



University of Pittsburgh

**Manual for the  
Master of Occupational Therapy  
Student**

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# INTRODUCTION

**WELCOME to . . .**

## **PITT's Master of Occupational Therapy (MOT) Program!**

The University of Pittsburgh's OT program is one of the TOP 10 OT programs in the USA!  
The *U.S. News & World Report* rates the University of Pittsburgh's OT program as #4 in the Nation!

We specialize in facilitating your learning through interactive, student-friendly classes and broadening your horizons through study in an internationally renowned academic healthcare center. We are pleased that you have selected the University of Pittsburgh for your professional education.

The purpose of this Manual is to assist you in becoming acquainted with the policies, procedures, and expectations of the Department of Occupational Therapy of the School of Health and Rehabilitation (SHRS). We ask that you read the Manual carefully and seek clarification from your Academic/Faculty Advisor about content that you do not understand. We will keep you informed about any changes in the content that occur during your enrollment. Although this Manual provides you with some of the more salient policies and procedures, the UNIVERSITY, the DIVISION OF HEALTH SCIENCES, and the SCHOOL OF HEALTH AND REHABILITATION SCIENCES also have policies and procedures that affect you. You are responsible for being cognizant of the University, Division, School, and Department regulations relevant to your program of study and should refer to the websites and sources listed in this Manual for handbooks and bulletins containing these policies.

After you have read this Manual and fully understand its content, sign the Manual Acknowledgment Agreement (last page of this Manual), indicating that you understand and agree to abide by all the policies, procedures, and expectations of the Department of Occupational Therapy, School of Health and Rehabilitation Sciences, University of Pittsburgh.

# THE DEPARTMENT OF OCCUPATIONAL THERAPY

## OUR MISSION

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The Department of Occupational Therapy's mission is to:

- Educate entry-level professional students to practice evidence-based occupational therapy in a variety of healthcare, community, and educational settings; manage occupational therapy service delivery; and contribute to the profession through service and participation in research.
- Provide customized courses of study for post-professional students (master's and Masteral), designed to meet their individual learning needs and to enhance their ability to assume leadership roles in practice, education, research, program development, or program evaluation.
- Provide continuing education for practicing therapists to facilitate their continued competence.
- Plan and engage in research to advance occupational therapy (and rehabilitation) practice and education.
- Serve the University and public and professional communities through participation in University and community service and professional associations

## OUR VISION

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The University of Pittsburgh's Department of Occupational Therapy will be nationally and internationally recognized as a leader in occupational therapy education, a pioneer in occupational therapy research, and a partner in regional practice and development.

## OUR HISTORY

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- 1982 The Department of Occupational Therapy and the program in occupational therapy (BS) were established in the School of Health Related Professions.
- 1985 The entry-level baccalaureate curriculum was accredited by the Council for Allied Health Education and Accreditation (CAHEA), American Medical Association.  
The program in occupational therapy graduated its first students with a BS degree.
- 1990 The entry-level baccalaureate curriculum was re-accredited by CAHEA.
- 1992 The post-professional master's program (MS) with an emphasis in occupational therapy was established in the School of Health and Rehabilitation Sciences (formerly titled the School of Health Related Professions).
- 1993 The first students from the MS program with an emphasis in occupational therapy graduated.
- 1997 The entry-level baccalaureate curriculum was re-accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), American Occupational Therapy Association (AOTA).
- 1999 The Department of Occupational Therapy began participating in the interdisciplinary Masteral program in rehabilitation science (PhD).
- 2000 The entry-level master's program in occupational therapy (MOT) program was established and accredited by the ACOTE.  
The Beta Tau Chapter of Pi Theta Epsilon was established at the University of Pittsburgh.

- 2002 The program in occupational therapy graduated its first students with a MOT degree.
- 2003 The first student from the Department of Occupational Therapy graduated with a PhD degree.
- 2005 The MOT program was re-accredited by ACOTE for a period of 10 years from academic year 2004/2005 to 2014/2015.
- 2014 The Master of Clinical Science (CScD) with an emphasis in occupational therapy was approved as a post-professional degree.
- 2015 The MOT program was re-accredited by ACOTE for a period of 10 years from academic year 2014/2015 to 2024/2025.
- 2016 The first students graduated from the CScD with an emphasis in occupational therapy program.  
The Master of Occupational Therapy program was approved and the MOT was established as a degree type at the University of Pittsburgh.  
The MOT program was granted Candidacy Status by ACOTE.
- 2018 The post-professional master's program was revised and established as a Master of Science (MS) in occupational therapy.  
The Department of Occupational Therapy moved to Bridgeside Point I.

## **OUR SUCCESS**

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### **Our Faculty:**

Nationally Recognized Achievements:

- American Occupational Therapy Association – Award of Merit; Eleanor Clarke Slagle Lectureship (highest academic honor); Recognized Fellows; and Association Leadership: Board of Directors, Representative Assembly, Special Interest Sections, and Ad-hoc committees
- American Occupational Therapy Foundation – Research Academy honored members; and Leaders & Legacies Society
- Research Grants – National Institutes of Health; Centers for Disease Control and Prevention; Department of Defense; and Foundations
- Experts in the fields of Pediatrics; Gerontology; Neurorehabilitation; Disability Analysis; and Health Policy

### **Our Students:**

- Recipients of research/scholarly and leadership awards by the American College of Rheumatology Research & Education Foundation, RESNA/Whitaker Foundation, Albert Schweitzer Fellowship, Jewish Healthcare Foundation (JHF) Patient Safety Fellowship, JHF Jonas Salk Health Fellowship, JHF Death and Dying Fellowship, JHF Health Innovations Fellowship, National Institute for Disability and Rehabilitation Research, and Pi Theta Epsilon (nationally recognized honor society for occupational therapy students and alumni)
- University (Alumni Association, UPMC Endowed Scholarship, Nationality Room Scholarships, Anne Pascascio Scholarship), Department (Joan C. Rogers Student Award, Caroline Robinson Brayley Student Enrichment Fund, Department of Occupational Therapy Award of Professional Excellence), and professional (American Occupational Therapy Foundation, American Occupational Therapy Association, Pennsylvania Occupational Therapy Association, National AMBUCS, Inc. ) scholarship awardees
- Traditional and non-traditional students with diverse backgrounds and life experiences

- Application of education through participation in research and service activities
- Achieve the gold-level of AOTA Student Membership Circle (100% student membership).

### **Our Program and Curriculum:**

- Educational program established in 1982
- MOT program granted Candidacy Status by the Accreditation Council for Occupational Therapy Education in 2016 and MOT program reaccredited 2015-2025
- Ranked #4 in the nation by *U.S. News and World Report*
- Fieldwork opportunities across the country in a variety of practice areas (over 150 sites)
- Innovative learning opportunities, including clinical simulation experiences with practitioners, patient simulators, and standardized patients

### **Our Graduates:**

- National certification examination scores exceed national average
- Hold advanced practice positions including: clinical specialists, administrators, managers, researchers, educators, and business owners

### **Our Facilities:**

- Located within the School of Health and Rehabilitation Sciences, one of six schools (Dental Medicine, Medicine, Nursing, Pharmacy, Public Health) of the health sciences in a large academic medical center, the University of Pittsburgh Medical Center (UPMC)
- UPMC is rated among "the best" in the nation by *U.S. News and World Report*
- The University has numerous federally funded Centers of Clinical Excellence
- Best library facilities in Western Pennsylvania, among the top in the nation for psychiatric holdings
- State-of-the-art teaching and laboratory facilities
- Interprofessional learning opportunities

### **Our University and Community:**

- Founded in 1787 – one of the oldest institutions of higher education in the US
- Member of the Association of American Universities, an association of the leading research universities in North America
- In 2018, for the second consecutive year, the *Wall Street Journal/Times Higher Education* College Rankings named Pitt as the best public university in the Northeastern United States.
- Ranks 3<sup>rd</sup> among all US universities in terms of competitive grants awarded to members of its faculty by the National Institute of Health
- Ranks in the top 10 nationally in terms of total federal science and engineering research and development support, according to the National Science Foundation
- Strong university ties to the local medical community
- 132 acres (Yes, we have trees – in fact, over 500!)
- Access to ethnic diversity and cultural resources of a large city with a small-town atmosphere

# MASTER OF OCCUPATIONAL THERAPY PROGRAM

The Master of Occupational Therapy (MOT) program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE's telephone number c/o AOTA is 301-652-AOTA and its Web address is [www.acoteonline.org](http://www.acoteonline.org).

Graduates of the MOT program are eligible to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). In addition, all states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. Note that a felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure. Additionally, to become licensed, many states inquire as to whether the applicant has been convicted of a misdemeanor, a felony, or a felonious or illegal act associated with alcohol and/or substance abuse.

## **PHILOSOPHY**

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The beliefs of the faculty of the Department of Occupational Therapy, which comprise the program's philosophy, are consistent with the current published philosophy of the profession.

Philosophically, faculty of the Department of Occupational Therapy share the following beliefs about humans (students, patients/clients/consumers):

- Each person is an open system composed of interrelated structures and functions organized into a coherent whole that interacts with the environment.
- Each person has the capability, right, and responsibility to make choices and has the right to dignity and respect.
- Each person is an active being who has the capability to maintain, grow, and adapt through occupation (purposeful activity).
- When a person's ability to adapt creatively is impaired, dysfunction occurs.
- The occupational therapist uses occupation (purposeful activity) to enhance function through restoration, compensation, and education.
- The occupational therapist uses occupation (purposeful activity) as a primary method of assessment, intervention, and health promotion.

Similarly, the Department of Occupational Therapy faculty share common beliefs regarding how adult students learn:

- Students are active learners.
- Students develop cognitive (thinking) skills in a hierarchical manner, from a simple recall of knowledge (facts) to the complex evaluation of knowledge, and cognitive learning is enhanced when knowledge is organized from simple to complex.
- Students develop psychomotor skills primarily through practice, and skill learning is facilitated when practice is supervised.
- Students develop affective skills primarily through imitation and socialization, and affective learning is facilitated through self-reflection and exposure to competent role models.

- Students require assistance to integrate effectively their developing cognitive, psychomotor, and affective skills.
- Students learn in different ways, and hence a variety of teaching methods is needed to facilitate optimal learning.

Students enter the MOT program with a broad background in the liberal arts as well as specified prerequisites in the biological and behavioral sciences and statistics. To support active learning as well as individual learning styles, students are provided with multiple guided (e.g., student oral and poster presentations, case-based format) and interactive (e.g., CourseWeb discussion group, role modeling) learning opportunities in addition to lectures.

## **CURRICULUM DESIGN**

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The design for the MOT curriculum is based on the interaction of concepts from the International Classification of Functioning, Disability and Health (ICF) (World Health Organization (WHO), 2001), and three primary roles expected of entry-level occupational therapists as delineated in the ACOTE Standards – practitioner, manager, contributor. The matrix formed by ICF concepts and the primary roles serves as an organizer for the relationship between the courses in our curriculum and the content within courses. See Appendix A for accreditation standards for a Masteral-Degree-Level Educational Program for the Occupational Therapist – Section B: Content Requirements and Section C: Fieldwork Education and Experiential Component.

World Health Organization. (2001). *International classification of functioning, disability and health*. Geneva: Author.

The ICF is a required textbook for courses in the MOT curriculum.

The vertical axis of our curriculum matrix is formed by the following **ICF concepts** (WHO, 2001, pp. 8, 10):

- Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.
- Participation is involvement in a life situation.
- Participation restrictions are problems an individual may experience in involvement in life situations.
- Activity is the execution of a task or action by an individual.
- Activity limitations are difficulties an individual may have in executing activities.
- Body functions are the physiological functions of body systems (including psychological functions).
- Body structures are anatomical parts of the body such as organs, limbs and their components.
- Impairments are problems in body function or structure such as significant deviation or loss.
- Functioning indicates non-problematic aspects of health and health-related states.
- Disability indicates impairment, activity limitations or participation restrictions.

The horizontal axis of our curriculum matrix is formed by the three **primary roles** expected of an entry-level occupational therapist.

