MISSISSIPPI STATE DEPARTMENT OF HEALTH

Dear Applicant:

Enclosed you will find the forms necessary for you to apply for licensure as an occupational therapist (OT) or occupational therapy assistant (OTA). It is strongly suggested that you read the regulations prior to filling out the application, and then examine the directions entitled **"STEPS TO LICENSURE"** to see which forms are appropriate for you. Please note the following:

(a) Applications not completed in their entirety will be returned, minus the applicable fees, which are non-refundable.
(b) The photograph must be a "passport-style" photo.
(c) The practice history must be current and complete (see enclosed form).
(d) The names on the application and the licensure requirements must be the same or a copy of the legal document(s) effecting the name change(s) must be included with your application. The name on the driver's license or U.S. Social Security Card must be the same as the name on the application. We will not accept nicknames, abbreviations, or alterations.
(e) The home address on the application is the address where this office will mail ALL correspondence. Written notice signed by the applicant is required for an address change.
(f) All checks/money orders for fees are to be made payable to the Mississippi State Department of Health.
(g) The review process regarding an application for licensure starts only after all applicable licensure requirements are on file. The review process is usually completed within two weeks.
(h) Our overnight mail address (see **"OVERNIGHT MAIL"**) is as follows:

Mississippi State Department of Health
Professional Licensure - OT/OTA
570 E. Woodrow Wilson Blvd
Jackson, MS 39216

Please be advised that it is illegal for any person to use, in connection with his name or place of business the words "occupational therapist," "licensed occupational therapy assistant," "occupational therapist registered," or the letters "O.T.," "L.O.T.," "O.T.R.," "O.T.A." or "C.O.T.A." or any other words, letters, abbreviations or insignia indicating or implying that he is an occupational therapist or an occupational therapy assistant or to show in any way, orally, in writing, in print or by sign, directly or by implication, or to represent himself as an occupational therapist or an occupational therapy assistant without being currently licensed or specifically exempted by statute and/or regulations.

If you have any questions regarding the above, please contact the licensure office.

Sincerely,

Division of Professional Licensure

143-B LeFleurs Square • Post Office Box 1700 • Jackson, Mississippi 39215-1700
Bureau of Health Facilities • Division of Professional Licensure • Division of Childcare Licensure
Criminal History Record Check Unit
601/364-1100 • Fax 601/364-5055 • www.HealthyMS.com
Equal Opportunity In Employment/Service

MISSISSIPPI STATE DEPARTMENT OF HEALTH

STEPS TO LICENSURE

Applicants may apply for a license in one of the following ways. Please submit the completed, applicable forms as indicated:

1. Regular type license by examination

a. Completed, notarized application;

b. Fees (non-refundable)
   1) Application fee - $100.00; and
   2) License fee - OT - $150.00; OTA - $100.00

c. Verification of NBCOT Certification reported directly to this office from NBCOT;

d. Verification of licensure/registration (current or not current) in any state, territory, province, country, or other jurisdiction reported directly to this office from the licensure/registration authority. (form enclosed, may be copied);

e. Proof of proficiency in the English language, if applicable (see **"ENGLISH PROFICIENCY REQUIREMENTS"**);

f. Copy of H1B visa, INS I-94 Form, or other legal document allowing the applicant into the country, if applicable.

2. Limited Permit (per Rule 8.4.4 of the regulations)

a. Completed, notarized application;

b. Fees (non-refundable);
   1) Application - $100.00; and
   2) License fee - OT - $150.00; COTA - $100.00

c. Verification of education and field work experience reported directly to this office from the institution. The institution must be AOTA-accredited and/or WFOT-approved (form enclosed);

d. Completed Supervision Agreement for Temporary Licensure Applicants Form(s) (form may be copied - 1 page only);

143-B LeFleurs Square • Post Office Box 1700 • Jackson, Mississippi 39215-1700
Bureau of Health Facilities • Division of Professional Licensure • Division of Childcare Licensure
Criminal History Record Check Unit
601/364-1100 • Fax 601/364-5055 • www.HealthyMS.com
Equal Opportunity In Employment/Service

NOTE: This form must be on file and satisfactory to the Branch office before any license may be issued. Once a limited permit is issued, changes in supervision are reported by completing a new form and submitting it to this office prior to the effective date of supervision;

e. Exam for Licensure (see "**NBCOT EXAM**");

f. Verification of any licensure/registration, current or not current, reported directly to this office from the issuing authority (state, province, territory, country, etc.), if applicable. (form enclosed);

g. Proof of proficiency in the English language, if applicable (see "**ENGLISH PROFICIENCY REQUIREMENTS**");

h. Copy of H1B visa, INS I-94 Form or other legal document allowing the applicant into the country, if applicable.

NOTE: Limited permits are available for first-time exam candidates only (see "**NBCOT EXAM**"). An individual must be issued a limited permit prior to beginning to practice according to the supervision agreement (see #2d).

The limited permit licensure period is a maximum of 90 days following issuance. A limited permit is automatically upgraded to a regular type, subject to the regulations. Please refer to Rule 8.4.5 of the regulations for pertinent information regarding this type of limited permit.

A letter of eligibility for a limited permit is available to foreign educated applicants who have met all licensure requirements but do not have a U.S. Social Security Number or the visa documents. This letter should satisfy requirements for the issuance of the INS I-94 Form and the H1B visa.

ENGLISH PROFICIENCY REQUIREMENTS

Foreign educated applicants are required to submit documentation, acceptable to the department, that they are proficient in the English language (see Rule 8.4.3(5) of the enclosed regulations). The minimum acceptable scores needed to meet the licensure requirement are as follows:

A. Test of English as a Foreign Language (TOEFL)
   - Minimum total score of 560 paper; 250 computer

B. Test of Spoken English (TSE)
   - Minimum total score of 50; and

C. Test of written English (TWE)
   - Minimum score of 4.5.

NOTE: All reports of exam scores must be sent directly to the Department from the examining authority.

Applicants interested in taking the above referenced examinations should contact:

TOEFL/TSF Services
P.O. Box 6151
Princeton, NJ 08541-6151\USA
(609) 951-1100

The code used to request that scores be reported to the Mississippi State Department of Health, Professional Licensure Branch is -- **9859**.

NBCOT EXAM

The Department recognizes the certification examination of the NBCOT as the licensure exam for Mississippi. Please contact NBCOT or the Professional Examination Service (PES) for exam registration information. It is incumbent upon the applicant for a limited permit to ensure that the appropriate steps are/were taken to complete registration for the exam within the time period allowed for registration. Please plan accordingly.

The next qualifying exam must be taken or the limited permit shall expire when the results of that exam have been reported to the Department. The limited permit, in this case, is not renewable. It is the limited permit holder's responsibility to have the exam score reported to the Department from PES. Any individual issued a limited permit who fails an exam at least two months prior to the expiration date of the limited permit should contact the Branch office expeditiously.

