 weeks at the site of treatment, with interim supervision occurring by other methods such as the telephone, conferences, written communication, and E-mail.
 - (b) Supervision must include observation of the individual treatment under a limited permit in order to assure service competency in carrying out evaluation, treatment planning and treatment implementation.
 - (c) The frequency of the face to face collaboration between the person treating under a limited permit and the supervising therapist should exceed direct contact every 2 weeks if the condition of the patient/client, complexity of treatment, evaluation procedures, and proficiencies of the person practicing under the limited permit warrants it.
 - (d) Therapists must maintain documentation of each supervisory visit, and must identify a plan for continued supervision. Records must include, at a minimum, the following information:
 1. Location of visit; a method of identifying clients discussed
 2. Current plan for supervision (daily, weekly, bi-monthly)
 3. Identification of type(s) of interventions observed. These include but are not limited to:
 - (i) Interventions
 - (ii) Training
 - (iii) Consultations
 4. Other supervisory actions. These include but are not limited to:
 - (i) Discussion/recommendation for interventions and/or goals

(Rule 1150-02-.10, continued)

- (ii) Discussion/training in documentation
 - (iii) Demonstration/training in intervention techniques
 - (iv) Assessment/re-assessment/discharge
 - (v) Additional Comments
5. An agreement statement signed and dated by both parties, that the supervisory visit did occur and met the needs of the supervisor and supervisee.
6. It is the responsibility of the supervising occupational therapist to provide and the limited permit holder to seek a quality and frequency of supervision that ensures safe and effective occupational therapy service delivery. Both parties (supervisor and supervisee) must keep copies of the supervisory records. Visit records must be maintained for three (3) years, and must be provided to the Board and/or its representative, upon request.
- (e) A co-signature by supervising Occupational Therapist is required on evaluations, treatment plans, and discharge summaries.
- (2) Supervision of an Occupational Therapy Assistant on a limited permit means initial direction and routine inspection of the service delivery and provision of relevant in-service training. The supervising occupational therapist must provide additional supervision, if the patient's required level of care is beyond the level of skill of an entry level Occupational Therapy Assistant on a limited permit. This decision is based on client's level of care, OTA caseload, experience and demonstrated performance competency. Supervision of an Occupational Therapy Assistant on a limited permit must include initial and routine inspection of patient notes and routine evaluation of performance. The supervision must be conducted in person by a licensed occupational therapist and must be as follows:
- (a) The Occupational Therapist shall be responsible for the evaluation of the patient and development of the patient/client treatment plan. The Occupational Therapy Assistant on a limited permit may contribute information from observations and standardized test procedures to the evaluation and the treatment plans.
 - (b) The Occupational Therapy Assistant can implement and coordinate intervention plan under supervision of a licensed Occupational Therapist.
 - (c) The Occupational Therapy Assistant can provide direct services that follow a documented routine and accepted procedure under the supervision of the licensed Occupational Therapist.
 - (d) The Occupational Therapy Assistant can adapt activities, media, environment according to needs of patient/client under supervision of the licensed Occupational Therapist.
 - (e) Documentation provided by the Occupational Therapy Assistant while on a limited permit must be co-signed by a licensed Occupational Therapist.
 - (f) Therapists must maintain documentation of each supervisory visit, and must identify a plan for continued supervision. Records must include, at a minimum, the following information:

(Rule 1150-02-.10, continued)

1. Location of visit; a method of identifying clients discussed
 2. Current plan for supervision (daily, weekly, bi-monthly)
 3. Identification of type(s) of interventions observed. These include but are not limited to:
 - (i) Interventions
 - (ii) Training
 - (iii) Consultations
 4. Other supervisory actions. These include but are not limited to:
 - (i) Discussion/recommendation for interventions and/or goals
 - (ii) Discussion/training in documentation
 - (iii) Demonstration/training in intervention techniques
 - (iv) Assessment/re-assessment/discharge
 - (v) Additional Comments
 5. An agreement statement signed and dated by both parties, that the supervisory visit did occur and met the needs of the supervisor and supervisee.
 6. It is the responsibility of the supervising occupational therapist to provide and the limited permit holder to seek a quality and frequency of supervision that ensures safe and effective occupational therapy service delivery. Both parties (supervisor and supervisee) must keep copies of the supervisory records. Visit records must be maintained for three (3) years, and must be provided to the Board and/or its representative, upon request.
- (3) Supervision of an Occupational Therapy Assistant with permanent licensure means initial direction and inspection of the service delivery and provision of relevant in-service training, according to the level of supervision the occupational therapy assistant requires. It is the responsibility of the occupational therapist and the occupational therapy assistant to seek the appropriate quality and frequency of supervision that ensures safe and effective occupational therapy service delivery. This decision is based on client's level of care, OTA caseload, experience and demonstrated performance competency.
- (a) The frequency of the face to face collaboration between the Occupational Therapy Assistant and the supervising Occupational Therapist should exceed direct contact of once a month if the condition of the patient/client, complexity of treatment, evaluation procedures, and proficiencies of the person practicing warrants it.
 - (b) The Occupational Therapist shall be responsible for the evaluation of the patient and the development of the patient/client treatment plan. The Occupational Therapy Assistant may contribute information from observations and standardized test procedures to the evaluation and the treatment plans.
 - (c) The Occupational Therapy Assistant can implement and coordinate intervention plan under the supervision of the licensed Occupational Therapist.

(Rule 1150-02-.10, continued)

- (d) The Occupational Therapy Assistant can provide direct services that follow a documented routine and accepted procedure under the supervision of the Occupational Therapist.
- (e) The Occupational Therapy Assistant can adapt activities, media, environment according to the needs to the patient/client, under the supervision of the licensed Occupational Therapist.
- (f) Therapists must maintain documentation of each supervisory visit, and must identify a plan for continued supervision. Records must include, at a minimum, the following information:
 - 1. Location of visit; a method of identifying clients discussed
 - 2. Current plan for supervision (daily, weekly, bi-monthly, monthly, other)
 - 3. Type of supervision provided. These include but are not limited to
 - (i) in person
 - (ii) phone contact
 - (iii) electronic contact
 - 4. Identification of type(s) of interventions observed. These include but are not limited to:
 - (i) Interventions
 - (ii) Training
 - (iii) Consultations
 - 5. Other supervisory actions. These include but are not limited to:
 - (i) Discussion/recommendation for interventions and/or goals
 - (ii) Discussion/training in documentation
 - (iii) Demonstration/training in intervention techniques
 - (iv) Assessment/re-assessment/discharge
 - (v) Additional Comments
 - 6. An agreement statement signed and dated by both parties, that the supervisory visit did occur and met the needs of the supervisor and supervisee.
 - 7. It is the responsibility of the supervising occupational therapist to provide and the occupational therapy assistant to seek a quality and frequency of supervision that ensures safe and effective occupational therapy service delivery. Both parties (supervisor and supervisee) must keep copies of the supervisory records. Visit records must be maintained for three (3) years, and must be provided to the Board and/or its representative, upon request.