### **Role of Practitioner:**

The occupational therapy practitioner, based on outcomes that are meaningful to clients, uses evaluation data to formulate and implement interventions to establish, restore, maintain, or

enhance functional and structural integrity, activity, and participation in lifestyles that are optimally independent, productive, and satisfying to clients. Graduates will demonstrate the ability to:

- Establish therapeutic relationships with clients and caregivers, and professional relationships with colleagues consistent with the Occupational Therapy Code of Ethics (AOTA, 2015);
- Screen and evaluate client's participation and participation restrictions, activity and activity limitations, functional and structural integrity and impairments, and occupational environment; document the findings and accurately interpret the results;
- Formulate, implement, and document occupation-based intervention, using current best evidence, to enhance functioning and reduce or prevent disability; and,
- Develop and implement a transition plan in collaboration with clients in preparation for the discontinuation of occupational therapy services when appropriate.

**Role of Manager:**

The occupational therapy manager plans, organizes, implements, staffs, directs, and evaluates occupational therapy services; coordinates these functions with other health, education, and work-related services; and promotes understanding of occupational therapy services. Graduates will demonstrate the ability to:

- Use data when making resource and program management decisions and apply management principles and strategies to direct occupational therapy services; and,
- Relate the roles and functions of occupational therapy to other health care services and describe the influence of external factors, such as demographic trends, public laws, health care policies, and reimbursement policies on health care services.

**Role of Contributor:**

The occupational therapy contributor has a professional responsibility to recognize and influence health care within the context of world, national, state, community, and work environments. Contributors participate in the development and application of a scholarly body of knowledge within occupational therapy practice. A graduate will demonstrate the ability to:

- Recognize, integrate, and discuss issues pertaining to public health and occupational therapy practices, and articulate methods to effect change; and,
- Find, analyze, and integrate scholarly works from both occupational therapy and other appropriate sources; design, implement, and disseminate beginning level research projects as well as articulate the basics of programmatic grant writing.

**Curriculum Matrix: ICF x Primary Roles.** Table 1 demonstrates how the roles of practitioner, manager, and contributor interact with the ICF concepts to create the framework used by the University of Pittsburgh Occupational Therapy Program to plan, implement, and evaluate the program

Table 1. ICF concepts and professional roles

		<b>ROLES</b>		
		<b>Practitioner</b>	<b>Manager</b>	<b>Contributor</b>
<b>ICF*</b>	<b>Environment Factors</b>	Analyzes the influence of the environment on impairments, activities and participation and adapts environment and/or recommends changes.	Plans, establishes and manages organizational, educational and community environments.	Uses research evidence to identify & influence health within multiple environments. Advocates for the needs of consumers served by OT.
	<b>Participation / Participation Restriction</b>	Evaluates and intervenes for factors that enable or restrict full participation of consumers of OT services.	Considers social, economic, political, legislative and policy issues to plan, establish and manage service delivery systems that promote participation of OT consumers and populations with disabilities.	Uses & designs research to examine factors that enable full participation of individuals and populations and disseminates findings to consumer, professional, regulatory and health policy groups.
	<b>Activities / Activity Limitations</b>	Analyzes everyday activities and occupations. Evaluates and intervenes for factors that enable or limit expected, required, or desired activities/ occupations of consumers of OT services.	Plans, establishes, and manages resources and service delivery systems that reduce activity limitations & promote activities for OT consumers and populations with disabilities.	Uses and designs research to examine factors that enable activities and occupations of individuals and populations, and disseminates findings to consumer, professional, regulatory and health policy groups.
	<b>Body Functions &amp; Structures / Impairment</b>	Evaluates and intervenes for factors that influence optimum health as well as deviations and loss of functions/structures.	Plans, establishes, and manages resources and service delivery systems that reduce impairments and promote healthy function of body functions/ structures for OT consumers and populations with disabilities.	Uses and designs research to examine factors that prevent deviations & loss of functions/structures to promote health of individuals and populations, and disseminates findings to consumer, professional, regulatory and health policy groups.

\*International Classification of Functioning, Disability and Health

**MOT CURRICULUM**

**Total Credits = 78 credits**

<b>YEAR 1</b>					
<b>Term 1 ▪ Summer ▪ 7 credits</b> Foundational Skills		<b>Term 2 ▪ Fall ▪ 15 credits</b> Assessment & Analysis		<b>Term 3 ▪ Spring ▪ 15 Credits</b> Intervention I	
<b>OT 2100</b> – Foundations of Occupation Science and Occupational Therapy**	3	<b>OT 2101</b> – Human Movement Analysis**	3	<b>OT 2107</b> – Psychosocial / Cognitive Theory and Practice / MOT**	4
<b>HRS 2022</b> – Human Anatomy**	3	<b>OT 2104</b> – Clinical Psychiatry	1	<b>OT 2108</b> – Clinical Neurology and Orthopedics	3
<b>OT 2203</b> – Clinical Seminar 1	1	<b>OT 2105</b> – Clinical Medicine	2	<b>OT 2111</b> – Occupational Therapy and the Health System	2
		<b>OT 2205</b> – Neurobehavioral Science/MOT**	3	<b>OT 2113</b> – Rehabilitation Theory and Practice / MOT**	3
		<b>OT 2207</b> – Principles of Assessment**	3	<b>OT 2214</b> – Therapeutic Approaches 2**	2
		<b>OT 2106</b> – Clinical Research for Occupational Therapy	2	<b>OT 2216</b> – Clinical Seminar 3	1
		<b>OT 2209</b> – Clinical Seminar 2	1		
<b>YEAR 2</b>					
<b>Term 4 ▪ Summer ▪ 7 credits</b> Interventions II		<b>Term 5 ▪ Fall ▪ 14 credits</b> Intervention III		<b>Term 6 ▪ Spring ▪ 13 Credits</b> Clinical Synthesis I	
<b>OT 2112</b> – Neurorehabilitation Theory and Practice / MOT**	3	<b>OT 2115</b> – Developmental Theory and Practice / MOT**	4	<b>OT 2228</b> – Fieldwork Education A (FW II)**	10
<b>OT 2114</b> – Biomechanical Theory and Practice / MOT**	4	<b>OT 2116</b> – Integrative Capstone Seminar	3	<b>OT 2229</b> – Fieldwork Education B (FW II)**	3
		<b>OT 2117</b> – Management of Occupational Therapy Practice / MOT	3	<b>Term 7 ▪ Summer ▪ 7 credits</b> Clinical Synthesis II	
		<b>OT 2225</b> – Special Topics in Occupational Theory and Practice**	3	<b>OT 2229</b> – Fieldwork Education E (FW II)**	7
		<b>OT 2227</b> – Clinical Seminar 5	1		

\*Curriculum is subject to change.

\*\*Course includes laboratory component with associated term fee

- Term 1 begins the first Monday in June. Terms 1 and 4 (Summer) are 10 weeks.
- Fieldwork A & B must be completed within 3 years of completing didactic coursework.
- A misdemeanor or felony charge or conviction may affect a student’s ability to complete courses with a fieldwork component.
- A GPA of at least 3.00 is required in the MOT Program.
- Graduates are recognized in April at both the SHRS Recognition and University ceremonies.
- Official graduation occurs in June following successful completion of OT Fieldwork Education A & B.

## **MOT Course Descriptions:**

### **Summer Term – Term 1**

#### OT 2100 – Foundations of Occupation Science and Occupational Therapy\*\* / 3 credits

Examines the history, philosophy, and science of the profession of occupational therapy. The focus is on the meaning of occupation and its role in health, wellness, and participation. Occupational science and occupational performance theories of practice are introduced. Examines how occupational therapists develop and manage their therapeutic relationships with clients using a model of intentional relationships, focusing on the use of narrative reasoning, emotional intelligence and empathy, and a client-centered collaborative approach. Formal interview techniques and casual conversation approaches used to obtain information are introduced and practiced.

#### HRS 2022 – Human Anatomy\*\* / 3 credits

Emphasizes the understanding and application of knowledge of human anatomy in diagnostics of clinical conditions commonly encountered by an occupational therapist. The practical component includes the use of prosected cadavers, skeletal models, and palpation of surface anatomical features in live models.

#### OT 2203 – Clinical Seminar 1

Addresses professional issues and the professional development of the occupational therapist. Focuses on diversity, inclusion, self-awareness, and self-understanding. Issues explored include the roles and functions of occupational therapy practitioners; participation in professional organizations; and professional sustainability.

### **Fall Term – Term 2**

#### OT 2101 – Human Movement Analysis\*\* / 3 credits

Examines human performance in-depth using the approaches of occupational analysis and activity analysis.

#### OT 2104 – Clinical Psychiatry / 1 credit

Psychiatric diagnoses that are highly prevalent in children, adolescents, adults, and older adults are defined and described. Etiology, signs and symptoms, clinical course, psychiatric management, morbidity, and prognosis are reviewed. The influence of psychiatric pathology on daily living skills and routines, and societal participation is examined.

#### OT 2105 – Clinical Medicine / 2 credits

General medical diagnoses that are leading causes of disability in children, adolescents, adults, and older adults are defined and described. Etiology, signs and symptoms, clinical course, medical management, morbidity, and prognosis are reviewed. The influence of medical pathology on activities of daily living and routines, and societal participation is examined.

#### OT 2109 – Neurobehavioral Science / MOT\*\* / 3 credits

Concepts of normal sensorimotor integration, including the influence of neural centers on postural control and functional movement are considered and the clinical manifestations of dysfunction of major neural elements are discussed.

#### OT 2207 – Principles of Assessment\*\*

Examines the principles associated with the evaluation process, including the selection and administration of assessment tools, and the scoring and interpretation of assessment data. Psychometrics are explored and data collection and analysis is practiced using a range of assessment methods.

#### OT 2106 – Clinical Research for Occupational Therapy / 3 credits

Occupational therapy and rehabilitation research and its application to practice, management, and education is explored. Scientific method, hierarchies of evidence, levels of measurement, and interpretation of findings are examined.

#### OT 2209 – Clinical Seminar 2

Addresses professional issues and the professional development of the occupational therapist. Introduces a model for professional and clinical reasoning to plan, direct, perform, and reflect on

occupational therapy services. Explores the various audiences and types of documentation used by occupational therapy practitioners.

### **Spring Term – Term 3**

#### OT 2107 – Psychosocial/Cognitive Theory and Practice / MOT\*\* / 4 credits

The occupational therapy process for clients with psychosocial and/or cognitive dysfunction is studied in-depth. Theories, principles, assessments, and interventions focus on performance of activities and routines of daily living and participation in society. Enriches didactic coursework through experiential learning. Through directed observation and participation, students apply knowledge to practice and develop an understanding of the needs of clients with psychosocial and/or cognitive dysfunction and the skills needed for the analysis and adaptation of occupational performance deficits.

#### OT 2108 – Clinical Neurology and Orthopedics / 3 credits

Neurologic and orthopedic diagnoses that are leading causes of disability in children, adolescents, adults, and older adults are defined and described. Etiology, signs and symptoms, clinical course, medical management, morbidity, and prognosis are reviewed. This course provides the background for understanding the influence of neurologic and orthopedic pathology on activities and routines of daily living, and participation in society.

#### OT 2111 – Occupational Therapy and the Health Care System / MOT / 2 credits

Examines health care trends, reimbursement regulations, legislative policies, and current issues affecting occupational therapy. Strategies for maintaining continued competence and supervisory roles are interpreted and applied to practice.

#### OT 2113 – Rehabilitation Theory and Practice / MOT\*\* / 3 credits

The interface between functional impairment, activity, and societal participation is studied in-depth. Emphasis is on adaptation to compensate for dysfunction in performance of occupations for life activities (self-care, home and community management, rest/sleep, education/work, and play/leisure, and social participation).

#### OT 2214 – Therapeutic Approaches 2\*\*

Examines the dynamic process used by occupational therapists to facilitate a client's or group of clients' engagement in occupations to promote health and participation. Focuses on education and training, self-advocacy, and health literacy for clients, those involved in the care of the clients, and groups.

#### OT 2216 – Clinical Seminar 3

Addresses professional issues and the professional development of the occupational therapist. Focuses on applying the model for professional and clinical reasoning to practice. Issues explored include traditional and emerging practice settings, collaborative practice, ethics, and professional sustainability.