OVERNIGHT MAIL

Overnight mail packages containing an official document that is a licensure requirement must be shipped directly to the Department of Health from the institution or agency office issuing the document. The requirement must have the office's return address on the overnight envelope or the licensure requirement must be sealed in an official envelope of the office within the overnight package. Official documents for licensure forwarded to this office through the applicant or a third party will not be accepted for licensure purposes. Overnight mail should be sent to the:

Mississippi State Department of Health
Professional Licensure - OT
570 E. Woodrow Wilson Blvd
Jackson, MS 39216

Enclosures:

1. Licensure application
2. Verification of Education/Fieldwork
3. Verification of Licensure
4. Supervision Agreement for Temporary Licensure Applicants
5. Verification of NBCOT Certification
6. Practice History form

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Occupational Therapist (OT) and
Occupational Therapy Assistant (OTA)

Application for License

(Please type or print in ink)

Office Use

Check No. _____

Amount $_____

Date ___/___/____

License Type

OT ❑ OTA ❑ Limited Permit *(if applicable)* ❑

Personal

Name: _____
Last *First* *Middle*

Home Address: _____
Street

_____ Telephone Number: (___) _____
City *State* *Zip Code*

U.S. Social Security Number: ___-___-___ Date of Birth: ___/___/___

Race: _____ Sex: Male ❑ Female ❑ U.S. Citizen: No ❑ Yes ❑ Legal Alien: No ❑ Yes ❑ Visa Type & No.: _____

Professional

Employer: _____

Business Address: _____

_____ Telephone Number: (___) _____
City *State* *Zip Code*

Practice Type

Insert # ____

1. Patient Care
2. Administration
3. Teaching
4. Research
5. Other Activity
6. Not Active in OT

Practice Setting

Insert Primary # ____ Secondary # ____

1. > 100 Bed Hospital
2. < 100 Bed Hospital
3. Nursing Home
4. Home Health
5. A & D Treatment Facility
6. School
7. Private Practice
8. Outpatient Facility
9. Other
10. Not Applicable

Education

Limited Permit Applicants: Verification of Education form must be submitted directly from the institution.

School: _____
Name *City* *State*

Type of Degree _____ Date _____

Licensure

Have you ever been licensed or registered in any state, territory or country? No ❑ Yes ❑ If yes, list all licenses (current/not current) including Mississippi. ***All licenses/registration must be verified by the jurisdiction - with board seal.*** (See Verification of Licensure Form.)

1. _____ 4. _____ 7. _____ 10. _____
2. _____ 5. _____ 8. _____ 11. _____
3. _____ 6. _____ 9. _____ 12. _____

Licensure (continued)

Have you ever had any license, registration, or certification encumbered in any way, i.e., revoked, suspended, censured, rejected, denied, placed on probation, reprimanded, etc.?
If yes, attach a full explanation including the type of license, registration, or certificate, and jurisdiction where the action occurred. No ❑ Yes ❑

Are there any criminal or civil suits pending against you? No ❑ Yes ❑

Have you ever been convicted of any felony or misdemeanor? No ❑ Yes ❑

Certification

(See "Steps to Licensure")

Are you currently certified by NBCOT? No ❑ Yes ❑
If yes, verification of current certification must be reported directly from NBCOT.
If no, list the date that you plan to sit for the exam. _____/_____
Month *Year*

Occupational Status Attach completed Practice History form or resume.

Fees

Fees enclosed: $100.00 Application (non-refundable)
_____ License OT $150.00
_____ License OTA $100.00
_____ Total

Make check or money order payable to:
Mississippi State Department of Health

I, the undersigned, so solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Occupational Therapist and Occupational Therapy Assistants and affirm that all conditions for Licensure have been met and will be maintained.

_____
Applicant's Signature

Complete form, enclose fee and mail to:
Mississippi State Department of Health
Professional Licensure: OT/OTA
Post Office Box 1700
Jackson, Mississippi 39215-1700

Attach Copy
of Driver's License
or
U.S. Social Security Card

Attach Photo
(Xerox copies are not accepted)

Subscribed and sworn to before me this _____ day
of _____, 20 _____.
My commission expires _____.

_____
Notary Public

Practice History

Instructions: Please list the facility, home health agency, etc., its location (city & state), and the dates that you practiced at that facility in chronological order beginning with your last practice site. A resume' may be attached if the information needed to complete this history is on the resume. This sheet may be copied if additional space is needed.

Facility	Location	Dates
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Occupational Therapist and Occupational Therapy Assistant

Verification of License in Another State

To be Completed by Applicant *(Please print or type)* Social Security Number: _____-_____-_____

Name: _____

Licensing Authority: _____ Number: _____ Date Issued: _____
(State, Territory, or Country)

_____
(Applicant's Signature)

To be Completed by Secretary of Licensing Board

Licensee's Name: _____

License Type (OT/OTA): _____

License Number: _____

Date Issued: _____

Expiration Date: _____

Licensing by: NBCOT Certification: _____

Reciprocity with: _____

Other: _____

Has credential ever been disciplined? ❑ No ❑ Yes *If yes, please attach findings and disposition.*

Remarks: _____

_____

_____

Licensing Board must return to:
Mississippi State Department of Health
Professional Licensure: Occupational Therapy
Post Office Box 1700
Jackson, Mississippi 39215-1700

_____
Authorized Signature

This document must show Seal of licensing agency.

Seal

Supervision Agreement for Limited Permit Applicants

Print or Type Only

Limited Permit Applicant:

Name: _____

Home Address: _____

_____

(City) *(State)* *(Zip Code)*

Employer Name: _____

Employer Address: _____

_____

(City) *(State)* *(Zip Code)*

Facility/Agency Name, Address and Telephone Number (Once licensed, the applicant may only practice at the facilities/with the home health agencies listed on this form. Additional practice sites may be listed on a sheet of paper and attached to the form.)

1. _____

_____

_____

_____

2. _____

_____

_____

_____

3. _____

_____

_____

_____

Supervisor:

Name: _____

License #: _____

Beginning Date of Supervision: _____/_____/_____

I hereby certify and affirm, under the penalties of perjury, that the information on this form is correct. I understand that, as an occupational therapist, I may practice only under the supervision of the above named supervisor, or, as an occupational therapy assistant, practice under the above named supervisor in accordance with the supervision provisions for occupational therapy assistants listed in Subchapter 10 of the Regulations Governing Licensure of Occupational Therapists and Occupational Therapy Assistants in the facilities/agencies listed on this form and only after a temporary license is issued to me.

_____ _____
(Applicant's Signature) *(Date)*

I hereby certify and affirm, under the penalties of perjury, that the information contained on this form is correct and that I will provide supervision for this applicant at all times when practicing at the listed facilities/agencies. I understand and accept fully that I am responsible for the practice of the applicant once temporary license has been issued. I agree that I will contact the Professional Licensure Office, in writing, and provide copies to the supervisee and to the administrators of the facilities/agencies listed on this agreement within three (3) days of the termination of this agreement.

_____ _____
(Supervisor's Signature) *(Date)*

Upon completion the supervisor should mail this form to the:

Mississippi State Department of Health
Professional Licensure - OT
Post Office Box 1700
Jackson, Mississippi 39215-1700

Verification of Education for Licensure in Occupational Therapy

Instruction to Applicant: Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college or university where you obtained your degree in Occupational Therapy. **Please Note: The college or university is required to mail this form back to MSDH.**

Name (Last, First, Middle Initial)	*Maiden Name or Given Surname*
Address (Street, City, State and Zip Code)	*Phone Number* *Home* *Work* ( ) ( ) ( )
Social Security Number	*Date of Graduation*
License Applying For (Check One): ❑ Occupational Therapist (OT) ❑ Occupational Therapy Assistant (OTA)	

Waiver for the Release of Information:
I am applying for licensure as a OT/OTA in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi State Department of Health, Professional Licensure – Occupational Therapy, should this information be requested at any time.

_____ _____
Date *Signed*

Subscribed and sworn to before me this day of _____ 20 ___.

My commission expires _____ 20 ___.