(Rule 1150-02-.10, continued)

- (4) Supervision of an unlicensed person shall be as follows:
- (a) There shall be close supervision with daily, direct contact at site of treatment, which demands the physical presence of a licensed physician, Occupational Therapist or Occupational Therapy Assistant, whenever the unlicensed person assists in the practice of Occupational Therapy.
 - (b) There shall be personal instruction, observation and evaluation by the licensed physician, Occupational Therapist or Occupational Therapy Assistant.
 - (c) There shall be specific delineation of tasks and responsibilities by the licensed physician, Occupational Therapist or Occupational Therapy Assistant who is responsible for reviewing and interpreting the results of care. The licensed physician, Occupational Therapist or Occupational Therapy Assistant must ensure that the unlicensed person does not perform duties for which he is not trained.
1. A licensed physician, Occupational Therapist or Occupational Therapy Assistant may delegate to unlicensed persons specific routine tasks associated with nontreatment aspects of occupational therapy services which are neither evaluative, assessive, task selective, or recommending in nature, nor which require decision-making or making occupational therapy entries in official patient records, if the following conditions are met:
- (i) The licensed physician, Occupational Therapist or Occupational Therapy Assistant accepts professional responsibility for the performance of that duty by the personnel to whom it is delegated. In the case of duties delegated by a OTA, the licensed physician, Occupational Therapist or Occupational Therapy Assistant who supervises the technician will be responsible; and
 - (ii) The unlicensed personnel do not perform any duties which require licensure under this act; and
 - (iii) The licensed physician, Occupational Therapist or Occupational Therapy Assistant ensures that the unlicensed personnel have been appropriately trained for the performance of the tasks.
2. Tasks which may be delegated may include:
- (i) Transporting of patients;
 - (ii) Preparing or setting up a work area or equipment;
 - (iii) Routine department maintenance or housekeeping activities;
 - (iv) Taking care of patients' personal needs during treatments; and
 - (v) Clerical, secretarial or administrative duties.
- (d) Appropriate records must be maintained to document compliance.
- (e) The intensity of the supervision is determined by the nature of the task to be performed, the needs of the consumer, and the capability of the unlicensed person.

(Rule 1150-02-.10, continued)

(5) Supervision parameters

- (a) Supervision is a collaborative process that requires both the licensed occupational therapist and the licensed occupational therapy assistant to share responsibility. Appropriate supervision will include consideration given to factors such as level of skill, the establishment of service competency (the ability to use the identified intervention in a safe and effective manner), experience and work setting demands, as well as the complexity and stability of the client population to be treated.
- (b) Supervision is an interactive process that requires both the licensed occupational therapist and the licensed occupational therapy assistant or other supervisee to share responsibility for communication between the supervisor and the supervisee. The licensed occupational therapist should provide the supervision and the supervisee should seek it. An outcome of appropriate supervision is to enhance and promote quality services and the professional development of the individuals involved.
- (c) Supervision of occupational therapy services provided by a licensed occupational therapy assistant is recommended as follows:
 - 1. Entry level occupational therapy assistants are persons working on initial skill development (less than 1 year of work experience) or who are entering new practice environments or developing new skills (one or more years of experience) and should require close supervision.
 - 2. Intermediate level occupational therapy assistants are persons working on increased skill development, mastery of basic role functions (minimum one - three years of experience or dependent on practice environment or previous experience) and should require routine supervision.
 - 3. Advanced level occupational therapy assistants are persons refining specialized skills (more than 3 years work experience, or the ability to understand complex issues affecting role functions) and should require general supervision.
 - 4. Licensed occupational therapy assistants, regardless of their years of experience, may require closer supervision by the licensed occupational therapist for interventions that are more complex or evaluative in nature and for areas in which service competencies have not been established.
 - 5. Certain occupational therapy assistants may only require minimal supervision when performing non-clinical administrative responsibilities.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-13-102, 63-13-103, 63-13-108, 63-13-202, 63-13-203, 63-13-205, 63-13-206, 63-13-207, and 63-13-216. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed September 11, 1998; effective November 25, 1998. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed April 17, 2007; effective July 1, 2007. References to Board of Occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 Session of the Tennessee General Assembly. Amendments filed October 21, 2009; effective January 19, 2010.

1150-02-.11 RETIREMENT AND REACTIVATION OF LICENSE.

- (1) A person who holds a current license and does not intend to practice as a occupational therapist or occupational therapy assistant may apply to convert an active license to inactive

(Rule 1150-02-.11, continued)

("retired") status. An individual who holds a retired license will not be required to pay the renewal fee.

- (2) A person who holds an active license may apply for retired status in the following manner:
 - (a) Obtain from, complete, and submit to the Board's administrative office an affidavit of retirement form; and
 - (b) Submit any documentation which may be required by the form to the Board's administrative office.
- (3) A licensee whose license has been retired may reenter active status by doing the following:
 - (a) Submit a written request for licensure reactivation to the Board's administrative office; and
 - (b) Pay the licensure renewal fees and state regulatory fee as provided in Rule 1150-02-.06. If retirement reactivation is requested prior to the expiration of one (1) year from the date of retirement, the Board will require payment of the late renewal fee and all past due licensure renewal fees; and
 - (c) Complete the continued competence requirements, as provided in Rule 1150-02-.12.
- (4) Licensees may place their licenses on inactive status by filing the appropriate form with the Board and by paying the biennial Inactive License fee as provided in Rule 1150-02-.06. If the licensee thereafter reengages in active practice in Tennessee, such licensee shall apply for relicensure (reactivation) and shall meet the continued competence education requirements as provided in Rule 1150-02-.12.
- (5) Licensure reactivation applications shall be treated as licensure applications and review and decisions shall be governed by Rule 1150-02-.07.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-111, 63-13-104, 63-13-108, 63-13-201, 63-13-202, 63-13-204, 63-13-213, and 63-13-215. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed March 24, 2005; effective June 7, 2005. Amendment filed October 11, 2005; effective December 25, 2005. Amendment filed April 17, 2007; effective July 1, 2007.

1150-02-.12 CONTINUED COMPETENCE. On January 1, 2006 the Board shall begin to notify applicants for licensure renewal of the continued competence requirements as provided in T.C.A. § 63-13-204 (d). The Board shall require each licensed occupational therapist and occupational therapist assistant to participate in a minimum number of activities to promote continued competence for the two (2) calendar years (January 1-December 31) that precede the licensure renewal year (a.k.a. biennium). Beginning January 1, 2008 all applicants for licensure, renewal of licensure, reactivation of licensure, or reinstatement of licensure must attest to having completed continued competence requirements for the two (2) calendar years (January 1-December 31) that precede the licensure renewal, reactivation or reinstatement year.

- (1) The requirements for continued competence activities are defined as planned learning experiences that occur for occupational therapists and occupational therapist assistants. Content of the experiences must relate to a licensee's current or anticipated roles and responsibilities in occupational therapy. Qualified learning experiences may include theoretical or practical content related to the practice of occupational therapy; research; management; or the development, administration, supervision, and teaching of clinical practice or service delivery programs in occupational therapy. The purpose of this

(Rule 1150-02-.12, continued)

requirement is to assist in assuring safe and effective practices in the provision of occupational therapy services to the citizens of Tennessee.