### **Summer Term – Term 4**

#### OT 2112– Neurorehabilitation Theory and Practice / MOT\*\* / 3 credits)

The occupational therapy process for clients with neurological and neurobehavioral dysfunction is studied in-depth. Theories, principles, assessments, and interventions focus on performance of activities and routines of daily living and participation in society.

#### OT 2114 – Biomechanical Theory and Practice/MOT\*\* / 4 credits

The occupational therapy process for clients with physical dysfunction involving biomechanical impairments is studied in-depth. Theories, principles, assessments, and interventions focus on performance of activities and routines of daily living and participation in society. Enriches didactic coursework through experiential learning. Through directed observation and participation, students apply knowledge to practice and develop an understanding of the needs of clients with neurological/neurobehavioral and biomechanical dysfunction. Addresses professional issues and the professional development of the occupational therapist. Issues explored include the application of professional and clinical reasoning in traditional and emerging practice settings, collaborative practice,

ethics, licensure, certification, and professional sustainability.

### **Fall Term – Term 5**

#### OT 2115 – Developmental Theory and Practice / MOT\*\* / 4 credits

The occupational therapy process for children and youth is studied in-depth. Theories, principles, assessments, and interventions focus on performance of activities and routines of daily living and participation in society. Enriches didactic coursework through experiential learning. Through directed observation and participation, students apply knowledge to practice and develop an understanding of the needs of children and youth, and older adults.

#### OT 2116 – Integrative Capstone Seminar / 2 credits

This course addresses the role of the occupational therapist as a contributor to the profession. It is problem-focused and solution-oriented. Students pose, and, subsequently solve questions related to clinical issues. Solutions are evidenced in quantitative or qualitative learning products.

#### OT 2117 – Management of Occupational Therapy Practice / 3 credits

Examines the role of the occupational therapist as a manager of occupational therapy services. Focuses on the application of principles and practices of administration and supervision in diverse practice environments.

#### OT 2118 – Special Topics in Occupational Therapy Theory and Practice\*\* /3 credits

The role of occupational therapy in productive aging and the promotion of successful aging in older adults is studied in-depth. Theories, principles, assessments, and interventions focus on performance of activities and routines of daily living and participation in society.

#### OT 2227 – Clinical Seminar 5 / 1 credit

Addresses professional issues and the professional development of the occupational therapist. Issues explored include the application of professional and clinical reasoning in traditional and emerging practice settings, collaborative practice, ethics, fieldwork and professional entry, licensure, certification, and professional sustainability.

### **Spring & Summer Terms – Terms 6 & 7**

#### OT 2119 – Fieldwork Education A (FW II) / 10 credits

Provides an in-depth learning experience in delivering occupational therapy services. The learning experience occurs at an approved clinical education site that offers the opportunity to develop competence in the professional responsibilities of an entry-level occupational therapist.

#### OT 2120 – Fieldwork Education B (FW II) / 10 credits

Provides an in-depth learning experience in delivering occupational therapy services. The learning experience occurs at an approved clinical education site that offers the opportunity to develop competence in the professional responsibilities of an entry-level occupational therapist.

## **ESSENTIAL SKILLS / TECHNICAL STANDARDS**

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Students in the MOT program at the University of Pittsburgh must possess essential skills (sensorimotor, process, social interaction) to perform all educational (classroom, laboratory and clinical) and fieldwork, and experiential preceptorship tasks in an accurate, safe and efficient manner, to the satisfaction of the faculty, with or without reasonable accommodation. These essential skills include, but are not limited to, the ability to:

### **Sensorimotor Skills**

1. Complete comprehensive OT evaluations and conduct intervention sessions which may include measuring range of motion, strength, endurance, muscle tone, pain level, activities of daily living skills, instrumental activities of daily living skills, fine motor skills, transfer skills, functional mobility, balance, response to sensation, cognitive status, and home management skills.
2. Assume a variety of body postures (i.e., sitting, standing, walking, bending, squatting, kneeling, stair climbing, reaching forward, reaching overhead, twisting of the trunk and neck in all directions).
3. Execute appropriate psychomotor movements required for manual handling and manipulation of various object/person sizes and weights including lifting and transferring clients, guarding clients during functional ambulation on level surfaces/uneven surfaces/ramps/stairs, pushing and pulling to provide resistance and to assist in maneuvering and transitioning clients (i.e., dressing, toileting, bed mobility).
4. Demonstrate postural control, neuromuscular control, eye/hand coordination, strength and integrated function of the senses of vision, hearing, tactile sense, vestibular and proprioception to manipulate and use common occupational therapy equipment, devices, materials and supplies, and demonstrate competency in the use of these objects.
5. Demonstrate sufficient endurance to prepare the educational and clinical environment, effectively manage client care, and complete an episode of care within a reasonable time and adhering to best practice guidelines.
6. Demonstrate a high degree of coordination of motor skills and vigilance to respond to emergency situations quickly and appropriately to provide clients a safe environment, including performance of CPR.
7. Attend and actively participate in all lecture and application sessions.
8. Tolerate sitting for up to 2 hours at a time, over an 8-10 hour period.
9. Tolerate periods of physical activity for up to 8-10 hours per day.
10. Access transportation to didactic and clinical education sites.

### **Process Skills**

1. Acquire, retain and apply knowledge through instructional methods (i.e., written material, oral delivery, visual demonstration, laboratory experience, clinical experience, and independent learning).
2. Comprehend, retain, assimilate, analyze, synthesize, integrate, and problem solve complex concepts.
3. Apply knowledge and judgment required to administer, interpret, modify, and prioritize evaluation, intervention, and outcome methods to meet the specific needs of the client.
4. Formulate written and verbal evaluations (reports) using sound therapeutic judgment to meet didactic, laboratory, and clinical demands in a reasonable time frame.

5. Apply knowledge and judgment required to demonstrate ethical reasoning.
6. Apply knowledge and judgment required to demonstrate safe performance.

### **Social Interaction Skills**

1. Demonstrate positive interpersonal skills such as collaboration, cooperation, flexibility, tact, empathy, and confidence.
2. Demonstrate respect for individuals with disabilities and those from diverse cultural and linguistic backgrounds, races, religions, and/or sexual orientations.
3. Engage successfully in supervisory and instructor-student relationships, in particular, accepting feedback positively and adjusting performance in a timely manner.
4. Communicate in the English language effectively in oral and written forms with all stakeholders (i.e. instructors, clients, classmates, fieldwork educator) using proper grammar, spelling and punctuation.
5. Exhibit professional demeanor, that is, language, dress, level of assertiveness and respect appropriate to the situation
6. Demonstrate effective organization, prioritization, time management and stress management.
7. Demonstrate consistent professional behaviors such as initiative, preparedness, dependability and punctuality.

MOT students should review the essential skills for the MOT program carefully and identify if additional supports are needed for any portion (didactic and clinical) of the MOT program. Students are encouraged to contact the University's Disability Resources and Services Office (412-648-7890) to arrange an individualized consultation to discuss any support services or accommodations they may need.

## **FIELDWORK EDUCATION**

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Fieldwork education is a crucial part of professional preparation and is integrated as a component of the curriculum design. It is an extension of the MOT program within the clinical/community setting. The fieldwork experience provides the MOT student with the opportunity to learn professional responsibilities through modeling by qualified and experienced personnel and to practice these responsibilities under supervision. Fieldwork education is only conducted in sites that have a signed agreement (Memorandum of Understanding) with the SHRS. This agreement formally identifies the responsibilities of the University and the fieldwork site.

Fieldwork education includes Level I and Level II experiences. Level I Fieldwork is integrated within three theory and practice courses: OT 2107 – Psychosocial/Cognitive Theory and Practice (Term 3); OT 2114 – Biomechanical Theory and Practice (Term 4); and OT 2115 – Developmental Theory and Practice (Term 5). Level I Fieldwork is designed to enrich didactic coursework through direct observation and participation in selected aspects of the occupational therapy process. Level I Fieldwork is supervised by qualified personnel (e.g., currently licensed or otherwise regulated occupational therapy practitioners, psychologists, physician assistants, teachers, social workers, nurses, and others). The MOT student is assigned to a Level I Fieldwork site in the Greater Pittsburgh Area by the Academic Fieldwork Coordinator and/or course instructor. The qualifications of individuals supervising students during Level I Fieldwork are reviewed by the Academic Fieldwork Coordinator and/or course instructor to ensure that a meaningful learning experience can be provided.

Level II Fieldwork is completed in OT 2119 – Occupational Therapy Fieldwork Education A and OT 2120 – Occupational Therapy Fieldwork Education B (Terms 6 & 7). Level II Fieldwork is distinct from Level I Fieldwork. Students must successfully complete three Level I Fieldwork experiences prior to enrolling in Level II Fieldwork (OT 2119 and OT 2120). Level II Fieldwork is an in-depth experience in delivering occupational therapy services to clients in traditional and/or emerging settings consistent with our MOT program's curriculum design. Level II Fieldwork is the final step in the preparation of the MOT student for entry-level practice. The learning experiences prepare the MOT student to assume the roles of practitioner, manager, and contributor upon graduation from the academic program. Each MOT student is assigned to specific Level II Fieldwork sites to ensure that he or she is exposed to a variety of clients across the life span and to a variety of settings. Students can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings. The MOT program only uses sites within the United States that allow for supervision by an occupational therapist who meets state regulations and has a minimum of one year of practice experience, subsequent to the requisite initial certification. Level II Fieldwork is a minimum of the equivalent of 24 full-time work weeks. Level II Fieldwork may be completed on a part-time basis as long as it is at least 50% of a full-time equivalent at the site. OT 2121 is designed as a six to eight week fieldwork experience that offers the opportunity to develop specialized skills in practice, management, and/or research. The MOT student is assigned to a Level II Fieldwork site by the Academic Fieldwork Coordinator and signs the Level II Fieldwork Acknowledgement Agreement (see Appendix B). The performance of a student who does not successfully complete Level II Fieldwork is critically reviewed by the Academic Fieldwork Coordinator and occupational therapy faculty. Satisfactory completion of targeted intervention by the student may be required prior to enrolling in a subsequent Level II Fieldwork. The faculty reserves the right to place a student at a site in the Greater Pittsburgh Area based on the student's academic

performance and/or professional behavior.

Level II fieldwork (OT 2119 and OT 2120) must be completed within 3 years of completing didactic coursework. MOT students are responsible for securing any and all required resources in preparation for and during Level I and II Fieldwork including but not limited to transportation, physical examinations and associated testing (e.g., drug), health insurance, liability insurance, background checks and clearances, parking, housing, food, and clothing. MOT students' sign the Student Agreement to Participate in Clinical Education Release of Information Form (see Appendix C).

## REGULATIONS

The UNIVERSITY, the DIVISION OF HEALTH SCIENCES, the SCHOOL OF HEALTH AND REHABILITATION SCIENCES, and the DEPARTMENT OF OCCUPATIONAL THERAPY have policies affecting students. Students are responsible for being cognizant of the University, Division, School, and Department regulations relevant to their program of study and should refer to the websites and sources listed below for handbooks, bulletins and manuals containing these policies. The information in this Manual is limited to key policies affecting MOT students.

<b>University</b>	<a href="http://www.pitt.edu/~graduate/courses.html">http://www.pitt.edu/~graduate/courses.html</a>
<b>Health Sciences</b>	<a href="http://www.health.pitt.edu">http://www.health.pitt.edu</a>
<b>SHRS</b>	<a href="http://www.shrs.pitt.edu">http://www.shrs.pitt.edu</a>
<b>OT</b>	Manual for the Master of Occupational Therapy Student <a href="https://www.shrs.pitt.edu/mot/curriculum">https://www.shrs.pitt.edu/mot/curriculum</a>

### **NOTICE OF NON DISCRIMINATION**

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The University Notice of Non Discrimination (<https://www.diversity.pitt.edu/about/notice-non-discrimination>).

The University of Pittsburgh, as an educational institution and as an employer, does not discriminate on the basis of disability, race, color, religion, national origin, ancestry, genetic information, marital status, familial status, sex, age, sexual orientation, veteran status or gender identify and expression in its programs and activities.

The University does not tolerate discrimination, harassment, or retaliation on these bases and takes steps to ensure that students, employees, and third parties are not subject to a hostile environment in University programs or activities.