_____
Notary Signed

Seal

Instructions to Educational Information:
Upon completion of this form please attach a certified transcript and send directly to: →

Mississippi State Department of Health
Professional Licensure - Occupational Therapy
Post Office Box 1700
Jackson, Mississippi 39215-1700

Name of Institution	*Location of Institution (City & State)*
Dates of Attendance (Month/Year) From: To:	Has applicant successfully completed all academic requirements and field work requirements? ❑ No ❑ Yes, date _____
Date Degree Conferred	*Degree Conferred*
Program Name & Curriculum Description	*Practicum/Internship* From: Month ____ Day ____ Year ____ To: Month ____ Day ____ Year ____ Total Number of Weeks: _____

Occupational Therapist/Occupational Therapy Assistant Program Accreditation *(on date degree conferred)*
OT Program Accredited by AOTA ❑ No ❑ Yes
OTA Program Accredited by AOTA ❑ No ❑ Yes
OT Program Accredited by WFOT ❑ No ❑ Yes
OTA Program Accredited by WFOT ❑ No ❑ Yes

Seal of the College or University

_____
Signature

_____
Title

_____
Telephone Number

Regulations Governing Licensure of Occupational Therapists and Occupational Therapy Assistants

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi State Department of Health
Office of Licensure
Professional Licensure Division
P. O. Box 1700
Jackson, Mississippi 39215-1700
(601) 364-7360 Fax (601) 364-5057

Title 15: Mississippi State Department of Health

Part 19: Bureau of Professional Licensure

Subpart 60: Professional Licensure

CHAPTER 8 REGULATIONS GOVERNING LICENSURE OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

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Part 19: Bureau of Professional Licensure

Subpart 60: Professional Licensure

CHAPTER 8 REGULATIONS GOVERNING LICENSURE OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

Subchapter 1: General

Rule 8.1.1 **Purpose:** The purpose of these regulations is to safeguard the public's health, safety, and welfare by establishing minimum qualifications and creating exclusive titles corresponding to the level of qualifications for individuals who wish to offer occupational therapy services to the public. Further, in order to insure the highest degree of professional conduct by those engaged in offering occupational therapy services to the public, it is the purpose of these regulations to provide and impose disciplinary sanctions, be they civil or criminal, against persons who do not meet or adhere to the procedures, qualifications, and standards set out in these regulations.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.1.2 **Legal Authority**: The State Board of Health established and empowered by Section 41-3-1 et seq. of Mississippi Code of 1972, annotated, is authorized to establish and enforce these rules and procedures by virtue of "Mississippi Occupational Therapy Practice Law," Sections 73-24-1, et seq. of Mississippi Code of 1972, annotated.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.1.3 **Definitions:** The following terms shall have the meaning set forth below, unless the context otherwise requires:

1. **Board** shall mean the Mississippi State Board of Health.

2. **Council** shall mean the Mississippi Advisory Council in Occupational Therapy.

3. **License** shall mean the document of licensure issued by the Board.

4. **Act** shall mean the "Mississippi Occupational Therapy Practice Law" sections 73-24-1 et seq. of Mississippi Code of 1972, annotated.

5. **Examination** shall mean the examination approved by the Board.

6. **Department** shall mean the Mississippi State Department of Health.

7. **Occupational therapy** means the therapeutic use of purposeful and meaningful (goal-directed) activities and/or exercises to evaluate and treat an individual who

has, or is at risk for, a disease or disorder, impairment, activity limitation or participation restriction which interferes with his ability to function independently in daily life roles and to promote health and wellness across his lifespan.

8. **Occupational therapy intervention** includes:

   a. remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes;

   b. adaptation of task, process or the environment, or the teaching of compensatory techniques in order to enhance functional performance;

   c. disability prevention methods and techniques which facilitate the development or safe application of functional performance skills; or

   d. health promotion strategies and practices which enhance functional performance abilities.

9. **Occupational therapy service** includes, but is not limited to:

   a. evaluating, developing, improving, sustaining or restoring skill in activities of daily living (ADLS), work or productive activities, including instrumental activities of daily living (IADLS), play and leisure activities;

   b. evaluating, developing, remediating or restoring physical, sensorimotor, cognitive or psycho social components of performance;

   c. designing, fabricating, applying or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices;

   d. adaptation of environments and processes, including the application of ergonomic principles, to enhance functional performance and safety in daily life roles;

   e. application of physical agent modalities as an adjunct to or in preparation for engagement in an occupation or functional activity;

   f. evaluating and providing intervention in collaboration with the client, family, caregiver or other person responsible for the client;

   g. educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions;

   h. consulting with groups, programs, organizations or communities to provide population-based services; or

i. participation in administration, education, and research, including both clinical and academic environments.

10. **Occupational Therapist** means a person licensed in this state to practice occupational therapy as defined in these regulations and whose license is in good standing.

11. **Occupational Therapy Assistant** means a person licensed to assist in the practice of occupational therapy under the supervision of or with the consultation of a licensed occupational therapist and whose license is in good standing.

12. **Occupational Therapy Aide** means a person who is not licensed in the field of occupational therapy and who assists occupational therapists and occupational therapy assistants in the practice of occupational therapy under direct supervision. The occupational therapy aides' activities require an understanding of occupational therapy.

13. **Person** means any individual, partnership, unincorporated organization, or corporate body, except that only an individual may be licensed under this chapter.

14. **Direct supervision** means the daily, direct, on-site contact at all times of a licensed occupational therapist or occupational therapy assistant when an occupational therapy aide assists in the delivery of patient care.

15. **Association** shall mean the Mississippi Occupational Therapy Association.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.1.4 **Publication:** The Department shall publish, annually, a list of the names and addresses of all persons licensed by the department and a list of all persons whose licenses have been suspended, revoked, denied renewal, put on probationary status, censured, or reprimanded.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 2: Mississippi Advisory Council in Occupational Therapy ("Council")

Rule 8.2.1 **Council Structure and Purpose:** There is hereby established the Mississippi Advisory Council in Occupational Therapy under the jurisdiction of the State Board of Health. The Council shall consist of five (5) members as set forth in the Act, for the terms indicated therein, and shall serve under the jurisdiction of the State Board of Health. The purpose of the Council is to serve in an advisory capacity to the Department.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.2.2 **Meetings:** The Council shall meet during the first month of the year. Additional meetings may be held, at the discretion of the chairperson of the Council or the written request of any two (2) members of the council. A quorum shall consist of three (3) members of the Council, including the chairperson, and shall be necessary for the Council to take action by vote.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 3: State Board of Health ("Board")

Rule 8.3.1 **Responsibilities:** The Board, with the advice of the council, shall:

1. approve the examination, establish licensing and renewal of license criteria for applicants;

2. maintain an up-to-date list of all individuals licensed to practice occupational therapy, with such list being available, upon request, to the public;

3. investigate alleged or suspected violations of the provisions of these regulations or other laws of this state pertaining to occupational therapy and any rules and regulations adopted by the board; for this purpose, any authorized agents of the department shall have the power and right to enter and make reasonable inspections of any place where occupational therapy is practiced, and may inspect and/or copy any records pertaining to clients or the practice of occupational therapy under these regulations;

4. refer disciplinary actions of any individual engaged in the practice of occupational therapy to the appropriate government agency for prosecution, whether licensed or otherwise, or, in its discretion, refer same to the appropriate committee or council;

5. conduct disciplinary hearings, upon specified charges, of a licensee;

6. maintain an up-to-date list of all individuals whose license has been suspended, revoked, or denied and make such list available to public inspection and supply such list to similar regulatory boards in other states or jurisdictions;

7. keep a record of all proceedings of the Board, and make said record available to the public; and

8. direct the Department to promulgate and implement rules and procedures to carry out the purpose of the Act.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 4: Licensure

Rule 8.4.1 **Licensure Requirements:** An applicant for a regular license as an occupational therapist or occupational therapy assistant shall submit to the Department, verified by oath, written evidence in form and content satisfactory to the Department that the applicant:

1. is of good moral character;

2. has been awarded a degree from an education program recognized by the Board;

3. has successfully completed a supervised field experience;

   a. for an occupational therapist, as reflected in the current accrediting standards;

   b. for an occupational therapy assistant, as reflected in the current accrediting standards;

4. has passed an examination approved by the Department; and

5. has paid the required fee(s).