- (2) For applicants approved for initial licensure by examination, successfully completing the requirements of Rules 1150-02-.04, .05, and .08, as applicable, shall be considered proof of sufficient competence to constitute compliance with this rule for the initial period of licensure. The use of physical agent modalities by any licensee requires additional certification pursuant to Rule 1150-02-.04.
- (3) Occupational Therapists and Occupational Therapy Assistants are required to complete twenty-four (24) continued competence credits for the two (2) calendar years (January 1 - December 31) that precede the licensure renewal year.
 - (a) A maximum of four (4) continued competence credits achieved during the two (2) calendar year period that are in excess of the twenty-four (24) credit requirement may be used to partially complete the requirement for the subsequent two (2) calendar year period.
 - (b) The subjects of any continued competence credits used to partially complete the requirement for the subsequent two (2) calendar year period shall not pertain to:
 1. the AOTA Code of Ethics; or
 2. the occupational therapy portions of T.C.A. §§ 63-13-101, et seq., the Tennessee Occupational and Physical Therapy Practice Act; or
 3. Chapter 1150-02, General Rules Governing the Practice of Occupational Therapy.
- (4) Twelve (12) of the required twenty-four (24) continued competence credits must be directly related to the delivery of occupational therapy services.
- (5) One (1) hour of the required twenty-four (24) continued competence credits shall pertain to the AOTA Code of Ethics or other ethics related continued competence activities which have implications for the practice of occupational therapy.
- (6) One (1) hour of the required twenty-four (24) continued competence credits shall pertain to the occupational therapy portions of T.C.A. §§ 63-13-101, et seq., the Tennessee Occupational and Physical Therapy Practice Act, and shall pertain to Chapter 1150-02, General Rules Governing the Practice of Occupational Therapy.
- (7) Ten (10) hours of the required twenty-four (24) continued competence credits may pertain to the licensee's current or anticipated professional role or may be directly related to the delivery of occupational therapy services.
- (8) Continued competence credits are awarded pursuant to the Activity Table in paragraph (11).
- (9) Approved Continued Competence Activity Providers
 - (a) American Medical Association (AMA)
 - (b) American Nurses Association (ANA)
 - (c) American Occupational Therapy Association (AOTA) and AOTA approved providers

(Rule 1150-02-.12, continued)

- (d) American Physical Therapy Association (APTA)
 - (e) American Speech-Language-Hearing Association (ASHA)
 - (f) International Association of Continuing Education (IACET)
 - (g) Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)
 - (h) Tennessee Occupational Therapy Association (TOTA)
 - (i) State occupational therapy associations
 - (j) State occupational therapy regulatory agencies
 - (k) Accredited colleges and universities
- (10) The Board does not pre-approve continued competence activities. It is the responsibility of the licensed occupational therapist and occupational therapist assistant to use his/her professional judgment in determining whether or not the activities are applicable and appropriate to his/her professional development and meet the standards specified in these rules.
- (11) Activity Table (Per Two [2] Year Cycle)

	Approved Activities	Equivalency	Max.Credits	Documentation
(a)	Volunteer Services to organizations, populations, individuals, that advance the reliance on the use of one's OT skills and experiences. This excludes holding any elected or appointed offices.	5 Hours Equals 1 Credit	12 Credits	Verification letter from organizations. Describe outcomes of volunteer service provided. (See guidelines on the Board's web page at Tennessee.gov/health)
(b)	Attending workshops, seminars, lectures, professional conferences offered by approved providers such as TOTA, AOTA, AMA, ASHA, APTA, state OT associations and regulatory boards, IACET, or a 3 rd party entity that reviews and approves the course and provider.	1 Hour Equals 1 Credit	24 Credits	Certificates of attendance or letter from sponsor of course.

(Rule 1150-02-.12, continued)

	Approved Activities	Equivalency	Max.Credits	Documentation
(c)	Attending workshops, seminars, lectures, professional conferences by other providers.	1 Hour Equals 1 Credit	12 Credits	Certificates of attendance or letter from sponsor.
(d)	Attending employer-provided continuing education.	1 Hour Equals 1 Credit	12 Credits	Attendance records or certificates with name, date of course. (Attending OSHA, CPR & Safety Courses required for maintaining employment are not acceptable.)
(e)	Attaining an OT specialty or board certification (i.e., Certified Hand Therapist.)	10 Credits	20 Credits	Award of certification within the renewal cycle.
(f)	Making professional presentations at state, national or international workshops, seminars, and conferences.	1 Hour Equals 2 Credits	20 Credits	Copy of presentation, or program listing.
(g)	Panel and/or poster presentations for state, national, or international workshops, seminars, and conferences.	1 Presentation Equals 1 Credit	12 Credits	Copy of presentation, or program listing.
(h)	Publication of an OT article in non-peer-reviewed publication (e.g., OT Practice, SIS Quarterly, Advance, Community Newsletters, etc.)	1 Article Equals 5 Credits	20 Credits	Copy of publication.
(i)	Publication of article in peer-reviewed professional publication (e.g., journals, book chapter, research paper)	1 Article Equals 10 Credits	20 Credits	Copy of publication.
(j)	Publication of chapter (s) in occupational therapy or related professional textbook.	1 Chapter Equals 10 Credits	20 Credits	Copy of text and original letter from editor.
(k)	Mentoring a licensed OT colleague to improve the skills of the protégé. (Mentor must be currently licensed).	10 Hours Equals 2 Credits	12 Credits	Goals and objectives, analysis of protégé performance. (See guidelines)

(Rule 1150-02-.12, continued)

(l)	Mentoring other professionals in good standing to improve the skills of the protégé. (Mentor must be currently licensed.)	10 Hours Equals 2 Credits	12 Credits	Goals and objectives, analysis of protégé performance. (See guidelines)
(m)	Mentoring with other professionals in good standing to improve the skills of the protégé. (Protégé must be currently licensed.)	10 Hours Equals 2 Credits	12 Credits	Goals and objectives established in collaboration with the mentor and self-analysis of performance. (See guidelines)
(n)	Reflective occupational therapy practice in collaboration with an advanced licensed OT colleague to improve one's skill level.	10 Hours Equals 2 Credits	12 Credits	Verification of skills obtained. Evaluation experience. Analysis of learning. (See guidelines)
(o)	Guest lecturer, teaching OT related academic course per semester (must not be one's primary role). For one time lecture use presentation value, see subparagraph (f).	1 College Credit Hour Equals 6 Credits	20 Credits	Date, lecture or academic course title, name of institution, original letter from instructor regarding time spent in classroom, and course/lecture goals and objectives.
(p)	Independent reading peer-reviewed, role-related professional articles/chapters in textbook, and writing a report describing the implications for improving skills in one's specific role. Current copyright on textbook edition, which should not exceed 5 years at time of licensure renewal. Textbooks required to be read for academic courses or audit courses are not allowed.	5 Articles and / or Chapters Equal 1 Credit	12 Credits	Annotated bibliography and analysis of how articles impacted improving skills in one's role. (See guidelines)
(q)	Providing professional in-service training and/or instruction for occupational therapists, occupational therapy assistants, and related professionals.	1 Hour Equals 1 Credit	12 Credits	In-Service training attendance records, goals, and objectives with verification letter from supervisor.