The University responds promptly and equitably to allegations of discrimination, harassment, and retaliation. It promptly conducts investigations and takes appropriate action, including disciplinary action, against individuals found to have violated its policies, as well as provides appropriate remedies to complainants and the campus community. The University is committed to taking prompt action to end a hostile environment if one has been created, prevent its recurrence, and remedy the effects of any hostile environment on affected members of the campus community.

For complete details on the University's Nondiscrimination, Equal Opportunity, and Affirmative Action Policy (07-01-03) and Sexual Misconduct Policy (06-05-01), visit <https://www.diversity.pitt.edu/policies-procedures-and-practices>

### **ACADEMIC CONDUCT AND INTEGRITY**

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Students are expected to comply with the University of Pittsburgh's Academic Integrity Code, SHRS Academic Integrity Policy, and the canons of ethics of the student's discipline (\*Occupational Therapy Code of Ethics, AOTA, 2015).

The American Occupational Therapy Association (AOTA) has developed its own code of ethics

to assist MOT students, OT faculty, and occupational therapists in making ethical decisions. It is the expectation of the Department that all University of Pittsburgh MOT students will understand and abide by these principles throughout the curriculum including during fieldwork education.

For the complete University of Pittsburgh Academic Integrity Policy visit <http://www.provost.pitt.edu/faculty/academic-integrity-freedom/academic-integrity-guidelines>.

Visit <http://www.shrs.pitt.edu/current-students/student-handbooks> for the SHRS Graduate Student Handbook; <http://www.shrs.pitt.edu/academic-integrity> for the SHRS Guidelines on Academic Integrity; and <http://www.aota.org/en/Practice/Ethics.aspx> for the AOTA Occupational Therapy Code of Ethics (2015).

**Grievances and Complaints Regarding Faculty Obligations and Student Rights:** The Department of Occupational Therapy adheres to the University and SHRS policies and procedures regarding grievances and complaints. Visit <https://www.studentaffairs.pitt.edu/drs/policies/grievance-procedure/> for the University's Guidelines on Academic Integrity, and Student and Faculty Obligations and Hearing Procedures; and <http://www.provost.pitt.edu/information-on/guidelines.html> (see Grad Students, Post Docs, & Research Associates; Academic Integrity; Faculty Obligations and Students Rights).

**Grievances and Complaints Regarding the Program:** The Department of Occupational Therapy strives to maintain good working relationships and a supportive learning environment, and encourages open and honest dialogue about concerns. Pending the nature of the concern, students may discuss the matter with their Class Liaison, Academic Advisor or another appropriate faculty member. The Class Liaison serves as the communication link between students and faculty in representing issues common to the MOT student body. The Academic Advisor's and/or faculty member's responsibility is to meet in a timely and professional manner with the student to discuss the concern and consider reasonable solutions that would remedy the situation consistent with Department, School, and University policies. Students who feel they are not able to direct the particular concern to their Academic Advisor or to a faculty member, may discuss the matter with the Program Director and/or Department Chair. If such discussion does not prevent or solve a problem, additional actions may be taken, and the concern can be expressed in writing to the SHRS Associate Dean of Graduate Studies or the SHRS Dean.

Students who wish to bring a complaint regarding the MOT Program's compliance with the AOTA's Accreditation Council for Occupational Therapy Education (ACOTE) standards should submit a complaint in writing to the Department Chair (see Appendix A for the standards related to the content requirements, fieldwork education, and experiential component for an OT Masteral-degree-level program and/or visit [www.acoteonline.org](http://www.acoteonline.org) for a complete list of the standards for an OT Masteral-degree-level program). The written complaint must be signed by the student(s). The Department Chair will acknowledge receipt of the complaint within 3 business days and will meet with the student or respond to the complaint in writing within 3 weeks of receipt of the complaint. The student will be informed of the Chair's response to the complaint, the steps being taken to address the complaint, or the steps being taken to investigate it. Any investigation will be time limited.

If the student is dissatisfied with the response to the complaint, a written appeal may be made to the SHRS Associate Dean of Graduate Studies or the SHRS Dean; the appeal must be made within 3 weeks of receipt of the Chair's response. The Associate Dean's/Dean's response to the complaint will be communicated to the student within 3 weeks of the appeal. The Associate

Dean/Dean's decision is final.

The Chair/Dean will maintain a written record of a complaint, including the nature of the complaint, the steps taken to resolve the complaint, the final decision, and any external actions initiated by the student. This record will be confidential and will be held for 8 years.

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## **OMBUDSPERSON**

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Policy: MOT students have access to the Ombudsperson for the School of Health and Rehabilitation Sciences (SHRS).

Purpose: The Ombudsperson is a person who handles complaints, serves as a mediator, and a spokesperson for the rights of a particular individual or group. The Ombudsperson in SHRS will be a neutral person (Non-faculty) for students whom they can engage in informal discussions to express concerns about conflicts and other issues that may arise during the course of their education that they believe are difficult to address with the academic department.

Procedure: The Ombudsperson for SHRS is Kellie Beach, Director of Student Services, and Registrar. To find out more information on the role of the Ombudsperson for SHRS and for her contact information, visit <https://www.shrs.pitt.edu/current-students/contact-us>.

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## **ACADEMIC ADVISING**

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Policy: MOT students will be assigned an Academic Advisor.

Purpose: Good academic advising supports quality education. Academic advising provides students with the opportunity to discuss their: academic performance and progress, professional behaviors, Professional Portfolio, and satisfaction with the program.

Because the MOT curriculum is standardized, the need for advisement regarding courses or course sequencing for students is minimal. However, students who: (a) are seeking to obtain course credit through examination; (b) want to take an overload to enhance their education; or (c) because of personal or academic reasons need to vary the standardized course sequence, benefit from additional advisement.

Procedure: The MOT student will be assigned an Academic Advisor upon admission to the MOT program and will be in contact with his/her Academic Advisor at least once per term for advisement. Additional advisement sessions are scheduled when recommended by the Academic Advisor and/or other faculty, or as requested by the student.

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## **PLAN OF STUDIES**

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Policy: MOT students must submit a Plan of Studies.

Purpose: The Plan of Studies documents the courses that the MOT student will, or has, enrolled in to meet their educational goal of a Master of Occupational Therapy (MOT) degree. An accurate, updated Plan of Studies must be submitted and approved by the SHRS Registrar before the MOT student can be certified for graduation.

Procedure: The MOT student will complete the Plan of Studies in consultation with his/her Academic Advisor. The Plan of Studies will be completed during the first term of enrollment and will be updated, in consultation with the Academic Advisor, when course changes are made.

See SHRS Graduate Student Handbook at <http://www.shrs.pitt.edu/current-students/student-handbooks> and Plan of Studies form at <http://www.shrs.pitt.edu/current-students/forms>.

## **REGISTRATION**

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The University Academic Regulations and Registration information can be found in the Graduate and Professional Bulletin at <http://www.pitt.edu/~graduate/courses.html>.

### **Registering for Classes:**

MOT students are “block” registered each term by the SHRS Registrar with the approval of their Academic Advisor. MOT students meet with their Academic Advisor each term to address registration for the subsequent term. Students receive written notification of the classes their Academic Advisor has approved for registration. Registration follows the MOT curriculum (see page 13). Note: Term 6 registration is OT 2119, 10 credits and OT 2120, 3 credits (total credits = 13); Term 7 registration is OT 2120, 7 credits (total credits = 7).

Once students are registered, they may view their class schedules at <http://my.pitt.edu>. Students receive a print copy of their class schedule each term from the Department of Occupational Therapy. Students should follow the print copy versus the online version as the print copy will be the most up-to-date schedule.

Students must be officially admitted to the University to be eligible to register for classes. Graduate students who are registered for 9 to 15 credits in the fall or spring term are full-time students and are assessed the SHRS full-time tuition rate. Students who register for fewer than 9 credits are part-time students and are billed on a per-credit basis. During the summer sessions, MOT students are billed the SHRS per-credit rate. Visit <http://www.ir.pitt.edu/tuition/index.php> for the University’s current tuition and mandatory fee rates.

**Statute of Limitations / Leaves of Absence:** The purpose of the statute of limitations is to ensure that a graduate degree from the University of Pittsburgh represents mastery of current knowledge in the field of study. All requirements for the MOT degree must be completed within a period of five consecutive calendar years from the student's initial registration for graduate study. Under special conditions, graduate students may be granted one leave of absence. A maximum leave of two years may be granted to Masteral students. The length and rationale for the leave of absence must be stated in advance, recommended to the Associate Dean for Graduate Studies by the department (Program Director), and approved by the Associate Dean for Graduate Studies. If approved, the time of the leave shall not count against the total time allowed for the degree being sought by the student. Readmission following an approved leave of absence is a formality.

Visit <https://catalog.upp.pitt.edu/content.php?catoid=6&navoid=580> for the University policy and <http://www.shrs.pitt.edu/current-students/student-handbooks> for the SHRS Graduate Student Handbook.

**Service Restrictions:** Restrictions can be placed by a variety of University offices. If a student has a restriction, he or she will be referred to the appropriate office to resolve the matter before registration can be completed. Types of restrictions include academic, missing data, disciplinary, and financial.

## **ACADEMIC STANDARDS**

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Quality Point Average (GPA) is a numerical indication of a student's academic achievement. GPA is the average of letter grades earned toward a degree. To maintain full graduate status, the MOT student must achieve a minimum cumulative GPA of 3.00 (based on a 4.00 scale) in the courses that make up the MOT program.

Courses that make up the MOT program have a grade option of Letter Grade (LG) with the exception of the "seminar" courses (OT 2203, OT 2209, OT 2216, and 2227) and Fieldwork Education courses (OT 2119 and OT 2120) which have a grade option of Honors/Satisfactory/Unsatisfactory (HSU). The grades H and S are counted toward graduation but not the student's GPA. MOT students must achieve a minimum cumulative GPA of 3.00 in all didactic coursework in the MOT curriculum and acceptable competency skills prior to enrolling in Level II Fieldwork courses (OT 2119 and OT 2120) to maintain full graduate status. MOT students must successfully complete all required coursework and achieve a minimum cumulative GPA of 3.00 to be eligible for graduation.

MOT students must achieve a grade of C or better in the courses that make up the MOT program with a grade option of Letter Grade. For the courses with a grade option of HSU, MOT students must achieve an S. Students who receive a grade of C- or below (or U) in a course must repeat that course and attain a grade of C or better (or S). The grade earned by repeating a course is used in lieu of the grade originally earned, although the original grade is not erased from the transcript. Failure to receive at least a grade of C (or S) after the second opportunity to complete the course may result in the MOT student being dismissed from the MOT program. MOT students will not be permitted to register for advanced courses if the student received a grade of C- or below for a prerequisite to the more advanced course(s). This will require the MOT student to extend his or her program beyond the scheduled date for degree completion.

The MOT student who fails to make satisfactory progress may be subject to academic probation and/or dismissal. When the cumulative GPA of an MOT student falls below 3.00 in any one term or period of 9 credits, the student is automatically placed on academic probation. Visit <https://www.shrs.pitt.edu/current-students/student-handbooks> for the Academic Policy in the SHRS Graduate Student Handbook.

Conditions for loan eligibility and many scholarships usually require students to complete a specified number of credits each year and maintain a specified quality point average. Questions about the effect of unsatisfactory academic standing on loans should be directed to the Office of Admissions and Financial Aid, Alumni Hall, 412-624-7488. Questions about the effect of unsatisfactory academic standing on scholarships should be directed to the particular department or organization awarding the scholarship.

## **GRADES**

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Grades are available shortly after the term ends or after a grade change has been made. Students can access their grades online via the University Portal at [www.my.pitt.edu](http://www.my.pitt.edu). Visit <http://www.registrar.pitt.edu/grades.html> and the SHRS Graduate Student Handbook at <https://www.shrs.pitt.edu/current-students/student-handbooks> for more information on grades.