6. For an occupational therapist, the program shall be accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association or the board-recognized accrediting body.

7. For an occupational therapy assistant, the program shall be approved by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association or the board-recognized accrediting body.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.4.2 **Licensure By Endorsement:** An applicant for licensure by endorsement shall submit to the Department, verified by oath, written evidence in form and content satisfactory to the Department that:

1. the applicant is currently licensed to practice occupational therapy under the laws of another state, territory, or jurisdiction; and

2. the requirements for said license are equivalent to or greater than those required in this state as set forth in Rules 8.4.1 and 8.4.3 of these regulations; and

3. said license is in good standing, and is not, presently, suspended or revoked; and

4. certification from NBCOT has not been subject to disciplinary action.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.4.3 **Foreign Trained Individuals:** An applicant for licensure who has been trained as an occupational therapist or an occupational therapy assistant in a foreign country, and desires to be licensed pursuant to the laws of the State of Mississippi, shall submit to the Department, verified by oath, in form and content satisfactory to the Department:

1. that the applicant is of good moral character; and

2. that the applicant has successfully completed an educational program and a supervised fieldwork experience program for occupational therapists or occupational therapy assistants; and

3. documentary evidence that the educational program and the supervised fieldwork experience are substantially equivalent to that required of a non-foreign trained applicant for licensure; and

4. that the applicant has passed an examination approved by the Department; and

5. demonstrable proficiency in the English language by passing all of the following English language examinations with scores to be determined by the Department:

    a. Test of English as a Foreign Language (TOEFL); and

    b. Test of Spoken English (TSE); and

    c. Test of Written English (TWE).

6. An applicant who is a graduate of an accredited school of occupational therapy located in one of the following countries may request an exemption from the required English proficiency examinations:

    a. England

    b. Scotland

    c. Ireland

    d. Wales

    e. Australia

    f. New Zealand

    g. Canada (except the province of Quebec)

7. The department reserves the right to require a personal interview with any applicant from any of the above countries for final determination of the exemption request.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.4.4 **Limited Permit:** A limited permit to practice as an occupational therapist or occupational therapy assistant may be granted to an applicant for licensure meeting the requirements of Rule 8.4.1 or 8.4.3 who has not taken the approved examination or has not received the results of the examination, subject to the conditions of Rule 8.4.5.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.4.5 **Conditions of a Limited Permit**:

1. A limited permit shall be granted for a period not to exceed ninety (90) days.

2. A limited permit holder shall restrict his practice to the State of Mississippi.

3. Supervision of Limited Permit

   a. An occupational therapist issued a limited permit shall practice under the supervision of or in consultation with an occupational therapist currently licensed in Mississippi. Supervision or in consultation with an occupational therapist for the purposes of this section means direct contact at least every 2 weeks at each treatment facility, with interim contact occurring by other methods, such as telephone or written communication.

   b. An occupational therapy assistant issued a limited permit shall practice under the supervision of or in consultation with an occupational therapist currently licensed in Mississippi. Supervision or in consultation with for the purposes of this section means direct contact at least every week at each treatment facility, with interim supervision occurring by other methods, such as telephone or written communication.

   c. An occupational therapist issued a limited permit may not supervise any licensed OT or OTA.

   d. Direct contact for either an occupational therapist or an occupational therapy assistant should include:

      i. A review of activities with appropriate revision or termination of the plan of care

      ii. An assessment of utilization of outside resources (whenever applicable)

      iii. Documentary evidence of such visit

iv. Discharge planning as indicated

4. Documentation in form and substance acceptable to the Department that the conditions of Rule 8.4.5(3)(a)(b) have been met must be on file with the Department before a limited permit will be issued.

5. The limited permit of a person who is required to take the approved examination and fails to take said examination will not be renewed.

6. A limited permit may be renewed, at the discretion of the department, only one time, through the date that the next examination results are made public.

7. Any person who has taken but not passed the required examination in another jurisdiction shall not be eligible for a limited permit.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.4.6 **Inactive License**:

1. A licensee may be granted inactive status upon filing a written request in form and content satisfactory to the department and upon payment of the required fee. A licensee granted inactive status shall not practice or hold himself or herself out as an occupational therapist or occupational therapy assistant and is not responsible for accruing the continuing education requirements.

2. A licensee granted inactive status for five (5) licensure years must successfully complete the following reentry requirements before resuming practice:

   a. An American Occupational Therapy Association recognized reentry course

   b. Practice under the supervision of a currently licensed occupational therapist for a period of ninety (90) calendar days.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.4.7 **Abandonment**: An application shall be deemed abandoned by the Department if, after six (6) months from the date of filing, the requirements for licensing have not been completed and submitted to the Department.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 5: Professional Identification

Rule 8.5.1 **Titles and Abbreviations:** It is unlawful for any person who is not licensed under these regulations as an occupational therapist or as an occupational therapy assistant, or whose license has been suspended or revoked, to in any manner represent himself as someone who provides occupational therapy services, or use , in connection with his name or place of business the words "occupational therapist," "licensed

occupational therapy assistant," or the letters "O.T.","O.T.L.","L.O.T. "O.T.R.," "O.T.A." or O.T.A.L. "C.O.T.A." or any other words, letters, abbreviations or insignia indicating or implying that he is an occupational therapist or an occupational therapy assistant or that he provides occupational therapy services; or to show in any way, orally, in writing, in print or by sign, directly or by implication, or to represent himself as an occupational therapist or an occupational therapy assistant, or someone who provides occupational therapy services.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.5.2 **Production and Display of License:** A person licensed to practice occupational therapy in Mississippi shall be issued a "Certificate of Licensure" and "License Identification Letter." The licensee shall prominently display the "Certificate of Licensure" or copy thereof at their place(s) of employment.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 6: Renewal of License

Rule 8.6.1 **General Provisions**:

1. The Board shall issue licenses which shall be subject to renewal biennially.

2. The licensure period shall be construed as May 1 through April 30 of even numbered years.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.6.2 **Procedure for Renewal of License:** The Department shall mail renewal notices, approximately sixty (60) days prior to the end of the licensure period, to the last home address registered with the Department, to the persons to whom licenses were issued or renewed during the preceding licensure period. The licensee shall:

1. complete the renewal form(s);

2. submit proof of continuing education credit as detailed in Subchapter 7 of these regulations;

3. pay the renewal fee; and

4. file the above with the Department prior to the end of the licensure period.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.6.3 **Failure to Renew**:

1. A licensee who does not file, with the Department, his renewal application prior to the end of the licensure period will be deemed to have allowed his license to

lapse. Said license may be reinstated by the Department, in its discretion, by the payment of the renewal fee, the late renewal/reinstatement fee, and the required continuing education hours provided said application for renewal is made within two (2) years after its last expiration date.