(Rule 1150-02-.12, continued)

(r)	Making presentations for local organizations/associations/groups on OT related topic. (e.g., energy conservation, back care and prevention of injury.)	1 Hour Equals 1 Credit	12 Credits	Date and location of presentation, copy of presentation or program listing; organization's contact person.
(s)	Level II fieldwork direct supervision OT or OTA (Not one's primary employment role.)	1 Credit per each Week of Supervision Per Student Supervised	12 Credits	Documentation required, name of student(s), letter of verification from school, dates of fieldwork. Co-supervision is acceptable; maintain dates & times when acting as primary student supervisor. Apply appropriate credits based on time spent supervising.
(t)	Professional manuscript review (editing) for journals or textbooks.	5 Hours Equals 1 Credit	12 Credits	Letter from publishing organization, verifying time spent.
(u)	Formal academic coursework	1 Credit Hour per Semester Equals 10 Credits	20 Credits	Official transcript from an accredited educational institution.
(v)	Auditing formal academic coursework.	15 Clock Hours Equals 2 Credits	12 Credits	Original letter from instructor regarding time in class or labs at accredited schools. Report by OT/OTA on learning objectives accomplished.
(w)	Professional study group/online study group designed to advance knowledge through active participation.	3 Hours Equals 1 Credit	20 Credits	Group attendance records; study group goals; analysis of goal attainment and learning. (See guidelines)

(Rule 1150-02-.12, continued)

(x)	Outcomes of self-assessment and professional development plan.	2 Credits for Self-Assessment and Professional Development Plan	2 Credits	Acceptable documents include a completed formal self-assessment and professional development plan describing how goals were met and how they impacted competence and skills.
(y)	Extensive scholarly research activities, or extensive outcome studies (defined as research associated with, e.g., grants, post graduate studies, peer reviewed journals)	10 Credits	20 Credits	Grant funding number, abstract-executive summary and/or copies of the completed research/studies.
(z)	Collaborative or Clinical Research activities	5 Credits	10 Credits	Executive summary and/or copies of the completed research studies or letter of verification from senior researcher or supervisor.
(aa)	Fellowship Training in specific area.	10 Credits (Minimum 12 Weeks)	12 Credits	Certificate awarded from sponsoring organization to include dates and learning objectives.
(bb)	Independent learning/study (e.g., CE articles, video, audio, and/or online courses.)	2 Hours Equals 1 Credit	12 Credits	CEUs, certificate of completion and # of contact hours awarded.
(cc)	Interactive online courses.	1 Hour Equals 1 Credit	12 Credits	CEUs, certificate of completion and # of contact hours awarded.
(dd)	External self-study series.	1 Hour Equals 1 Credit	20 Credits	Certificate of completion.
(ee)	Development of instructional materials using alternative media such as: video, audio and/or software programs to advance professional skills of others (not for proprietary use).	5 Credits	12 Credits	Program description and media/software materials available if requested during validation process.

(Rule 1150-02-.12, continued)

(12) Documentation of compliance.

- (a) Each licensee must retain documentation of completion of all continued competence requirements of this rule for a period of five (5) years from when the requirements were completed. This documentation must be produced for inspection and verification, if requested in writing by the Board during its verification process.
- (b) The licensee must, within forty-five (45) days of receipt of a request from the Board, provide evidence of continued competence activities.
- (c) Any licensee who fails to complete the continued competence activities or who falsely certifies completion of continued competence activities may be subject to disciplinary action pursuant to T.C.A. §§ 63-13-108, 63-13-209, and 63-13-210.

(13) Reinstatement/Reactivation of an Expired, Retired or Inactive License.

- (a) Expired, retired, or inactive for three (3) years or less - An individual whose license has expired, or has been retired or inactive for three (3) years or less shall submit the appropriate application and documentation of continued competence, as provided in paragraph (12), for the two (2) year period that precedes the reinstatement/reactivation year.
- (b) Expired, retired or inactive more than three (3) years
 - 1. An individual whose license has expired, or has been retired or inactive for more than three (3) years shall submit the appropriate application and documentation of continued competence, as provided in paragraph (12), for the two (2) year period that precedes the reinstatement/reactivation year; and
 - 2. The Board may, at its discretion, require additional education, supervised clinical practice, or successful passage of examinations.

- (14) The Board, in cases of documented illness, disability, or other undue hardship, may waive the continued competence requirements and/or extend the deadline to complete continued competence requirements. To be considered for a waiver of continued competence requirements, or for an extension of the deadline to complete the continued competence requirements, a licensee must request such in writing with supporting documentation before the end of the two (2) year period in which the continued competence requirements were not met.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-13-108, 63-13-204, 63-13-209, 63-13-210, and 63-13-215.

Administrative History: Original rule filed March 24, 2005; effective June 7, 2005. Amendment filed April 17, 2007; effective July 1, 2007.

1150-02-.13 ADVERTISING.

- (1) Policy Statement. The lack of sophistication on the part of many of the public concerning occupational therapy services, the importance of the interests affected by the choice of an occupational therapist and the foreseeable consequences of unrestricted advertising by occupational therapists, require that special care be taken by occupational therapists to avoid misleading the public. The occupational therapist must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by occupational therapists is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.

(Rule 1150-02-.13, continued)

(2) Definitions

- (a) Advertisement. Informational communication to the public in any manner designed to attract public attention to the practice of an occupational therapist who is licensed to practice in Tennessee.
- (b) Licensee - Any person holding a license to practice occupational therapy in the State of Tennessee. Where applicable this shall include partnerships and/or corporations.
- (c) Material Fact - Any fact which an ordinary reasonable and prudent person would need to know or rely upon in order to make an informed decision concerning the choice of occupational therapists to serve his or her particular needs.
- (d) Bait and Switch Advertising - An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch consumers from buying the advertised service or merchandise, in order to sell something else, usually for a higher fee or on a basis more advantageous to the advertiser.
- (e) Discounted Fee - Shall mean a fee offered or charged by a person for a product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a "discounted fee".

(3) Advertising Fees and Services

- (a) Fixed fees. Fixed fees may be advertised for any service. It is presumed unless otherwise stated in the advertisement that a fixed fee for a service shall include the cost of all professional recognized components within generally accepted standards that are required to complete the service.
- (b) Range of Fees. A range of fees may be advertised for services and the advertisement must disclose the factors used in determining the actual fee, necessary to prevent deception of the public.
- (c) Discount Fees. Discount fees may be advertised if:
 - 1. The discount fee is in fact lower than the licensee's customary or usual fee charged for the service; and
 - 2. The licensee provides the same quality and components of service and material at the discounted fee that are normally provided at the regular, non-discounted fee for that service.
- (d) Related Services and Additional Fees. Related services which may be required in conjunction with the advertised services for which additional fees will be charged must be identified as such in any advertisement.
- (e) Time Period of Advertised Fees.
 - 1. Advertised fees shall be honored for those seeking the advertised services during the entire time period stated in the advertisement whether or not the services are actually rendered or completed within that time.