The University of Pittsburgh Grading System follows:

Grade	Quality Points	Level of Attainment	
		Percentile Score	First Professional
A+	4.00	97–100	Superior
A	4.00	93–96	
A-	3.75	90–92	
B+	3.25	87–89	Adequate
B	3.00	83–86	
B-	2.75	80–82	
C+	2.25	77–79	Minimal
C	2.00	73–76	
C-	1.75	70–72	
D+	1.25	67–69	
D	1.00	63–66	
D-	0.75	60–62	
F	0.00	< 60	

The following grades carry no quality points:

- G Coursework unfinished because of extenuating personal circumstances
- H Exceptional (honors) completion of course requirements
- I Incomplete coursework due to the nature of the course, clinical work, or incomplete research work in individual guidance courses or seminars
- N Non-credit audit
- NC No Credit
- R Student resigned from the University
- S Satisfactory (successful) completion of course requirements
- U Unsatisfactory (failing) completion of course requirements
- W Withdrawal
- Z Invalid grade reported
- \*\* No grade reported

## **PROBATION, SUSPENSION, AND DISMISSAL**

The Department of Occupational Therapy adheres to the University and SHRS policies and procedures regarding probation, suspension, and dismissal.

**Graduate students must have a 3.000 cumulative GPA to be eligible to graduate.**

Visit <https://catalog.upp.pitt.edu/content.php?catoid=6&navoid=580> for the University policy and procedure regarding probation, suspension, and dismissal.

Visit <http://www.shrs.pitt.edu/SHRSHandbooks/> for the SHRS policy and procedure regarding academic probation in the Graduate Student Handbook.

Visit <http://www.studentaffairs.pitt.edu/studentconduct> for the University of Pittsburgh’s Student Code of Conduct and Judicial Procedures which outlines nonacademic standards of conduct appropriate to the University in consonance with the educational goals of the University.

## **CLASS AND FIELDWORK ATTENDANCE AND PUNCTUALITY**

**Policy:** MOT students are to attend ALL classes (including assigned fieldwork and preceptorship experiences), to arrive at class/fieldwork/preceptorship prior to the scheduled start time, and to be prepared to begin class/fieldwork/preceptorship on time.

**Purpose:** Regular attendance and promptness are professional behaviors that facilitate learning and teaching and show respect for one’s instructors and peers.

**Procedure: Class:** Attendance will be taken at each class session. Attendance and punctuality (unexcused absences, excused absences, lateness) are taken into account in the final course grade. For example, points may be deducted from the professional behavior component of the final course grade or from other components as specified by the instructor. If you are unable to attend a

class, you must notify the course instructor (and if applicable, course liaison) of your pending absence and the reason for your absence, as early as possible but no later than prior to the start of class on the day of your absence. Absences may result in a reduction of points unless the reason relates to an extreme circumstance (e.g., illness, funeral, etc.). Acceptance of the extreme circumstance will be determined on a case-by-case basis by the instructor in consultation with the Program Director. **Fieldwork:** Attendance during Level I and II fieldwork is monitored by the Clinical Fieldwork Educator and the Academic Fieldwork Educator. The student's Level I fieldwork hours are determined by the Academic Fieldwork Educator in collaboration with the Fieldwork Educator. The student's Level II fieldwork hours are determined by the Fieldwork Educator and may include daylight, evening and/or weekend work hours. There are no designated holidays, vacation days, or sick days/leave during Level II fieldwork. Any anticipated absences due to an extreme circumstance (e.g., illness, funeral, etc.) must be approved – absences during Level I or Level II fieldwork must be approved by the Academic Fieldwork Educator and Fieldwork Educator.

**University Holidays:** University offices are closed in observance of the following holidays: New Year's Day, Martin Luther King's Birthday, Spring Holiday, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, the day before Christmas, and Christmas Day. The University attempts to recognize religious observances of members of the University community in instances where those observances may conflict with University activities. Examples of such occasions are Rosh Hashanah, Yom Kippur, and Good Friday. On such dates, course instructors, in consultation with the MOT Program Director, will work with students to allow for missed class for reasons of religious observations. It is the student's responsibility to notify the Program Director and course instructor of an absence due to a religious observance well in advance of the known religious observance.

**Extreme Weather Conditions:** Only by authorization of the Chancellor shall the University be officially closed. Students are urged to use their own discretion in deciding whether they can safely commute to class. If personal health or safety is at issue in that decision, responsible judgment should be used.

**Disaster Preparedness:** In the event of a disaster, such as flooding, fire, or health pandemic, the University of Pittsburgh will post information for faculty, staff and students on the University's website home page (<http://www.pitt.edu>). The Department of Occupational Therapy will distribute information and instructions for occupational therapy students through recorded messages on the Department voicemail (412-383-6620) and through email (University of Pittsburgh accounts only). Students will be responsible for maintaining open lines of communication with course instructors/liaisons, and completing all required work as instructed.

## **COURSE ASSIGNMENTS, QUIZZES AND EXAMINATIONS**

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**Policy:** MOT students are to turn in assignments on their due dates and are to take examinations/quizzes at the scheduled time.

**Purpose:** Completion of assignments in a timely manner facilitates learning and instruction. Completing quizzes and examinations at the schedule time removes students, who have taken a quiz/examination, from the temptation to share this information with students who have not taken the examination and removes students who have not taken the quiz/examination from the temptation to ask for information from students who have taken the quiz/examination. It also

prevents the instructor from having to do extra work to develop a second test or monitor another test. In other word, it is fair to students and instructors.

Procedure:

**Assignments.** The due dates for assignments are listed in the syllabus and/or identified by the course instructor. Turning in assignments late, that is, after their due dates, is taken into account in the final course grade. For example, points may be deducted from the professional behavior component of the final course grade and/or from other components as specified by the instructor. All assignments, whether they are to be graded or not, must be submitted. It is the responsibility of the student to obtain and complete any missed in-class assignments prior to the next class.

**Examinations/Quizzes.** Dates of examinations/quizzes are listed in the syllabus. Students are expected to take all examinations/quizzes on the dates listed, so plan accordingly. Make up examinations/quizzes will only be scheduled under extreme circumstances. If an extreme circumstance prevents the student from taking the examination/quiz on the scheduled day at the scheduled time, the student may request an alternate examination/quiz date by submitting, in writing, a description of the reason why the examination/quiz must be missed to the course instructor/course liaison and MOT Program Director. The student will be notified in writing IF an exception is to be made and IF SO under what conditions/penalties an alternate examination/quiz will be given. Students are encouraged to submit requests as soon as they are aware there may be an extreme circumstance.

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## **PROFESSIONAL DEVELOPMENT**

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Policy: MOT students are required to document professional development in a Portfolio.

Purpose: A Portfolio facilitates the process of assessing individual learning needs and interests, establishing a professional development plan, and documenting professional development activities. MOT students begin this life-long learning endeavor during their academic education with the hope that they will continue the process throughout their career as an occupational therapist.

Procedure: The MOT student is introduced to the components of the Portfolio in Term 1 (OT 2203 – Clinical Seminar 1) and at least annually presents his/her Portfolio for peer and/or faculty for review and feedback. The Portfolio includes the MOT student’s career goals, strengths, plan for professional development, resume, reference contact information, and exemplars of academic accomplishment that individualizes the student’s professional development.

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## **ACADEMIC AND PROFESSIONAL REFERENCES**

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Policy: MOT students must submit a signed waiver to each faculty/staff member who is requested to provide a written or oral reference for admission to academic programs or professional employment.

Purpose: Under the Buckley Amendment, records or information pertaining to students’ academic performance are confidential. By submitting a signed waiver, MOT students will notify the faculty member that they are requesting a written or oral reference, and permit the faculty member to share information with the academic or professional entity identified by the student.

Procedure: The MOT student requesting written or oral references will complete and submit a signed waiver to each faculty/staff member he/she wishes to provide a reference. A waiver form

is provided in the Manual for the Master of Occupational Therapy Student (see Appendix D). The waiver is necessary for all written and oral references requested from faculty/staff.

## **STUDENT RELEASE PERMITTING THE USE OF ACADEMIC PRODUCTS**

Policy: Department of Occupational Therapy faculty must ask an MOT student to sign a release permitting faculty members to use examples of the student's academic work for educational purposes beyond the student's own learning (e.g., models for future students, curriculum review).

Purpose: Under the Buckley Amendment, records or information pertaining to students' academic performance are confidential. By signing a release, the MOT student gives permission for faculty to use examples of the student's academic work for future educational purposes.

Procedure: MOT students agreeing to permit faculty to use examples of the student's academic work for additional educational purposes will complete and submit a signed release to a faculty member. A release form is provided in the Manual for the Master of Occupational Therapy Student (see Appendix E).

## **PROFESSIONAL BEHAVIORS**

Policy: The MOT student is expected to demonstrate professional behaviors in his/her interactions with faculty members, practitioners, and fellow students during didactic, fieldwork, and preceptorship education to promote a shared supportive learning environment.

Purpose: In addition to knowledge and skills, professional education socializes the MOT student to the personal, interpersonal, and interprofessional behaviors that he/she is expected to have as an occupational therapy practitioner, manager, and contributor.

Procedure: The MOT student should familiarize himself/herself with the MOT Professional Behavior Evaluation. The Professional Behavior Evaluation is completed on every MOT student by each instructor who is teaching a course during the term. Problems are typically addressed by the individual instructor, but concerns are brought to the attention of the MOT student's Academic Advisor and further intervention may be deemed necessary. Intervention is determined on a case-by-case basis based on the severity of the behavior. See Appendix F for MOT Professional Behavior Evaluation.

Students are expected to refrain from "distracting behaviors" when class is in session to maintain a supportive shared learning environment. Examples include but are not limited to:

- Using a cell phone (including text messaging)
- Using a laptop for tasks unrelated to class notation
- Conversing during lectures
- Not being ready to begin class on time
- Arriving late and/or leaving early
- Sleeping / putting head down on table
- Eating, drinking or chewing gum in an audible manner

The use of social media sites is increasingly common. Examples include, but are not limited to, Facebook, YouTube, Twitter, Snapchat, blogs, LinkedIn, Wikipedia, Second Life, Flickr, podcasts, and MySpace. Social media often crosses traditional boundaries between professional

and personal relationships. Therefore, it takes extra vigilance to assure that personal, professional and university reputations are protected. The MOT student who publishes information on social media sites is expected to demonstrate professional behavior when doing so. Professional behavior when using social media includes being honest about who you are, being thoughtful before you post, and respecting the purpose of the community where you are posting. When publishing information on social media sites the MOT student needs to be aware that information may be public – that is, anyone can see, it can be traced back to you as an individual, and once posted, it can be difficult or impossible to erase. Since social media typically allows two-way communication, there is less control over how information posted will be used by others. As one person remarked, “If you wouldn’t put it on a flier, carve it into cement, or want it published on the cover of a magazine or newspaper, don’t broadcast it via social media channels.” The following are social media guidelines:

- Be respectful to yourself and others, and the Department and University
- Think before you post – there is no such thing as a “private” social media site
- Be accurate – make sure you have all your facts before you post
- Consider your audience and the overlap between personal and professional in social media
- Maintain confidentiality – do not post confidential or proprietary information about the University, its students, faculty, or alumni; or a fieldwork facility, supervisor, or its staff; or any clients
- Be aware of liability – you are legally liable for what you post on your own site and the sites of others. Individuals have been held liable for postings deemed to be proprietary, copyrighted, defamatory, libelous or obscene (as defined by the courts). Employers are increasingly conducting Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you.

Visit <http://technology.pitt.edu/security/best-practice-safe-social-networking> for the University’s Best Practice Guidelines for Safe Social Networking.

## **AUDIO RECORDING, VIDEO RECORDING AND PHOTOGRAPHIC IMAGING OF CLASSROOM/LABORATORY ACTIVITIES AND COURSE MATERIALS**

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Policy: MOT students may not audio or video record or take a photographic image of classroom/laboratory lectures, discussion, and/or activities and course materials without the advance written permission of the instructor. Any such recordings or images properly approved in advance can be used solely for the student’s own private use.

Purpose: Adherence to the classroom/laboratory recording and imaging policy is necessary to ensure the free and open discussion of ideas.

Procedure: The MOT students requesting permission to record or take an image of a class/laboratory lecture, discussion, activity, and/or course materials must submit the request in writing to the instructor prior to the start of class on the day of the lecture, discussion, and/or activity. Acceptance of the request (i.e., permission to record or image) will be determined by the instructor.