2. A license may not be reinstated after having lapsed for two (2) consecutive years. A new application must be made and the licensure regulations in effect at that time must be met.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 7: Continuing Education (CE)

Rule 8.7.1 **Definition and philosophy:** Each individual licensed as an occupational therapist or occupational therapy assistant is responsible for optimum service to the consumer and is accountable to the consumer, the employer, and the profession for evidence of maintaining high levels of skill and knowledge. Continuing education is defined as education beyond the basic preparation required for entry into the profession, directly related to the performance and practice of occupational therapy.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.7.2 **Requirements**:

1. Regulations set the requirement of 20 contact hours (CH) or 2 Continuing Education Units (CEU) to be accrued during the licensure period. No carryover of continuing education hours from one licensure period to another shall be allowed. At least 30 percent (6 Contact Hours or .6 CEU) of the required continuing education must be directly related to the clinical practice of occupational therapy. The six (6) contact hours related to clinical practice shall be live face-to-face training i.e., no internet training, video training, television training, etc. Of the remaining required 14 hours of training, 50 percent or 7 hours may be non live face-to-face training. Non live training may include home study courses, video, internet, etc. All training shall be from approved sources.

2. Individuals applying for initial licensure within a licensing term must accrue continuing education hours on a prorated scale. Written notification of required hours will be sent to the applicant at the time of licensure.

3. Persons who fail to accrue the required continuing education hours shall be issued a CE probationary license for the licensure term. Failure to accrue the required hours during the CE probationary period will result in the revocation of the license. Hours accrued are first credited for the delinquent hours lacking from the previous licensure period, and then applied to the current (CE probationary) licensing period.

4. CE probationary licenses will be issued for one licensure term only. No ensuing license may be CE probationary as a result of not meeting continuing education requirements.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.7.3 **Content Criteria:** The content must apply to the field of occupational therapy and performance and must be designed to meet one of the following goals:

1. Update knowledge and skills required for competent performance beyond entry level as described in current legislation and regulations.

2. Allow the licensee to enhance his knowledge and skills.

3. Provide opportunities for interdisciplinary learning.

4. Extend limits of professional capabilities and opportunities.

5. Facilitate personal contributions to the advancement of the profession.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.7.4 **Sources of Continuing Education:** Continuing education hours may be accrued from the following sources, when the content of the programs relates to the profession of occupational therapy:

1. Attendance at educational programs:

   a. Attendance at educational programs where continuing education credit is given and approved by the Mississippi Occupational Therapy Association (MSOTA).

   b. Attendance at educational programs where continuing education credit is given and approved by the American Occupational Therapy Association (AOTA), including other state association educational programs.

   c. Attendance at educational programs where continuing education credit is given and/or approved by the National Board for Certification in Occupational Therapy (NBCOT).

   d. Attendance at educational programs where continuing education credit is given and approved by the American Medical Association (AMA) and its components.

   e. Attendance at other programs approved for continuing education credit by AOTA, AMA, APTA, ASHA, or their components.

f. Attendance at educational programs where continuing education credit is given and approved by accredited universities or colleges.

g. Attendance at educational programs where continuing education credit is given and approved by a licensure authority of any jurisdiction in the United States for occupational therapy.

h. Attendance at educational programs where continuing education credit is given and approved by the American Physical Therapy Association (APTA), including other state association educational programs.

i. Attendance at educational programs where continuing education credit is given and approved by the American Speech and Hearing Association (ASHA), including other state association educational programs.

j. A course/provider not approved by one of the organizations listed in Rule 8.7.4(1) will not be accepted as continuing education for licensure renewal purposes. A course not approved by an organization listed in this section of the regulations may be reviewed by the department. Contact the department for information.

2. Presentations made before recognized groups of occupational therapists, medical practitioners, or other health related professionals and directly related to the profession of occupational therapy. To be considered for continuing education credit, material outline and a synopsis must be submitted to the Department prior to the presentation date. Notice of approval or disapproval will be sent following a review by the Department. For approved presentations, the presenter may accrue one (1) hour of continuing education credit for each hour of the actual presentation, and one (1) hour of preparation time, for a total of (2) two hours. Presenter credit is given one (1) time only, even though the session may be presented multiple times. No more than 30% of total required hours may be accrued through presentations.

3. Academic course work:

a. Academic course work taken for credit from a regionally accredited college or university. The courses must relate to the profession of occupational therapy. One academic semester hour shall be equivalent to fifteen (15) clock hours for continuing education credit. No more than fifty percent (50%) of total required hours may be accrued through academic course work. Undergraduate level courses are acceptable only when they can be demonstrated to update or enhance competency in licensee's specific practice field, and documented that course work has not been taken previously, to the satisfaction of the department. Graduate level courses are acceptable for occupational therapists. Undergraduate courses are acceptable for occupational therapy assistants.

b. Academic course work taken by an OT/OTA for credit toward an advanced degree in occupational therapy may be counted as meeting the full continuing education requirements.

4. Home Study Courses approved by the department.

5. Professional publications where the licensee is an author. To be considered for continuing education credit, a reprint of the published article must be submitted to the department. Notice of approval or disapproval will be sent out after review by the department. A maximum of 3 contact hours may be accrued through professional publication.

6. Supervision of Level I and Level II occupational therapy and occupational therapy assistant students by a Mississippi licensed OT. The total number of supervision hours may not exceed 12 hours.

   a. Supervision of Level I occupational therapy and occupational therapy assistant students. To be considered for continuing education credit, full direct supervision of a student must be performed for a complete clinical rotation. The educational institution must provide written documentation of the supervision. One continuing education hour per student supervised will be awarded for the full supervision. No more than a maximum of twelve (12) hours may be accrued under this provision during a licensure period. Only the primary supervisor is eligible to receive continuing education credit under this provision.

   b. Supervision of Level II occupational therapy and occupational therapy assistant students. To be considered for continuing education credit, full direct supervision of a student must be performed for a complete clinical rotation. The educational institution must provide written documentation of the supervision. One continuing education hour per week of supervision per student supervised will be awarded for the full supervision. Co-supervision is acceptable. The supervising OT(s) shall record dates and times when acting as primary student supervisor. Supervision of more than one student at a time is acceptable. The supervising OT(s) shall record dates and times of supervision provided to each student. No more than a maximum of twelve (12) hours may be accrued under this provision during a licensure period.

7. Specific **UNACCEPTABLE** activities include:

   a. All in-service programs not approved under Rule 8.7.4(1) of these regulations.

   b. Orientation to specific work-site programs dealing with organizational structures, processes, or procedures.

   c. Meetings for purposes of policy decision.

d. Non-educational meetings at annual conferences, chapter, or organizational meetings.

e. Entertainment or recreational meetings or activities.

f. Committee meetings, holding of office, serving as an organizational delegate.

g. CPR education.

h. Self-directed studies other than those previously outlined.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.7.5 **Reporting Procedures for Continuing Education:** It is the responsibility of the licensee to insure that the following criteria are met with respect to continuing education credit:

1. Attendance at seminars, workshops, presentations, etc., approved by an organization listed in Rule 8.7.4(1) is automatically accepted for credit unless sessions are duplicated. Verification of attendance may be made by submitting a continuing education certificate (must include source, number of continuing education hours and date of attendance) and proof of approval for the program/provider.

2. Credit for presentations: Submit a copy of the Department's approval letter.

3. Academic course work credits must meet the content criteria in Rule 8.7.3, and must be accompanied by a course description from the college or university catalog and a copy of the transcript or final grade report. A minimum course grade of "C" is required for CE credit.