(Rule 1150-02-.13, continued)

2. If no time period is stated in the advertisement of fees, the advertised fee shall be honored for thirty (30) days from the last date of publication or until the next scheduled publication whichever is later whether or not the services are actually rendered or completed within that time.
- (4) Advertising Content. The following acts or omissions in the context of advertisement by any licensee shall constitute unprofessional and/or unethical conduct, and subject the licensee to disciplinary action pursuant to T.C.A. § 63-13-209.
- (a) Claims that the services performed, personnel employed, materials or office equipment used are professionally superior to that which is ordinarily performed, employed, or used, or that convey the message that one licensee is better than another when superiority of services, personnel, materials or equipment cannot be substantiated.
 - (b) The misleading use of an unearned or non-health degree in any advertisement.
 - (c) Promotion of professional services which the licensee knows or should know are beyond the licensee's ability to perform.
 - (d) Techniques of communication which intimidate exert undue pressure or undue influence over a prospective patient.
 - (e) Any appeals to an individual's anxiety in an excessive or unfair manner.
 - (f) The use of any personal testimonial attesting to a quality or competency of a service or treatment offered by a licensee that is not reasonably verifiable.
 - (g) Utilization of any statistical data or other information based on past performances for prediction of future services, which creates an unjustified expectation about results that the licensee can achieve.
 - (h) The communication of personal identifiable facts, data, or information about a patient without first obtaining patient consent.
 - (i) Any misrepresentation of a material fact.
 - (j) The knowing suppression, omission or concealment of any material fact or law without which the advertisement would be deceptive or misleading.
 - (k) Statements concerning the benefits or other attributes of therapeutic procedures or products that involve significant risks without including:
 1. A realistic assessment of the safety and efficiency of those procedures or products; and
 2. The availability of alternatives; and
 3. Where necessary to avoid deception, descriptions or assessment of the benefits or other attributes of those alternatives.
 - (l) Any communication which creates an unjustified expectation concerning the potential results of any treatment.
 - (m) Failure to comply with the rules governing advertisement of fees and services, or advertising records.

(Rule 1150-02-.13, continued)

- (n) The use of "bait and switch" advertisements. Where the circumstances indicate "bait and switch" advertising, the Board may require the licensee to furnish data or other evidence pertaining to those sales at the advertised fee as well as other sales.
 - (o) Misrepresentation of a licensee's credentials, training, experience, or ability.
 - (p) Failure to include the corporation, partnership or individual licensee's name, address, and telephone number in any advertisement. Any corporation, partnership or association which advertises by use of a trade name or otherwise fails to list all licensees practicing at a particular location shall:
 - 1. Upon request provide a list of all licensees practicing at that location; and
 - 2. Maintain and conspicuously display at the licensee's office, a directory listing all licensees practicing at that location.
 - (q) Failure to disclose the fact of giving compensation or anything of value to representative of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement (for example, newspaper article) unless the nature, format or medium of such advertisement make the fact of compensation apparent.
 - (r) After thirty (30) days of the licensee's departure, the use of the name of any licensee formerly practicing at or associated with any advertised location or on office signs or buildings. This rule shall not apply in the case of a retired or deceased former associate who practiced in association with one or more of the present occupants if the status of the former associate is disclosed in any advertisement or sign.
 - (s) Stating or implying that a certain licensee provides all services when any such services are performed by another licensee.
 - (t) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.
- (5) Advertising Records and Responsibility
- (a) Each licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision shall also include any licensed professional employees acting as an agent of such firm or entity.
 - (b) Any and all advertisements are presumed to have been approved by the licensee named therein.
 - (c) A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media, and a copy of any other form of advertisement shall be retained by the licensee for a period of two (2) years from the last date of broadcast or publication and be made available for review upon request by the Board or its designee.
 - (d) At the time any type of advertisement is placed, the licensee must possess and rely upon information which, when produced, would substantiate the truthfulness of any

(Rule 1150-02-.13, continued)

assertion, omission or representation of material fact set forth in the advertisement or public communication.

- (6) **Severability.** It is hereby declared that the sections, clauses, sentences and parts of these rules are severable, are not matters of mutual essential inducement, and any of them shall be rescinded if these rules would otherwise be unconstitutional or ineffective. If any one or more sections, clauses, sentences or parts shall for any reason be questioned in court, and shall be adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remaining provisions thereof, but shall be confined in its operation to the specific provision or provisions so held unconstitutional or invalid, and the inapplicability or invalidity of any section, clause, sentence or part in any one or more instances shall not be taken to affect or prejudice in any way its applicability or validity in any other instance.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-145, 63-1-146, 63-13-108, 63-13-209, and 63-13-211.

Administrative History: Original Rule filed August 18, 2006 ; effective November 1, 2006.

1150-02-.14 LIMITED PERMIT. A limited permit may be issued by the Board to applicants for licensure as an occupational therapist or occupational therapy assistant who have paid the Limited Permit Fee required by Rule 1150-02-.06, and have successfully completed the educational and field experience requirements of paragraphs (1) or (2) of Rule 1150-02-.04, and are scheduled to take the examination required by Rule 1150-02-.08. Applicants for licensure who have been issued a limited permit may practice occupational therapy only under supervision of a licensed occupational therapist, as provided in Rule 1150-02-.10.

- (1) An applicant who has received a limited permit must take the examination within ninety (90) days of the date the applicant received the limited permit. If the applicant does not take the examination within the ninety (90) day period, the limited permit expires at the end of the ninety (90) day period.
- (2) If an applicant passes the examination, the applicant's limited permit remains effective until the Board grants or denies a license to the applicant.
- (3) If an applicant fails the examination, the applicant's limited permit expires upon the Board's receipt of notice that the applicant failed the examination.
- (4) An applicant may obtain only one (1) limited permit. The limited permit is non-renewable.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-13-104, 63-13-108, 63-13-201, 63-13-202, 63-13-203, 63-13-205, and 63-13-206. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed October 11, 2005; effective December 25, 2005. Amendment filed April 17, 2007; effective July 1, 2007

1150-02-.15 DISCIPLINARY ACTIONS, CIVIL PENALTIES, AND SCREENING PANELS.

- (1) Upon a finding by the Board that a occupational therapist or occupational therapy assistant has violated any provision of the Tennessee Code Annotated §§63-13-101, et seq. or the rules promulgated thereto, the Board may impose any of the following actions separately or in any combination deemed appropriate to the offense:
 - (a) **Advisory Censure** - This is a written action issued to the occupational therapist or occupational therapy assistant for minor or near infractions. It is informal and advisory in nature and does not constitute a formal disciplinary action.