## **EXPECTATIONS FOR APPEARANCE**

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**Policy:** The MOT student is expected to display a clean and groomed appearance, and wear appropriate attire in the classroom, laboratory, and clinical settings at all times.

**Purpose:** Adherence to dress code criteria is necessary to maintain safety, health, professionalism, and a shared supportive learning environment.

**Procedure:** Appropriate attire is dependent on the setting and the activities required. Casual dress is appropriate attire for classroom and laboratory settings, however when community members (e.g., clients, guest speakers) are present MOT students are expected to present with a professional appearance (i.e., business casual clothing) – see below. MOT students will adhere to the dress code of the assigned fieldwork/preceptorship site (course instructors will direct MOT students where to obtain this information). Unless otherwise instructed, Department of Occupational Therapy student name pins/badges are worn at the fieldwork sites at all times. Name pins/badges are provided by the Department of Occupational Therapy. Replacement name pins and name badges cost \$10 (amount subject to change). MOT students are responsible for any and all expenses incurred for clothing required by an assigned fieldwork/preceptorship site. Failure to comply with this dress code will be viewed as a professional behavior issue. Problems are typically addressed by the course instructor, but concerns may warrant the attention of the MOT student's Academic Advisor and the MOT Program Director, and further intervention may be deemed necessary. Intervention is determined on a case-by-case basis and remediation is based on the type and severity of the behavior.

### **Fieldwork/Preceptorship:**

- Clothing in fieldwork/preceptorship settings is determined by the facility. Students are expected to learn the facility dress code prior to the start of fieldwork/preceptorship and abide by it. Some clinical sites have specific uniform requirements, and some require business casual attire. Business casual is slacks/pants; skirts of modest length; collared shirt; blouse/shirt/top/sweater with at least short sleeves; blazer/jacket/sports coat; foot coverings; hard soled shoes. Clothing worn during fieldwork should be of correct size and fit. Pants and blouses should be worn in such a way as to prevent undergarments from showing.
- A University of Pittsburgh (or facility) photo identification badge (or name pin if approved by fieldwork/preceptorship facility) must be worn at all times.
- In general, fieldwork/preceptorship sites require staff and students to abide by the following in order to maintain infection control and safety:
  1. Hair should be neat, clean, and pulled back with small simple hair accessories, so hair does not come in contact with the client. Hair color of an unnatural tone is not appropriate (e.g., green, blue, pink, purple, etc.)
  2. Beards and mustaches should be short, clean, and well groomed.
  3. Wearing rings and other jewelry during direct patient contact is discouraged. Wearing excessive jewelry, pins, buttons, and other adornments is not appropriate. Dangling earrings or hoops larger than one inch; more than two earrings per lobe; and facial/oral jewelry are not appropriate.
  4. Makeup should be kept at a minimum. Cologne and perfume are not recommended as many clients are sensitive to them (this includes scented hair sprays, lotions, etc.). Presenting smelling of smoke is not permitted.
  5. Nails should be well groomed and kept to a length that is not detrimental to client safety

or infection control. When having direct contact with clients, natural nail tips should be less than one quarter (1/4) inch past the tip of the finger and artificial fingernails or extenders should not be worn. The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlaps, tips, bondings, extensions, tapes, inlays, and wraps.

6. Footwear must be: clean; closed heel and closed toe; leather or vinyl; in good condition; and worn with foot coverings (hosiery or socks). IF athletic shoes are worn, they must be primarily white, in good condition, and ONLY used for work purposes.

**Classroom:**

- Clothing worn in the classroom should be of correct size and fit. Examples of inappropriate dress are clothing with offensive messages; excessive skin exposure; and exposed undergarments (upper or lower).
- Individual instructors may request alternate clothing in certain instances to fully participate in class and lab sessions.
- Hygiene that is supportive of a shared learning environment is required.

**PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) CERTIFICATION**

Policy: MOT students must be certified by the University of Pittsburgh in the Health Insurance Portability and Accountability Act (HIPAA).

Purpose: HIPAA certification documents training in the guidelines for the conduct of ethical and regulation-compliant clinical practice and research. Confidentiality of patient/client information is a critical component of HIPAA. Confidentiality is the guaranteed trust that all patient/client information will remain private. This includes both information shared and not shared in written reports and the confidentiality of professional consultation. Patients/clients should not be identified by name, other Personal Health Information (PHI) or image in public areas such as the hallways, elevators, lounges, cafeterias, or waiting rooms, or in any form of social media. Confidentiality extends to patient/client records which should NOT be photocopied or printed without the approval of the Fieldwork Educator.

Procedures: The MOT student will complete the web-based HIPAA training modules for clinical practice (Information Privacy and Security Awareness Training for Physicians, Mid-level Providers, Dentists, Staff and Students Who Are NOT employed by UPMC but Who Encounter Protected Health Information in UPMC Facilities) and for research (Privacy and Information Security; Biomedical Course; Responsible Conduct of Research; Conflicts of Interest; GCP - Social and Behavioral Research Best Practices for Clinical Research). A copy of the certificates earned upon completion of each module is filed with the Department of Occupational Therapy. The MOT student should also place a copy of the certificates in his/her Portfolio. Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

**BLOODBORNE PATHOGEN TRAINING**

Policy: MOT students must be certified in the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard.

Purpose: Bloodborne Pathogens Training is intended for all users of human blood, blood products, biohazardous agents, and other potentially infectious materials. The intent of these

regulations is to teach healthcare professionals how to control infectious diseases so that they can protect themselves and their patients/clients. The OSHA Bloodborne Pathogen Standard and the University of Pittsburgh's Exposure Control Plan require annual training for individuals with potential occupational exposure to bloodborne pathogens.

Procedure: The MOT student will complete the web-based Bloodborne Pathogen Training module. Students complete the module annually. A copy of the certificate earned upon completion of the module is filed with the Department of Occupational Therapy. The MOT student should also place a copy of the certificates in his/her Portfolio. Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

## **COLLABORATIVE INSTITUTIONAL TRAINING INSTITUTE (CITI) MODULES**

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Policy: MOT students must complete training modules addressing research conduct and compliance provided by the Collaborative Institutional Training Institute (CITI).

Purpose: The purpose of the training is not only to satisfy government and University of Pittsburgh policy requirements, but to enhance research activities at all stages.

Procedure: The MOT student will complete the web-based CITI modules (Biomedical Course; Responsible Conduct of Research; Conflicts of Interest; GCP – Social and Behavioral Research Best Practice for Clinical Research; Privacy and Information Security). A copy of the certificates earned upon completion of the modules is filed with the Department of Occupational Therapy. The MOT student should also place a copy of the certificates in his/her Portfolio. Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

## **FIRST AID, CPR, AND AED CERTIFICATION**

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Policy: MOT students must be certified and maintain certification in adult and pediatric First Aid, Cardiopulmonary Resuscitation (CPR), and Automated External Defibrillator (AED).

Purpose: First Aid/CPR/AED certification gives students the fundamental knowledge and skills for responding to breathing and cardiac emergencies to help individuals of any age (adults and children) and to recognize and care for a variety of first aid emergencies.

Procedure: The MOT student will complete the training as scheduled by the Department of Occupational Therapy (Term 3). A copy of the certificate is filed with the Department of Occupational Therapy. The MOT student should also place a copy of the certificates in his/her Portfolio. Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

## **HEALTH AND SAFETY ISSUES**

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Policy: MOT students must be familiar with the contents of the Department of Occupational Therapy Safety Binder.

Purpose: Knowledge of health and safety issues is necessary to maintain the health and safety of students, faculty, and clients during all educational activities. Some course activities and

assignments may require the MOT student to use potentially hazardous equipment and/or chemicals.

Procedure: While course instructors review safety information prior to using hazardous equipment and chemicals, it is the MOT student's responsibility to be familiar with safety precautions. Information pertaining to the safe handling of equipment, and, as per the Occupational Safety and Health Administration (OSHA) regulations, Material Safety Data Sheets (MSDS) for all chemicals, and infection control, medical emergency, and evacuation procedures are available in the Safety Binders located in classrooms/laboratories and the student lounge of the Department of Occupational Therapy.

## **PROFESSIONAL LIABILITY INSURANCE**

Policy: Students must carry professional liability insurance throughout enrollment in the MOT Program.

Purpose: Professional liability insurance protects MOT students against claims of healthcare malpractice by patients (clients) or their legal representatives.

Procedure: SHRS has a group policy covering all enrolled students. The SHRS Office of Student Services will provide verification of coverage to the Department and student upon request.

## **HEALTH SCREENING**

Policy: MOT students must complete an initial and annual health appraisal forms (including health history, physical examination, immunization record, laboratory tests, and drug screens).

Purpose: To protect the student and patients/clients from infectious diseases, fieldwork and preceptorship sites require physical examinations prior.

Procedure: The MOT student will receive information from the Department regarding the health screening requirements. The initial health appraisal form and the annual health appraisal form must be completed by the physician/examiner.

Completion of the health appraisal forms provides evidence that the student is cleared to begin fieldwork in a clinical setting and interact with clients. The student is responsible for assuring that all areas of the forms are completed, including physician/examiner signatures. Incomplete forms may result in the student being delayed in starting fieldwork or preceptorship and placement of a hold on registration for the following term. The MOT student should retain a copy of the health appraisal forms (including copies of laboratory results) in the event that the MOT student is required to present them to the fieldwork or preceptorship site. The initial and annual health appraisal forms must be submitted to the Department of Occupational Therapy.

Students must notify the Academic Fieldwork Coordinator of any change in health status to determine if another physical examination and/or additional testing/documentation are required.

The MOT student is responsible for any and all costs incurred to complete health appraisals and associated testing and documentation. The MOT student may be required to fulfill additional health-related requirements specified by the fieldwork or preceptorship site.

Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

## **INFLUENZA VACCINATION**

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Policy: MOT students are required to receive an annual flu vaccine.

Purpose: To protect the student and patients/clients from infectious diseases, fieldwork and preceptorship sites require a flu vaccine prior.

Procedure: The MOT student will receive information from the Department regarding the influenza vaccination requirement. Students can receive free seasonal flu vaccine shots at University Student Health Flu Clinics or through Student Health Service. Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

## **HEALTH INSURANCE**

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Policy: MOT students are required to carry personal health insurance Level I and Level II fieldwork, and the Experiential Preceptorship.

Purpose: Fieldwork and preceptorship sites do not provide health services to the MOT student in the event of injury or illness. The MOT student is required to carry personal health insurance to provide for any needed health services.

Procedure: A copy of the MOT student's personal health insurance must be filed with the Department of Occupational Therapy (see Appendix I). Students verify that they are aware, that for the entire duration of the program, that they are responsible to cover payment for treatment and follow-up procedures related to bloodborne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical training. Visit <http://www.studentaffairs.pitt.edu/shs/> and <http://gradcare.hr.pitt.edu/> for health care insurance plans offered through the University. Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

## **RECOGNIZING AND REPORTING CHILD ABUSE: MANDATED AND PERMISSIVE REPORTING**

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Policy: MOT students must complete training in Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania.

Purpose: Protecting children from abuse and neglect is a shared responsibility. It requires collaboration from the formal child protective services system, community partners and citizens to provide local safety nets for children and families that are facing challenges within their communities and neighborhoods. In Pennsylvania there is legislation that impacts the reporting, investigation, assessment, prosecution and judicial handling of child abuse and neglect cases. The website, [KeepKids.Safe.pa.gov](http://KeepKids.Safe.pa.gov), is designed to serve as the hub for information related to critical components impacting child protection including a link for mandated reporters to make reports of suspected child abuse electronically, training on child abuse recognition and reporting, information related to clearances and general information related to child protection.

Procedure: A copy of the MOT student's certificate of completion for the Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania online training module must be filed with the Department of Occupational Therapy. The MOT student should

also place a copy of the certificates in his/her Portfolio. Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

Visit the following websites for information regarding Recognizing and Reporting Child Abuse: <https://www.hr.pitt.edu/protecting-children-abuse/report-abuse>, and <http://keepkidsafe.pa.gov/>.