4. Home Study Course: A certificate of completion must be submitted to receive continuing education credit.

5. Publication: A letter of approval from the department.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 8: Revocation, Suspension and Denial of License

Rule 8.8.1 **Standards of Conduct:** Licensees subject to these regulations shall conduct their activities, services, and practice in accordance with this section. Licensees may be subject to the exercise of the disciplinary sanctions enumerated in Rule 8.8.6 of these regulations if the Department finds that a licensee is guilty of any of the following:

1. Negligence in the practice or performance of professional services or activities.

2. Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public in the course of professional services or activities.

3. Perpetrating or cooperating in fraud or material deception in obtaining or renewing a license or attempting the same.

4. Being convicted of any crime which has a substantial relationship to the licensee's activities and services or an essential element of which is misstatement, fraud, or dishonesty.

5. Being convicted of any crime which is a felony under the laws of this state or the United States.

6. Engaging in or permitting the performance of unacceptable services personally or by others working under the licensee's supervision due to the licensee's deliberate or negligent act or acts or failure to act, regardless of whether actual damage or damages to the public is established.

7. Continued practice although the licensee has become unfit to practice as a occupational therapist or occupational therapy assistant due to:

   a. failure to keep abreast of current professional theory or practice; or

   b. physical or mental disability; the entry of an order or judgment by a court of competent jurisdiction that a licensee is in need of mental treatment or is incompetent shall constitute mental disability; or

   c. addiction or severe dependency upon alcohol or other drugs which may endanger the public by impairing the licensee's ability to practice.

8. Having disciplinary action taken against the licensee's license in another state.

9. Making differential, detrimental treatment against any person because of race, color, creed, sex, religion, or national origin.

10. Engaging in lewd conduct in connection with professional services or activities.

11. Engaging in false or misleading advertising.

12. Contracting, assisting, or permitting unlicensed persons to perform services for which a license is required under these regulations.

13. Violation of any probation requirements placed on a license by the Board.

14. Revealing confidential information except as may be required by law.

15. Failing to inform clients of the fact that the client no longer needs the services or professional assistance of the licensee.

16. Charging excessive or unreasonable fees or engaging in unreasonable collection practices.

17. For treating or attempting to treat ailments or other health conditions of human beings other than by occupational therapy as authorized by these regulations.

18. For applying or offering to apply occupational therapy as an occupational therapist within the scope of occupational therapy, or for acting as an occupational therapy assistant other than under the supervision or in consultation with a licensed occupational therapist.

19. Violations of the current code of ethics for occupational therapists and occupational therapy assistants adopted by the American Occupational Therapy Association or its successor organization.

20. Violations of any rules or regulations promulgated pursuant to these regulations.

21. Has engaged in any conduct considered by the Board to be detrimental to the profession of occupational therapy.

22. The Department may order a licensee to submit to a reasonable physical or mental examination if the licensee's physical or mental capacity to practice safely is at issue in a disciplinary proceeding. Failure to comply with a board order to submit to a physical or mental examination shall render a licensee subject to the summary suspension procedures described in Rule 8.8.2 of these regulations.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.8.2 **Summary Suspension**:

1. The Department may summarily suspend a license without a hearing, simultaneously with the filing of a formal complaint and notice of hearing, if the Department determines that:

   a. the health, safety, or welfare of the general public is in immediate danger; or

   b. the licensee's physical capacity to practice his profession is in issue; or

   c. the licensee's mental capacity to practice his profession is in issue.

2. If the Department summarily suspends a license, a hearing must begin within twenty (20) days after such suspension begins, unless continued at the request of the licensee.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.8.3 **Complaints:** All complaints concerning a licensee, his business, or professional practice, shall be reviewed by the Department. Each complaint received shall be logged, recording at a minimum the following information:

1. licensee's name;

2. name of the complaining party, if known;

3. date of complaint;

4. brief statement of complaint; and

5. disposition.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.8.4 **Investigation:** All complaints will be investigated and evaluated by Department.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.8.5 **Notice of Charges and Hearing**

1. Following the investigative process, the Department may file formal charges against the licensee. Such formal complaint shall, at a minimum, inform the licensee of the facts which are the basis of the charge and which are specific enough to enable the licensee to defend against the charges.

2. Each licensee, whose conduct is the subject of a formal charge which seeks to impose disciplinary action against the licensee, shall be served notice of the formal charge at least thirty (30) days before the date of hearing. A hearing shall be presided over by the Board or the Board's designee. Service shall be considered to have been given if the notice was personally received by the licensee, or the notice was mailed certified, return receipt requested, to the licensee at the licensee's last known address as listed with the Department. The notice of the formal hearing shall consist at a minimum of the following information:

   a. the time, place and date of hearing;

   b. that the licensee shall appear personally at the hearing and may be represented by counsel;

   c. that the licensee shall have the right to produce witnesses and evidence in the licensee's behalf and shall have the right to cross-examine adverse witnesses and evidence;

   d. that the hearing could result in disciplinary action being taken against the licensee's license;

e. that rules for the conduct of these hearings exist and it may be in the licensee's best interest to obtain a copy; and

f. that the Department, or its designee, shall preside at the hearing and following the conclusion of the hearing shall make findings of facts, conclusions of law and recommendations, separately stated, to the Board as to what disciplinary action, if any, should be imposed on the licensee.

3. The Department may order a licensee to submit to a reasonable physical or mental examination if the licensee's physical or mental capacity to practice safely is at issue in a disciplinary proceeding. Failure to comply with a board order to submit to a physical or mental examination shall render a licensee subject to the summary suspension procedures described in Rule 8.8.2 of these regulations.

4. The Department or its designee shall hear evidence produced in support of the formal charges and contrary evidence produced by the licensee. At the conclusion of the hearing, the Board shall issue an order, within sixty (60) days.

5. Disposition of any complaints may be made by consent order or stipulation between the Board and the licensee.

6. All proceedings pursuant to this section are matters of public record and shall be preserved pursuant to state law.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.8.6 **Sanctions:** The Department may impose any of the following sanctions, singly or in combination, when it finds that a licensee is guilty of any of the above offenses:

1. Revoke the license.

2. Suspend the license, for any period of time.

3. Censure the licensee.

4. Impose a monetary penalty of not more than Two Hundred Dollars ($200.00).

5. Place a licensee on probationary status and require the licensee to submit to any of the following:

a. report regularly to the Department, or its designee, upon matters which are the basis of probation;

b. continue to renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis of probation; or

c. such other reasonable requirements or restrictions as are proper.

6. Refuse to renew a license.

7. Revoke probation which has been granted and impose any other disciplinary action in this subsection when the requirements of probation have not been fulfilled or have been violated.

8. The Department may seek the counsel of the Mississippi Advisory Council in Occupational Therapy regarding disciplinary actions.