(Rule 1150-02-.15, continued)

- (b) Formal Censure or Reprimand - This is a written action issued to an occupational therapist or occupational therapy assistant for one time and less severe violations. It is a formal disciplinary action.
- (c) Probation - This is a formal disciplinary action which places an occupational therapist or occupational therapy assistant on close scrutiny for a fixed period of time. This action may be combined with conditions which must be met before probation will be lifted and/or which restricts the individual's activities during the probationary period.
- (d) Licensure Suspension - This is a formal disciplinary action which suspends an individual's right to practice for a fixed period of time. It contemplates the reentry of the individual into the practice under the license previously issued.
- (e) Licensure Revocation - This is the most severe form of disciplinary action which removes an individual from the practice of the profession and terminates the license previously issued. If revoked, it relegates the violator to the status he possessed prior to application for licensure. However, the Board may, in its discretion allow the reinstatement of a revoked license upon conditions and after a period of time it deems appropriate. No petition for reinstatement and no new application for licensure from a person whose license was revoked shall be considered prior to the expiration of at least one (1) year unless otherwise stated in the Board's revocation order.
- (f) Conditions - Any action deemed appropriate by the Board to be required of a disciplined licensee in any of the following circumstances:
 - 1. During any period of probation, suspension; or
 - 2. During any period of revocation after which the licensee may petition for an order of compliance to reinstate the revoked license; or
 - 3. As a prerequisite to the lifting of probation or suspension or as a prerequisite to the reinstatement of a revoked license; or
 - 4. As a stand-alone requirement(s) in any disciplinary order.
- (2) Once ordered, probation, suspension, revocation, assessment of a civil penalty, or any other condition of any type of disciplinary action may not be lifted unless and until the licensee petitions, pursuant to paragraph (3) of this rule, and appears before the Board after the period of initial probation, suspension, revocation, or other conditioning has run and all conditions placed on the probation, suspension, revocation, have been met, and after any civil penalties assessed have been paid.
- (3) Order of Compliance - This procedure is a necessary adjunct to previously issued disciplinary orders and is available only when a petitioner has completely complied with the provisions of a previously issued disciplinary order, including an unlicensed practice civil penalty order, and wishes or is required to obtain an order reflecting that compliance.
 - (a) The Board will entertain petitions for an Order of Compliance as a supplement to a previously issued order upon strict compliance with the procedures set forth in subparagraph (b) in only the following three (3) circumstances:
 - 1. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued reflecting that compliance; or

(Rule 1150-02-.15, continued)

2. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued lifting a previously ordered suspension or probation; or
3. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued reinstating a license previously revoked.

(b) Procedures

1. The petitioner shall submit a Petition for Order of Compliance, as contained in subparagraph (c), to the Board's Administrative Office that shall contain all of the following:
 - (i) A copy of the previously issued order; and
 - (ii) A statement of which provision of subparagraph (a) the petitioner is relying upon as a basis for the requested order; and
 - (iii) A copy of all documents that prove compliance with all the terms or conditions of the previously issued order. If proof of compliance requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed statements from every individual the petitioner intends to rely upon attesting, under oath, to the compliance. The Board's consultant and administrative staff, in their discretion, may require such signed statements to be notarized. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.
2. The Board authorizes its consultant and administrative staff to make an initial determination on the petition and take one of the following actions:
 - (i) Certify compliance and have the matter scheduled for presentation to the Board as an uncontested matter; or
 - (ii) Deny the petition, after consultation with legal staff, if compliance with all of the provisions of the previous order is not proven and notify the petitioner of what provisions remain to be fulfilled and/or what proof of compliance was either not sufficient or not submitted.
3. If the petition is presented to the Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.
4. If the Board finds that the petitioner has complied with all the terms of the previous order an Order of Compliance shall be issued.
5. If the petition is denied either initially by staff or after presentation to the Board and the petitioner believes compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and rule 1200-10-01-.11.

(c) Form Petition

Petition for Order of Compliance

(Rule 1150-02-.15, continued)

Board of Occupational Therapy

Petitioner's Name: _____
Petitioner's Mailing Address: _____

Petitioner's E-Mail Address: _____
Telephone Number: _____

Attorney for Petitioner: _____
Attorney's Mailing Address: _____

Attorney's E-Mail Address: _____
Telephone Number: _____

The petitioner respectfully represents, as substantiated by the attached documentation, that all provisions of the attached disciplinary order have been complied with and I am respectfully requesting: (circle one)

1. An order issued reflecting that compliance; or
2. An order issued reflecting that compliance and lifting a previously ordered suspension or probation; or
3. An order issued reflecting that compliance and reinstating a license previously revoked.

Note - You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show compliance is the testimony of any individual, including yourself, you must enclose signed statements from every individual you intend to rely upon attesting, under oath, to the compliance. The Board's consultant and administrative staff, in their discretion, may require such signed statements to be notarized. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the ___ day of _____, 20 ____.

Petitioner's Signature

- (4) Order Modifications - This procedure is not intended to allow anyone under a previously issued disciplinary order, including an unlicensed practice civil penalty order, to modify any findings of fact, conclusions of law, or the reasons for the decision contained in the order. It is also not intended to allow a petition for a lesser disciplinary action, or civil penalty other than the one(s) previously ordered. All such provisions of Board orders were subject to reconsideration and appeal under the provisions of the Uniform Administrative Procedures Act (T.C.A. §§ 4-5-301, et seq.). This procedure is not available as a substitute for reconsideration and/or appeal and is only available after all reconsideration and appeal rights have been either exhausted or not timely pursued. It is also not available for those who have accepted and been issued a reprimand.

(Rule 1150-02-.15, continued)

(a) The Board will entertain petitions for modification of the disciplinary portion of previously issued orders upon strict compliance with the procedures set forth in subparagraph (b) only when the petitioner can prove that compliance with any one or more of the conditions or terms of the discipline previously ordered is impossible. For purposes of this rule the term "impossible" does not mean that compliance is inconvenient or impractical for personal, financial, scheduling or other reasons.

(b) Procedures

1. The petitioner shall submit a written and signed Petition for Order Modification on the form contained in subparagraph (c) to the Board's Administrative Office that shall contain all of the following:

(i) A copy of the previously issued order; and

(ii) A statement of why the petitioner believes it is impossible to comply with the order as issued; and

(iii) A copy of all documents that proves that compliance is impossible. If proof of impossibility of compliance requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed and notarized statements from every individual the petitioner intends to rely upon attesting, under oath, to the reasons why compliance is impossible. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.

2. The Board authorizes its consultant and administrative staff to make an initial determination on the petition and take one of the following actions:

(i) Certify impossibility of compliance and forward the petition to the Office of General Counsel for presentation to the Board as an uncontested matter; or

(ii) Deny the petition, after consultation with legal staff, if impossibility of compliance with the provisions of the previous order is not proven and notify the petitioner of what proof of impossibility of compliance was either not sufficient or not submitted.