### **CRIMINAL RECORD CHECK, CHILD ABUSE HISTORY CLEARANCE, AND FINGERPRINT-BASED BACKGROUND CHECKS**

Policy: MOT students must request a criminal record check, child abuse history clearance, and fingerprint-based background checks from the Commonwealth of Pennsylvania (Department of Human Services and Department of Education). The criminal record check, child abuse history clearance and fingerprint-based background checks are completed annually in the program

Purpose: Fieldwork and preceptorship sites, particularly those sites that serve pediatric clients, may require proof that MOT students do not have a previous criminal record or history of child abuse to protect their clients from potential harm and to ensure their safety.

Procedure: The MOT student will complete the Criminal Record Check, Child Abuse History Clearance, and Fingerprint-Based Background Checks (Department of Human Services and Department of Education). Students receive detailed instructions, including the due dates, for required documents. All required documents must be filed with the Department of Occupational Therapy (see Appendix I).

# STUDENT RESOURCES

## **TYPHON GROUP SYSTEM**

The Department of Occupational Therapy uses the Typhon Group System to provide a centralized method for students and faculty to support, track, and disseminate students' learning experiences while at the University of Pittsburgh. The Typhon Group System has multiple uses for students including but not limited to tracking fieldwork experiences from site selection to onsite case management, development of an electronic professional portfolio, scheduling, and accessing surveys, questionnaires, and program documents. MOT students are required to use the Typhon Group System while enrolled in the MOT program and have access to select aspects of the System for 2 years after graduation. Students receive information from the Department regarding the Typhon Group System to establish an account.

## **DISABILITY RESOURCES AND SERVICES (DRS)**

The University is committed to providing equal opportunities in higher education to academically qualified students with disabilities. Students with disabilities will be integrated as completely as possible into the University experience. Visit <http://www.drs.pitt.edu> for more information.

MOT students with a disability who are or may be requesting an accommodation should contact both the instructor and DRS, 140 William Pitt Union, 412-648-7890 or 412-383-7355 (TTY) as early as possible in the term. DRS will verify the disability and determine reasonable accommodations for the course.

Students with special needs or a disability that require accommodations in the event of a building evacuation should e-mail the Office of Environmental Health and Safety (EHS) at [safety@ehs.pitt.edu](mailto:safety@ehs.pitt.edu) to request the development of an individualized evacuation plan. A representative of this office will contact you for specific information. You should also inform your course instructor that you are requesting accommodations for an evacuation.

## **INFORMATION TECHNOLOGY AND COMPUTING LABS**

All correspondence between faculty and students must be conducted using University of Pittsburgh e-mail accounts. No personal e-mail accounts will be used. Therefore, students should ensure accessibility to their University e-mail account. Students are advised to check their e-mail at least daily throughout the curriculum for distribution of information, including terms when students are on Level II fieldwork and their Experiential Preceptorship. Students should contact the SHRS Information Technology Department at 412-383-6657 and/or the University Information Technology Department at 412-624-HELP (4357) for all questions and access issues related to their e-mail account.

MOT students have access to a Pitt Print Station, PC Station and TV monitor, and Mobile Charging Station in the Student Lounge at Bridgeside Point I.

The SHRS maintains 2 computer labs in Forbes Tower that are only open for use by the students of the school. The main Computer Lab is located in Room 6048, Forbes Tower and includes workstations that are available to SHRS students for general use when class is not in session in the Lab. The Anthony and Filomena Pascasio Learning Resource Center (LRC) includes

computer workstations, a copier, scanners, treatment tables, a quiet study area, anatomy models, and a self service printing station. Visit <http://www.shrs.pitt.edu/support/> for Lab hours and availability.

In addition to the SHRS Computer Lab, the University of Pittsburgh maintains 6 computing labs spread throughout the campus. Visit <http://technology.pitt.edu/about-us/lab-locations-hours-and-equipment> for more information on campus computing labs.

SHRS uses Pitt Self Service Student Printing. SHRS students can take advantage of their per term printing quota (equivalent to 900 sheets printed in black and white or 128 sheets printed in color) and can submit their print jobs and retrieve them from various locations on campus. The student print quota amounts are subject to change.

Wireless Internet access is available in the Department of Occupational Therapy at Bridgeside Point I and in Forbes Tower on the 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> floors. The access is restricted to faculty, staff, and Pitt students.

Visit <http://www.shrs.pitt.edu/support/> to obtain a complete list of SHRS Information Services including links to University resources.

## **EMERGENCY PREPAREDNESS**

Students are members of the University community, and their safety is one of the University's prime concerns. Please keep in mind that safety and crime prevention are shared responsibilities. Use common sense and good judgment, and be watchful and alert. Never hesitate to ask for help. Become familiar with campus resources and use them to help ensure personal safety and contribute to the overall safety of every member of the University community.

The University's Notification Service will be used to communicate through voice and text messages as deemed appropriate in the event of an emergency. All students are eligible to subscribe. The University does not charge a fee to subscribe to this service; however, subscribers are responsible for any per message fees from their mobile phone/device provider. Additionally, the University is able to send emergency e-mail simultaneously to all faculty, staff, and students and can make announcements over the public address systems in campus buildings.

Visit <http://www.pitt.edu/prepare.html> for more information on emergency preparedness.

For emergency situations in Bridgeside Point I . . .

1. Call 911. Give location: Bridgeside Point I, 100 Technology Drive, Suite 350. Describe the incident.
2. Notify a Department of Occupational Therapy staff or faculty member. If emergency occurs during non-business hours, call 412-383-6716 and leave a message with your name, contact telephone number, and description of the incident.
3. Department will notify Building Engineer and Property Management.
4. If you smell smoke or see flames, please pull the fire alarm, dial 911 and follow the above steps.

For emergency situations in Forbes Tower . . .

1. Call 9-911 (building telephone) or 911 (cell phone) – give the building name “Forbes Tower” at Meyran and Sennott – describe the incident.
2. Call UPMC Security at 412-647-7440 – tell them emergency services have been notified,

- give the room number (location) and the person involved in the emergency situation.
3. Call Pitt Police at 42121 (building telephone) or 412-624-2121 (cell phone) – tell them emergency services have been notified, give the room number (location) and the person involved in the emergency situation.
  4. Report the incident to the Department of Occupational Therapy.
  5. Report the incident to the Dean’s Office.

## **EVACUATION**

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For evaluation of Bridgeside Point I . . .

- The building is equipped with a fire alarm system which when triggered, either by a pull station being manually pulled or by a smoke detector detecting smoke, the entire building a loud audio alarm will sound and visual strobe lights will flash.
- Should the fire alarm be triggered, please calmly proceed to the nearest stairwell and exit the building. The meeting place for each floor of BSP I is the parking area in front of the building. Once your Department Administrator gets an “all clear” from either the City of Pittsburgh’s Fire Department or building management, you may re-enter the building.
- Please do not try to use the elevators in the event of a fire. When an alarm is triggered the elevators automatically return to the first floor and remain there until they are reset.
- Learn the location of the fire alarm pull stations and the posted EXIT routes for your location in BSP-I. The fire alarm pull stations are located in the building corridors.

### **If you hear the fire alarm signal:**

1. Verify that the strobe on your floor is going off.
2. Close the door behind you and evacuate the building by following the EXIT signs to the nearest stairwell or exit.

### **Note:**

- Only use a fire extinguisher if the fire is small and you have been trained in the proper use of an extinguisher.
- Do not reenter the building until the “all clear” signal is given by the Police, Fire Department or Building Management.

For evacuation of Forbes Tower . . .

UPMC is responsible for the fire and emergency response plan at Forbes Tower. Activation of the fire alarm system at Forbes Tower is a signal to building occupants that a fire emergency exists. When the fire alarm activates, except when the building is posted for testing or repair, occupants in the “Fire Zone” should begin evacuation of the building. The "Fire Zone" is defined as (1) the floor in alarm, (2) the floor above the floor in alarm and (3) the floor below the floor in alarm. Occupants in the "Fire Zone" should proceed to the nearest exit away from the fire and evacuate the building in a calm, orderly fashion. **DO NOT USE ELEVATORS.** Seek paths of egress as far away as possible from the fire area so as not to hinder fire fighting efforts taking place in the fire area.

1. Evacuate to the nearest stairwell and go to the street level
2. Evacuation maps are posted in the larger classrooms and major traffic areas
3. All students, staff, and faculty should convene in the parking lot on Sennott Street between Meyran and Atwood Streets.

In the event of a long term evacuation, go to Posvar Hall if it is 2 hours or less and the Peterson Events Center if it is longer. Fire marshals have been identified on every floor and will be available to assist in the event of an evacuation. Students with special needs or a disability who require accommodations in the event of a building evacuation should e-mail the Office of Environmental Health and Safety (EHS) at [safety@ehs.pitt.edu](mailto:safety@ehs.pitt.edu) to request the development of an individualized evacuation plan. A representative of this office will contact you for specific information. You should also inform your course instructor that you are requesting accommodations for an evacuation.

## **LOST AND FOUND**

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The Lost and Found for Occupational Therapy is in Suite 350, Bridgeside Point I. Please notify the Department of Occupational Therapy Administrative Assistant of missing and found items.

## **INFORMATION AND UPDATES**

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It is important to notify all appropriate departments of information changes immediately. Failure to do so may result in the student not receiving important mailings.

Students must notify the Office of the University Registrar (220 Thackeray Hall), the SHRS Office of Student Services (Forbes Tower, Room 4024), and the Department of Occupational Therapy of name, mailing address, permanent address, and telephone number changes. Any name change requires documentation (i.e., marriage license, birth certificate, court order, or divorce decree).

Upon enrollment in the program, students establish an account with Typhon Group System and submit information related to their permanent and current addresses, telephone numbers, and e-mail addresses. Students must maintain current information in the Typhon account and make updates as needed. Additionally, students complete a Student Information Form (see Appendix G) which provides information for use in an emergency situation. Students must notify the Department of Occupational Therapy Administrative Assistant of any emergency information changes/updates. The MOT Student Information Form is maintained in a secure location in the Department.

## **STUDENT USE OF SPACE**

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The Student Lounge in the Department of Occupational Therapy is a comfortable area open to OT students for gathering, studying, and relaxing between classes. The lounge is equipped with:

- Furniture (furniture is not to be removed from the student lounge)
- Appliances – refrigerator, microwaves, Keurig (do not use appliances in laboratories, apartments or faculty/staff lounge)
- Pitt Print Station
- PC Station and TV monitor (see instructions for use; do not remove remote, keyboard, or mouse from student lounge)
- Mobile Charging Station
- Whiteboard
- Bulletin Board (do not post any items on walls)

- Staplers, three hold punch, tape, and pencil sharpeners (when refills are needed please see Joyce Broadwick, Administrative Assistant)

Students are to use the student lounge area for storage of food, meal preparation, obtaining water, or other needs. Supplies in the Employee Kitchenette are not for student use. Students are responsible for their own personal items. Shelves and coat hooks located in the hallway adjacent to the Student Lounge are for student use. The Lost and Found for Occupational Therapy is in Suite 350 – see Joyce Broadwick, Administrative Assistant.

#### General Rules:

- Be respectful of others and lounge area, furniture, and items.
- Be courteous and refrain from any activity that is disruptive (e.g., loud conversations, loud audio on electronic devices, etc.)
- Clean up after yourself, including the area and appliances (i.e., sink, counters, tables, microwaves, refrigerator, etc.)
- The classrooms (Riverside and City View) are available for use, including to eat lunch, when not reserved for class sessions or meetings.
- All appliances, except for those located in the student lounge, are for teaching purposes during class or laboratory sessions – use of ranges, refrigerators, microwaves, and washer/dryer in laboratories, apartments, and/or faculty/staff lounge is not permitted.
- Students are not to prop any suite doors open.
- Students are not permitted to provide access to Department of Occupational Therapy space to people not affiliated with the Department.
- Any and all equipment, supplies, and/or materials borrowed from classrooms, laboratories, apartments, and/or storage areas must be signed out. See the Materials Sign-Out/Return Procedure for Students on page 41.
- For special requests for use of space, please see Christie Jackson, Executive Administrator, or Denise Chisholm, Program Director.

The Department of Occupational Therapy has a private room (Room 388) that students can use for prayer/meditation, to change clothes, and/or for lactation. The room should not to be used for other purposes without prior approval.