9. Disposition of any formal complaint may be made by consent order or stipulation between the board and the licensee.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.8.7 **Appeals:** Any person aggrieved by a decision of the Department shall have a right of appeal in the manner provided for in the Act and the Laws of the State of Mississippi.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 9: Exceptions and Exemptions

Rule 8.9.1 **Exceptions:** Nothing in this chapter shall be construed as preventing or restricting the practice, services or activities of:

1. Any person, licensed in this state by any other law, from engaging in the profession or occupation for which he or she is licensed;

2. Any person who is employed as an occupational therapist or occupational therapy assistant by the United States armed services, the U.S. Public Health Service, the Veteran's Administration or other federal agencies, if such person provides occupational therapy solely under the director or control of the organization by which he is employed;

3. Any person pursuing a course of study leading to a degree or certificate in occupational therapy in an accredited, recognized or approved educational program, or advanced training in a specialty area, if such activities and services constitute a part of the supervised course of study, and if such person is designated by a title which clearly indicates his status as a trainee or student; (revised 2/20/98)

4. Any person fulfilling the supervised fieldwork experience requirements of Section 73-24-19, if such activities and services constitute a part of the experience necessary to meet the requirements of that section;

5. Any person employed as an occupational therapy aide or who works under the supervision of a licensed occupational therapist; or

6. Any person performing occupational therapy services in the state, if these services are performed for no more than thirty (30) days in a calendar year under the supervision of an occupational therapist licensed under this chapter, if:

   a. The person is licensed under the law of another state which has licensure requirements at least as stringent as the requirements of this chapter, or

   b. The person is certified as an Occupational Therapist Registered (OTR) or a Certified Occupational Therapy Assistant (COTA), established by the National Board for Certification in Occupational Therapy (NBCOT) or its successor organization.

7. Any licensee who will supervise a person performing occupational therapy services in the state shall ensure that the following information is on file and satisfactory with the department prior to the person performing occupational therapy services:

   a. Proof that the person meets one or both of the requirements in subsection 6(a)(b) of this section of the regulations; and

   b. A schedule indicating when the person will be performing occupational therapy services; and

   c. The name(s) of the facility(ies) where the person will perform occupational therapy services.

8. Any person certified by the American Board of Certification in Orthotics and Prosthetics as a Certified Orthotist, C.O., Certified Prosthetist, C.P., Certified Prosthetist/Orthotist, C.P.O., or anyone working under their direct supervision.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 10: Occupational Therapy Assistant

Rule 8.10.1 **Definition:** An occupational therapy assistant (OTA), shall be defined as an individual who meets the qualifications and requirements as set forth in Subchapter 4 of these regulations, and has been issued a license by the Department. The roles and responsibilities of an OTA are:

1. To practice only under the supervision of, or in consultation with, an occupational therapist licensed to practice in Mississippi.

2. To assist with but not perform total patient evaluations.

3. To perform treatment procedures as delegated by the occupational therapist.

4. To supervise other supportive personnel as charged by the occupational therapist.

5. To notify the occupational therapist of changes in the patient's status, including all untoward patient responses.

6. To discontinue immediately any treatment procedures which in their judgment appear to be harmful to the patient.

7. To refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.10.2 **Supervision or Consultation:**

1. An occupational therapy assistant issued a limited permit (see Rule 8.4.5).

2. An occupational therapy assistant issued a regular license.

   a. Supervision or consultation which means face-to-face meetings of supervisor and supervisee (OT and OTA) to review and evaluate treatment and progress at the work site, and regular interim communication between the supervisor and supervisee. A face-to-face meeting is held at least once every seventh treatment day or 21 calendar days, whichever comes first.

   b. The supervising occupational therapist must be accessible by telecommunications to the occupational therapy assistant on a daily basis while the occupational therapy assistant is treating patients.

   c. Regardless of the practice setting, the following requirements must be observed when the occupational therapist is supervising or consulting with the occupational therapy assistant:

      i. The initial visit for evaluation of the patient and establishment of a plan of care must be made by the supervising or consulting occupational therapist.

      ii. A joint supervisory visit must be made by the supervising occupational therapist and the occupational therapy assistant with the patient present at the patient's residence or treatment setting once every 7 treatment days or every 21 days, whichever comes first.

      iii. A supervisory visit should include:

         1. A review of activities with appropriate revision or termination of the plan of care;

         2. An assessment of utilization of outside resources (whenever applicable);

         3. Documentary evidence of such visit;

4. Discharge planning as indicated.

iv. An occupational therapist may not supervise/consult with more than two (2) occupational therapy assistants except in school settings, or settings where maintenance or tertiary type services are provided, such as the regional treatment centers under the direction of the Department of Mental Health.

3. Occupational therapy aides:

a. An occupational therapy aide is an unlicensed person who assists an occupational therapist or occupational therapy assistant as defined in Rule 8.1.3 of these regulations. An occupational therapy aide is a worker who is trained on the job.

b. Duties assigned to an occupational therapy aide must be determined and directly supervised by a licensed occupational therapist or occupational therapy assistant and must not exceed the level of specific training, knowledge, skill and competence of the individual being supervised.

c. The supervising occupational therapist or occupational therapy assistant is professionally responsible for the acts or actions performed by any occupational therapy aide supervised by the licensee in the occupational therapy setting.

d. Documentation of all training specific to the aide's duties must be in the aide's file.

e. Duties or functions which occupational therapy aides shall not perform include the following:

i. Interpreting referrals or prescriptions for occupational therapy services;

ii. Performing evaluative procedures;

iii. Developing, planning, adjusting, or modifying treatment procedures;

iv. Preparing written documentation of patient treatment or progress; and

v. Act independently without the direct supervision of a licensed occupational therapist or occupational therapy assistant during patient therapy sessions.

4. The supervision/consultation requirements stated in these regulations are minimal. It is the professional responsibility and duty of the licensed occupational therapist to provide the occupational therapist assistant with more supervision if deemed necessary in the occupational therapist's professional judgment.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 11: Criminal Offenses and Punishment

Rule 8.11.1 **Criminal Offenses and Punishment**

1. Any person who violates any provision of Subchapter 5 of these regulations, upon conviction, shall be guilty of a misdemeanor and shall be fined not more than One Thousand Dollars ($1,000.00) for each violation.

2. Any person who knowingly shall make a material false statement in his application for license under these regulations or in response to any inquiry by the department or the board shall be fined not less than One Hundred Dollars ($100.00) nor more than Five Hundred Dollars ($500.00) or imprisoned for not less than ten (10) days nor more than sixty (60) days, or both such fine and imprisonment.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 12: Fees

Rule 8.12.1 **Method of Payment** In accordance with the Act, the following non-refundable fees, where applicable, are payable to the Mississippi State Department of Health by check or money order.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.12.2 **Schedule of Fees:**

1. Application Fee $100.00

2. Initial Licensure fee

   a. Occupational Therapist $150.00

   b. Occupational Therapy Assistant $100.00

3. Renewal Fee

   a. Occupational Therapist $150.00

   b. Occupational Therapy Assistant $100.00

4. Late Renewal/Reinstatement Fee $125.00

5. License Certificate Replacement Fee ..... $ 25.00

6. Duplicate License Certificate Fee ..... $ 25.00

7. [Reserved]

8. License Verification Fee ..... $ 25.00

9. Inactive License Fee ..... $ 50.00

10. Examination Fee:

    a. Occupational Therapist ..... **

    b. Occupational Therapy Assistant ..... **

**Contact the examination administrant for current examination fees.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.12.3 **Examination Fee:** Fees for the examination are to be paid to the appropriate examination administrant.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 13: Administrative Grievance Procedure

Rule 8.13.1 **Administrative Appeals:**

1. Any person aggrieved by a decision regarding the initial application for licensure or the renewal of licensure shall have the right of a second review by the Director of Professional Licensure and Council or a designated member of the Council.

2. Any person aggrieved by a decision rendered after the second review shall have the right of administrative appeal and a public hearing to be conducted in accordance with the policies of the Department of Health.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.13.2 **Notification:** Written notice will be provided to all applicants regarding denial of an original license or a renewal license. Such notice shall contain the reason thereof.