3. If the petition is presented to the Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.

4. If the petition is granted a new order shall be issued reflecting the modifications authorized by the Board that it deemed appropriate and necessary in relation to the violations found in the previous order.

5. If the petition is denied either initially by staff or after presentation to the Board and the petitioner believes impossibility of compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and rule 1200-10-01-.11.

(c) Form Petition

(Rule 1150-02-.15, continued)

Petition for Order Modification
Board of Occupational Therapy

Petitioner's Name: _____

Petitioner's Mailing Address: _____

Petitioner's E-Mail Address: _____

Telephone Number: _____

Attorney for Petitioner: _____

Attorney's Mailing Address: _____

Attorney's E-Mail Address: _____

Telephone Number: _____

The petitioner respectfully represents that for the following reasons, as substantiated by the attached documentation, the identified provisions of the attached disciplinary order are impossible for me to comply with:

Note - You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show impossibility is the testimony of any individual, including yourself, you must enclose signed and notarized statements from every individual you intend to rely upon attesting, under oath, to the reasons why compliance is impossible. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the ___ day of _____, 20_____.

Petitioner's Signature

(5) Civil Penalties.

(a) Purpose - The purpose of this rule is to set out a schedule designating the minimum and maximum civil penalties which may be assessed.

(b) Schedule of Civil Penalties

1. A Type A Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed, certified, permitted or authorized by the Board, guilty of a willful and knowing violation of the Practice Act, or regulations promulgated pursuant thereto, to such an extent that there is, or is likely to be, an imminent, substantial threat to the health, safety and welfare of an individual patient or the public. For purposes of this section, willfully and knowingly practicing as an

(Rule 1150-02-.15, continued)

occupational therapist or occupational therapy assistant without a permit, license, certification, or other authorization from the Board is one of the violations of the Occupational Therapy Practice Act for which a Type A Civil Penalty is assessable.

2. A Type B Civil Penalty may be imposed whenever the Board finds the person required to be licensed, certified, permitted, or authorized by the Board is guilty of a violation of the Occupational Therapy Practice Act or regulations promulgated pursuant thereto in such a manner as to impact directly on the care of patients or the public.
3. A Type C Civil Penalty may be imposed whenever the Board finds the person required to be licensed, certified, permitted, or authorized by the Board is guilty of a violation of the Occupational Therapy Practice Act or regulations promulgated pursuant thereto, which are neither directly detrimental to patients or the public, nor directly impact their care, but have only an indirect relationship to patient care or the public.

(c) Amount of Civil Penalties

1. Type A Civil Penalties shall be assessed in the amount of not less than \$500 nor more than \$1,000.
2. Type B Civil Penalties may be assessed in the amount of not less than \$100 and not more than \$500.
3. Type C Civil Penalties may be assessed in the amount of not less than \$50 and not more than \$100.

(d) Procedures for Assessing Civil Penalties

1. The Division of Health Related Boards may initiate a civil penalty assessment by filing a Memorandum of Assessment of Civil Penalty. The Division shall state in the memorandum the facts and law upon which it relies in alleging a violation, the proposed amount of the civil penalty and the basis for such penalty. The Division may incorporate the Memorandum of Assessment of Civil Penalty with a Notice of Charges which may be issued attendant thereto.
2. Civil Penalties may also be initiated and assessed by the Board during consideration of any Notice of Charges. In addition, the Board may, upon good cause shown, assess a type and amount of civil penalty which was not recommended by the Division.
3. In assessing the civil penalties pursuant to these rules the Board may consider the following factors:
 - (i) Whether the amount imposed will be a substantial economic deterrent to the violator;
 - (ii) The circumstances leading to the violation;
 - (iii) The severity of the violation and the risk of harm to the public; and,
 - (iv) The economic benefits gained by the violator as a result of non-compliance; and,

(Rule 1150-02-.15, continued)

- (v) The interest of the public.
4. All proceedings for the assessment of civil penalties shall be governed by the contested case provisions of Title 4, Chapter 5, Tennessee Code Annotated.
- (6) Reconsiderations and Stays - The Board authorizes the member who chaired the Board for a contested case to be the agency member to make the decisions authorized pursuant to rule 1360-04-01-.18 regarding petitions for reconsiderations and stays in that case.
- (7) Screening Panels - Any screening panel(s) established pursuant to Tennessee Code Annotated § 63-1-138:
- (a) Shall have concurrent authority with the Board members and any individual Occupational Therapist or Occupational Therapist Assistant designated by the Board pursuant to paragraph (6) of Rule 1150-02-.19, to do the acts enumerated in paragraph (6) of Rule 1150-02-.19 subject to the conditions contained therein.
 - 1. A screening panel(s) comprised of two (2) or more persons shall elect a chairperson prior to convening to conduct business.
 - 2. A screening panel(s) comprised of two (2) or more persons is required to conduct the informal hearings authorized in subparagraph (b) immediately below.
 - (b) After completion of an investigation by the Division, may upon request of either the state, or the licensee who is the subject of an investigation but only with the agreement of the state, or upon agreement of both the licensee and the state, conduct a non-binding informal hearing and make recommendations as a result thereof as to what, if any, terms of settlement of any potential disciplinary action are appropriate.
 - 1. Neither the Rules of Civil Procedure, the Rules of Evidence, nor Contested Case Procedural Rules under the Administrative Procedures Act shall apply in informal hearings before the screening panel(s). However, Rule 31 of the Rules of the Tennessee Supreme Court may serve as general guidance as to the principles of mediation and alternative dispute resolution.
 - (i) Evidence may be presented or received in any manner and in whatever order agreed upon by the parties.
 - (ii) In the absence of an agreement of the parties the screening panel chairperson shall determine the manner and order of presentation of evidence.
 - 2. A licensee who is the subject of an investigation being considered by a screening panel cannot be compelled to participate in any informal hearing.
 - 3. Proposed settlements reached as a result of any informal hearing will not become binding and final unless they are:
 - (i) Approved by a majority of the members of the screening panel which issued them; and
 - (ii) Agreed to by both the Department of Health, by and through its attorney(s), and the licensee; and

(Rule 1150-02-.15, continued)

(iii) Subsequently presented to and ratified by the Board.

4. The activities of the screening panels and any mediation or arbitration sessions shall not be construed as meetings of an agency for purposes of the open meetings act and shall remain confidential. The members of the screening panels, mediators and arbitrators have a deliberative privilege and the same immunity as provided by law for the boards, and are not subject to deposition or subpoena to testify regarding any matter or issue raised in any contested case, criminal prosecution or civil lawsuit which may result from or be incident to cases processed before them.

Authority: T.C.A. §§4-5-105, 4-5-202, 4-5-204, 4-5-217, 4-5-223, 63-13-105, 63-13-108, 63-1-122, 63-1-134, 63-1-138, 63-13-104, 63-13-108, 63-13-201, 63-13-206, 63-13-207, 63-13-209, 63-13-210, and 63-13-216. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed July 29, 2002; effective October 12, 2002. Amendment filed August 9, 2004; effective October 23, 2004. Amendment filed October 11, 2005; effective December 25, 2005. Amendment filed April 17, 2007; effective July 1, 2007. References to Board of Occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 Session of the Tennessee General Assembly. Amendment filed October 21, 2009; effective January 19, 2010.