SOURCE: Miss. Code Ann. §73-24-13

Rule 8.13.3 **Hearing:**

1. If requested in writing within the specified time frame a hearing will be provided in which the applicant may show cause why the license should be granted or renewed.

2. Within sixty (60) days of the hearing, or other such time frame as determined during the hearing, written findings of fact, together with a recommendation for

action on the license in question, shall be forwarded to the State Health Officer. The State Health Officer shall decide what action will be taken on the recommendation within five days of its receipt. Written notice shall be provided to the applicant.

SOURCE: Miss. Code Ann. §73-24-13

Subchapter 14: Suspension for Failure to Pay Child Support

Rule 8.14.1 In addition, the Department is authorized to suspend the license of any licensee for being out of compliance with an order for support, as defined in Section 93-11-153. The procedure for suspension of a license for being out of compliance with an order for support, and the procedure for reissuance or reinstatement of a license suspended for that purpose, and the payment of any fees for the reissuance or reinstatement of a license suspended for that purpose, shall be governed by Section 93-11-157 or 93-11-163, as the case may be. If there is any conflict between any provision of Section 93-11-157 or 93-11-163 and any provision of this chapter, the provisions of Section 93-11-157 or 93-11-163, as the case may be, shall control.

SOURCE: Miss. Code Ann. §73-24-13

OCCUPATIONAL THERAPIST (OT) AND OCCUPATIONAL THERAPY ASSISTANT (OTA) APPLICATION FOR LICENSURE FORM NO. 757 E

PURPOSE:
To verify the qualifications for an applicant for licensure.

OFFICE MECHANICS & FILING:
The applicant shall send in all pages, even the ones they don't need to fill out. They can write N/A on the ones not used.

RETENTION:
The hard copy will be kept for a complete licensure cycle after the license is no longer valid. It will then be shredded pursuant to agency policy.

INSTRUCTIONS:
Type or Print in Ink

(Pages 1 and 2)

A. License Type
Type of License: Check correct box - OT or OTA and Limited Permit, if applicable

B. Personal Data
Name: Enter last name, first name, and middle name.
Home Address: Enter house number, street name, city, state, zip code, and county of home address.
Telephone Number: Enter area code and home telephone number.
U.S. Social Security Number: Enter social security number.
Date of Birth: Enter month, day, and year
Race: Enter race.
Sex: Check appropriate box (Male or Female).
U.S. Citizen: Check appropriate box (yes or no).
Legal Alien: Check appropriate box (yes or no).
Visa Type & Number: Enter the correct type and number.

C. Professional Data
Employer: Enter name of employer.
Business address: Enter address (street address or P.O. Box), city, state, zip code and county of employer.
Telephone Number: Enter area code and telephone number.

D. Practice Type
Insert the # of the applicable practice type

E. Practice Setting
Insert the applicable #s for the primary practice setting and the secondary practice setting.

F. Education
College or University: Enter the name, city, state, and country of the institution that awarded the professional degree.
Enter type of degree awarded.
Enter graduation date.

G. Licensure
Check appropriate box for each question in this section (yes or no).
List jurisdictions from which a license/registration has been issued.

H. Certification
Check appropriate box (yes or no).
If no, enter the month and year eligible for the exam. See "Steps to Licensure".

I. Occupational Status
Attach completed Practice History Form or resume.

J. Fees
Enter total fee amount and enclose a check or money order made payable to Mississippi State Department of Health.
Sign and have application notarized.

(Please note: Page 3 is not required if Limited Permit was selected on page 1.)
K. Practice History
Enter the facility, home health agency, etc.
Enter its location (city & state)
Enter the dates of employment in chronological order beginning with your last practice site.

(Please note: Page 4-Verification of License in Another State is not required if no was selected on page 1.)
L. Applicant
Social Security Number: Enter social security number.
Name: Enter first name, middle initial, and last name
Licensing Authority: Enter name of jurisdiction (state, territory, or country)
Number: Enter license/registration number
Date Issued: Enter date of issuance
Signature: Applicant sign form.

M. Licensure/Registration Authority
Licensee's Name: Enter first name, middle initial, and last name of licensee
License Type: Enter type of license (regular, temporary, etc.)
License Number: Enter license number
Date Issued: Enter date of issuance

Expiration Date: Enter date of expiration
Licensed by: Enter method of licensure (by NBCOT exam, reciprocity with which jurisdiction, or other)
Discipline: Check appropriate box (yes or no). If yes, attach findings and disposition.
Remarks: Enter remarks concerning discipline against the licensee.
Authorize signature: Licensing personnel signs form.

(Please note: Page 5-Supervision Agreement for Limited Permit Applicants is not required if Limited Permit was not selected on page 1.)

N. Limited Permit License Applicant

Name: Enter last name, first name, and middle name.
Home Address: Enter address, city, state, and zip code
Employer: Enter name of employer.
Business address: Enter employer's address (street address or P.O. Box) city, state, and zip code.

O. Facility/Agency Name, Address and Telephone Number

List the name, address and telephone number of the facilities/agencies where supervision will be provided.

P. Supervisor

Name: Enter the first name, middle initial, and last name
License #: Enter license #
Beginning Date of Supervision: Enter the month, date, year when supervision will begin.
Applicant signature: Applicant signs and dates the form.
Supervisor signature: Supervisor signs and dates the form.

(Please note: Page 7-Verification of Education for Licensure in Occupational Therapy is not required if Limited Permit was not selected on page 1.)

Q. Applicant

Name: Enter last name, first name, and middle initial
Maiden Name: Enter maiden name or given surname
Address: Enter street or P.O. Box #, city state, and zip code
Telephone #: Enter area code and telephone number for both work and the home
Social Security #: Enter U.S. social security number
Date of Graduation: Enter date of graduation
License Applying For: Check appropriate box (OT or OTA)
Release of information: Applicant signs and dates the form.
Notary: Applicant has the form notarized.

R. Institution

Name: Enter name
Location: Enter city and state
Dates of attendance: Enter dates (month & year) that the applicant attended the institution
Completion of academic and fieldwork requirements: Check appropriate box (yes or no) and enter date of completion
Date of Graduation: Enter date of graduation

Type of Degree Conferred: Enter type of degree (B.S., A.S., etc.)
Program Name & Curriculum Description: Enter OT or OTA
Date of Practicum/Internship: Enter month, day, year & total # of weeks
Accreditation Status: Check appropriate box (yes or no)
Signed: Representative of the university of college sign form.
Title: Representative of the university or college enters their job title.
Telephone Number: Representative of the university or college enters their telephone number.
Date: Enter date.

(Please note: Page 8-Verification of Certification Request is not required if Limited Permit was selected on page 1.)

S. Applicant

Name: Enter first name, middle initial, and last name
Address: enter Street or P.O. Box, city, state, and zip code, country
Home phone: Enter home phone #
Daytime phone: Enter daytime phone #
E-mail: Enter email address
Date of Birth: Enter date of birth
Social Security or Student ID #: Enter social security # or Student ID #.
NBCOT #: Enter certification #
Examination Level: Check appropriate box (OT or OTA)
Date of Examination: Enter date exam was taken
New Name: If applicant's name has changed since taking the exam enter new name.
Number of letters: Enter the number of letters requesting
Payment: Enter payment amount.
Choose A Payment Method: Check appropriate box
Jurisdictions: List the name of the state(s) to send letter.
Employer/Agency: List the name of the employer(s) to send letter including mailing address.
Choose one: Check appropriate box.
Please sign: Applicant signs and dates the form.