1150-02-.16 DUPLICATE LICENSE.

A licensee whose "artistically designed" license has been lost or destroyed may be issued a duplicate document upon receipt of a written request in the Board's administrative office. Such request shall be accompanied by an affidavit (signed and notarized) stating the facts concerning the loss or destruction of the original document and the required fee pursuant to Rule 1150-02-.06.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-106, and 63-13-108. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Repeal and new rule filed October 11, 2005; effective December 25, 2005.

1150-02-.17 CHANGE OF NAME AND/OR ADDRESS.

- (1) Change of Name - An individual registered with the Board shall notify the Board in writing within thirty (30) days of a name change. The notice shall provide the old name and the new name and must reference the individual's profession and license number.
- (2) Change of Address - Each person holding a license who has had a change of address shall file in writing with the Board his current mailing address, giving both old and new addresses. Such requests shall be received in the Board's administrative office no later than thirty (30) days after such change is effective and must reference the individual's profession and license number.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-108, and 63-13-108. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Repeal and new rule filed October 11, 2005; effective December 25, 2005.

1150-02-.18 MANDATORY RELEASE OF CLIENT RECORDS.

- (1) Upon request from a client or the client's authorized representative, an individual licensed by this Board shall provide a complete copy of the client's records or summary of such records which were maintained by the provider.

Rule 1150-02-.18, continued)

- (2) It shall be the provider's option as to whether copies of the records or a summary will be given to the client.
- (3) Requests for records shall be honored by the provider in a timely manner.
- (4) The individual requesting the records shall be responsible for payment of reasonable costs to the provider for copying and mailing of the records.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-2-101, 63-2-102, 63-13-104, 63-13-108, and 63-13-201.
Administrative History: Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed October 11, 2005; effective December 25, 2005.

1150-02-.19 BOARD MEETINGS, OFFICERS, CONSULTANTS, RECORDS AND DECLARATORY ORDERS.

- (1) Purpose of Board - The Board is charged by law with the responsibility of regulating the practice of occupational therapy.
- (2) Board Meetings.
 - (a) The time, place, and frequency of Board meetings shall be at the discretion of the Board except at least one meeting shall be held annually.
 - (b) Special meetings are called at the discretion of the Chair or at the request of two members of the Board provided all members are adequately notified.
 - (c) Three members of the Board shall at all times constitute a quorum.
 - (d) All meetings of the Board shall be open to the public.
 - (e) Non-board members present at meetings may address the Board only upon recognition by the chair.
- (3) The Board shall elect from its members the following officers:
 - (a) Chair - who shall preside at all Board meetings.
 - (b) Secretary - who shall preside in the absence of the chair and who along with the Board's administrator shall be responsible for correspondence from the Board.
- (4) Responsibilities of the Board include, but are not limited to:
 - (a) Adopting and revising rules and regulations as may be necessary to carry out its powers and duties;
 - (b) Adopting and/or administering examinations;
 - (c) Denying, withholding, or approving the licensure of an applicant and renewing licenses pursuant to rule 1150-02-.07;
 - (d) Appointing designees to assist in the performance of its duties, i.e., written examination, proctors; and
 - (e) Conducting hearings.

(Rule 1150-02-.19, continued)

- (5) Board Conflict of Interest - Any Board member having an immediate personal, private or financial interest in any matter pending before the Board shall disclose the fact in writing and shall not vote upon such matter.
- (6) Board consultants are appointed by the Board and vested with the authority to do the following acts:
 - (a) Recommend whether and what type disciplinary actions should be instituted as the result of complaints received or investigations conducted by the Division.
 - (b) Recommend whether and under what terms a complaint, case or disciplinary action might be settled. Any matter proposed for settlement must be subsequently ratified by the full Board before it will become effective.
 - (c) Undertake any other matters authorized by a majority vote of the Board.
- (7) Records and Complaints
 - (a) All requests, applications, notices, other communications and correspondence shall be directed to the Board's administrative office. Any requests or inquiries requiring a Board decision or official Board action, except documents relating to disciplinary actions or hearing requests, must be received 14 days prior to a scheduled Board meeting and will be retained in the administrative office and presented to the board at the Board meeting. Such documentation not timely received shall be set over to the next Board meeting.
 - (b) All records of the Board, except those made confidential by law, are open for inspection and examination, under the supervision of an employee of the Division at the Board's administrative office.
 - (c) Copies of public records shall be provided to any person upon payment of the cost of copying.
 - (d) Complaints made against a licensee become public information only upon the filing of a notice of charges.
- (8) Declaratory Orders - The Board adopts, as if fully set out herein, rule 1200-10-1-.11, of the Division of Health Related Boards and as it may from time to time be amended, as its rule governing the declaratory order process. All declaratory order petitions involving statutes, rules or orders within the jurisdiction of the Board shall be addressed by the Board pursuant to that rule and not by the Division. Declaratory Order Petition forms can be obtained from the Board's administrative office.

Authority: T.C.A. §§4-5-202, 4-5-204, 4-5-223, 4-5-224, 63-1-117, 63-13-103, 63-13-104, 63-13-105, 63-13-108, 63-13-202, 63-13-203, and 63-13-209. **Administrative History:** Original rule filed March 15, 1996; effective May 29, 1996. Amendment filed June 10, 1999; effective August 24, 1999. Amendment filed October 11, 2005; effective December 25, 2005. Amendment filed April 17, 2007; effective July 1, 2007.

1150-02-.20 CONSUMER RIGHT-TO-KNOW REQUIREMENTS.

- (1) Malpractice reporting requirements. The threshold amount below which medical malpractice judgments, awards or settlements in which payments are awarded to complaining parties need not be reported pursuant to the "Health Care Consumer Right-To-Know Act of 1998" shall be ten thousand dollars (\$10,000).

(Rule 1150-02-.20, continued)

- (2) Criminal conviction reporting requirements. For purposes of the "Health Care Consumer Right-To-Know Act of 1998", the following criminal convictions must be reported:
 - (a) Conviction of any felony.
 - (b) Conviction or adjudication of guilt of any misdemeanor, regardless of its classification, in which any element of the misdemeanor involves any one or more of the following:
 1. Sex.
 2. Alcohol or drugs.
 3. Physical injury or threat of injury to any person.
 4. Abuse or neglect of any minor, spouse or the elderly.
 5. Fraud or theft.
 - (c) If any misdemeanor conviction reported under this rule is ordered expunged, a copy of the order of expungement signed by the judge must be submitted to the Department before the conviction will be expunged from any profile.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-13-104, 63-51-101, et seq., and Public Chapter 373 of the Public Acts of 1999. **Administrative History:** Original rule filed February 10, 2000; effective April 25, 2000.