### **BORROWING DEPARTMENT OF OCCUPATIONAL THERAPY MATERIALS**

The Department of Occupational Therapy maintains materials to serve the mission of education, research, and service. Materials may be borrowed by MOT students.

#### Materials Sign-Out/Return Procedure for Students

- Complete OT Material Request Form. An electronic version is available on course sites in CourseWeb and paper copies are available in the Student Lounge. See OT Materials file for the list of materials that can be borrowed or accessed from a course site in CourseWeb.
- Submit printed/written copy of OT Material Request Form through the OT Material Request box in the Student Lounge.
- Forms are processed on Mondays, Wednesdays, and Fridays.
  - Submit form by Noon.
  - Requested material(s) will be available for pick-up in Student Lounge after 1 pm.

- A copy of the form will be attached to the borrowed material(s).
- Return material(s) back to the Student Lounge no later than Noon on due date on form (typically one week from day processed). Include copy of form with returned material(s).
- The individual requesting/signing-out the material(s) is responsible for returning all items listed on the form. Materials are to be returned in the condition received. Take note of how the materials are packed/organized, and return them in the same way.
- If materials are needed beyond the due date, email Erin Mathia at [elm194@pitt.edu](mailto:elm194@pitt.edu) to request an extension.

Questions or problems with any OT materials should be directed to Erin Mathia  
[elm194@pitt.edu](mailto:elm194@pitt.edu).

## **MAILBOXES**

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MOT student mailboxes are located in the Student Lounge. Faculty mailboxes for student use are located in the Student Lounge.

## **ACCESS BADGE**

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MOT Students receive an access badge which permits access to Bridgeside Point I and the Department of Occupational Therapy suite (3<sup>rd</sup> Floor). Access badges are distributed to students during Orientation. Students must turn in their badge upon graduation. Notify the Department of Occupational Therapy Administrative Assistant if an access badge is lost. Note: There is a \$25 fee to replace an access badge (amount subject to change).

## **BUILDING INFORMATION**

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Bridgeside Point I. MOT students have 24/7 keycard access to the Student Lounge and academic spaces (classrooms/laboratories) in the Department of Occupational Therapy at Bridgeside Point I. Security is available at Bridgeside Point on weekdays from 7 am to 7 pm. In the case of a forgotten badge during Security hours, the MOT student will need to show ID and sign in with the security guard at the main entrance. A 24 hour hotline (412-372-8570) is available and can be used during the times when no security guard is on duty. Smoking is not permitted anywhere inside the building or within 35 feet outside of any entrance. Report any issues with facilities to Joyce Broadwick, Administrative Assistant. For off-hours non-emergencies (lighting, heating, housekeeping), report facilities issues by emailing Joyce Broadwick at [jrb164@pitt.edu](mailto:jrb164@pitt.edu) or calling 412-383-6620. For non-business hours emergencies (fire alarm sounding, major leak, no electrical service), report to Property Management at 412-372-8570. Also report issue to Christie Jackson, Executive Administrator at 412-383-6716.

Forbes Tower. The SHRS entrance to Forbes Tower is located on Atwood Street (directly behind Starbucks on Forbes Avenue and across the Street from Rite Aid on Atwood Street – do not use UPMC/Meyran Avenue entrance). Forbes Tower Security may ask to see your Pitt ID at any time. Do not leave personal items unattended. UPMC has a smoke-free policy (no smoking in or around UPMC buildings). Forbes Tower hours: Monday through Thursday, 6:30 am to 9:30 pm (front door locks at 8:30 pm); Friday, 6:30 am to 6:00 pm; Saturday, 8:00 am to 5:00 pm; Sunday, closed. Forbes Tower/UPMC Security: 412-647-7440; Pitt Police: 811 or 412-624-2121.

## **TRANSPORTATION AND PARKING**

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Bridgeside Point I is accessible by bus and shuttle services.

**Bus:** Port Authority of Allegheny County bus routes 56, 57, and 58 stop at Technology Drive. Visit <http://www.portauthority.org/paac/> for more information.

**Shuttle:** Pitt shuttle transports to/from Oakland and Bridgeside Point. There are two shuttle routes – 40A Biotech Center (to/from Bridgeside Point I) and Bridgeside (to/from Bridgeside Point II (3 buildings from Bridgeside Point I)). Visit <https://www.pc.pitt.edu/buses-shuttles> for more information and <http://www.pittshuttle.com/> for routes and the shuttle tracker.

**Parking.** OT students are not permitted to park in the front or side parking lots at Bridgeside Point I. The front parking lot is for visitors only and unauthorized vehicles may be towed. There is an indoor parking garage further down Technology Drive across from Bridgeside Point II. Students can either pay the daily rate in the parking garage OR may purchase a monthly parking lease (\$65 per month; amount subject to change). See the Department of Occupational Therapy Administrative Assistant for the form and instructions to obtain a monthly lease for the parking garage.

## **FINANCIAL RESOURCES**

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See Appendix H for a list of financial resources identified by the Department of Occupational Therapy.

## **DEPARTMENT OF OCCUPATIONAL THERAPY AWARDS**

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**Joan C. Rogers Occupational Therapy Award.** The award was established by the faculty of the Department of Occupational Therapy in 2012 in honor of Dr. Joan Rogers, Chair of the Department of Occupational Therapy, 1998-2015. The award recognizes a third year MOT student who has demonstrated high-level scholastics, exemplary professionalism, and commitment to advancing the profession.

**Award of Professional Excellence.** The award was established by the faculty of the Department of Occupational Therapy in 2002. The award recognizes a third year MOT student who has demonstrated exceptional ability to promote occupational therapy through his/her professional activities.

**Caroline Robinson Brayley Student Enrichment Award in Occupational Therapy.** The award was established by Dr. Caroline Robinson Brayley, founding Chair of the Department of Occupational Therapy in 2015. The award enriches the educational experiences of MOT students inside and outside the classroom and promotes their success in the program and in the profession.

## **COMMENCEMENT / GRADUATION**

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As candidates of a professional Masters degree, MOT students are invited to participate in both the University and the School (SHRS) ceremonies. These are academic ceremonies, and as such, academic regalia is required to participate in the procession. Per the University of Pittsburgh regalia colors, MOT students wear teal hoods signifying rehabilitation.

## **USEFUL TELEPHONE NUMBERS AND WEB ADDRESSES**

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The Book Center 412-648-1455	<a href="http://www.pittuniversitystore.com/">http://www.pittuniversitystore.com/</a>
Career Development 412-648-7130	<a href="http://www.studentaffairs.pitt.edu/cdpa/students/">http://www.studentaffairs.pitt.edu/cdpa/students/</a>
Counseling Center 412-648-7930	<a href="http://www.studentaffairs.pitt.edu/cc/">http://www.studentaffairs.pitt.edu/cc/</a>
Cool Pittsburgh	<a href="http://www.coolpgh.pitt.edu">http://www.coolpgh.pitt.edu</a>
Emergency Notification Service	<a href="http://www.technology.pitt.edu/portal/emergency/emergency-notification.html">http://www.technology.pitt.edu/portal/emergency/emergency-notification.html</a>
Off-Campus Living 412-624-6998	<a href="http://www.ocl.pitt.edu/">http://www.ocl.pitt.edu/</a>
Information for Graduate Students	<a href="http://www.pitt.edu/~graduate/">http://www.pitt.edu/~graduate/</a>
Information Technology 412-624-HELP (4357)	<a href="http://www.technology.pitt.edu">http://www.technology.pitt.edu</a>
Office of Admissions and Financial Aid 412-624-PITT (7488)	<a href="http://www.pitt.edu/~oafa">http://www.pitt.edu/~oafa</a>
Office of International Services 412-624-7120	<a href="http://www.ois.pitt.edu/">http://www.ois.pitt.edu/</a>
Office of Veterans Services 412-624-3213	<a href="http://veterans.pitt.edu/">http://veterans.pitt.edu/</a>
Parking, Transportation, and Services 412-624-8612	<a href="http://www.pts.pitt.edu">http://www.pts.pitt.edu</a>
Police Department Campus Emergency 811 or 412-624-2121	<a href="http://www.police.pitt.edu/">http://www.police.pitt.edu/</a>
Public Safety 412-648-SAFE (7233)	<a href="http://www.safety.pitt.edu/">http://www.safety.pitt.edu/</a>
Resolve Crisis Services 888-796-8226	<a href="https://www.upmc.com/services/behavioral-health/resolve-crisis-services">https://www.upmc.com/services/behavioral-health/resolve-crisis-services</a>
SHRS Office of Student Services 412-383-6554	<a href="http://www.shrs.pitt.edu/current-students/orientation">http://www.shrs.pitt.edu/current-students/orientation</a>
SHRS Student Resources	<a href="http://www.shrs.pitt.edu/current-students">http://www.shrs.pitt.edu/current-students</a>

Student Payment Center  
412-624-7520

<http://www.bc.pitt.edu/students>

Student Health Service  
412-383-1800

<http://www.studentaffairs.pitt.edu/shs/>

Graduate Studies – Student Services

<http://www.pitt.edu/~graduate/services.html>

## STUDENT AND PROFESSIONAL ORGANIZATIONS

### **Graduate and Professional Student Association (GPSA)**

The GPSA is the student government that represents the interests of all graduate and professional students at the University of Pittsburgh and serves as the umbrella organization for all of the graduate/professional school student governments. Our mission is to act as the voice of our constituents and to actively ensure that the concerns of these students are heard. Program and services offered by GPSA include annual funding for graduate and professional student organizations, travel grants to students presenting and/or attending conferences, free legal services, and sponsorship of additional activities.

Visit <http://www.gpsa.pitt.edu/> for more information.

### **University of Pittsburgh Student Occupational Therapy Association (UPSOTA)**

The UPSOTA is a group of students who are interested in, or are pursuing a degree in the field of occupational therapy. Members function to promote occupational therapy as a profession within Pittsburgh and the surrounding areas. UPSOTA members raise funds for activities such as attendance at state and national occupational therapy conferences, social events that enhance the students' educational experience, and community service events.

Visit <http://www.shrs.pitt.edu/ot/students> for more information.

### **Pi Theta Epsilon (PTE)**

PTE is a specialized honor society for occupational therapy students and alumni. This society recognizes and encourages superior scholarship among students enrolled in professional entry-level programs at accredited schools across the United States. Initiation of new members includes those MOT students who have demonstrated superior scholarship: those who are eligible shall rank not lower than the highest 35% of their class in scholarship and have a GPA of at least 3.5 on a scale of 4.0 since entering the occupational therapy program; and shall have completed the equivalent of nine semester hours in a professional graduate program in occupational therapy.

Visit <https://www.shrs.pitt.edu/ot/students/pi-theta-epsilon>, and <http://www.aotf.org/pithetaepsilon.aspx> for more information.

### **American Occupational Therapy Association (AOTA)**

The American Occupational Therapy Association (AOTA) is the nationally recognized professional association of occupational therapists, occupational therapy assistants, and students of occupational therapy. The AOTA advances the quality, availability, use, and support of occupational therapy through standard-setting, advocacy, education, and research on behalf of its members and the public. As a student member you ARE eligible to receive professional OT publications, reduced fees to the annual AOTA conference, and the opportunity to apply for scholarships offered by the American Occupational Therapy Foundation (AOTF).

Visit <http://www.aota.org> for more information.

### **Pennsylvania Occupational Therapy Association (POTA)**

The POTA is the predominant organization within the Commonwealth that advocates for, serves, and represents the membership of Pennsylvania occupational therapy practitioners for the purpose of: preserving and advancing the scope of practice, insuring access to occupational therapy

services, and providing a forum for lifelong professional learning. As a student member you receive POTA's newsletter PennPoint, reduced fees to the annual POTA conference, and the opportunity to apply for the POTA scholarship.

Visit <http://www.pota.org> for more information.

### **World Federation of Occupational Therapists (WFOT)**

The WFOT is the official international organization for the promotion of occupational therapy. WFOT supports the development, use and practice of occupational therapy worldwide, demonstrating its relevance and contribution to society. WFOT membership can be obtained through AOTA.

Visit <http://www.wfot.org> for more information.

# CERTIFICATION AND LICENSURE

## CERTIFICATION EXAMINATION

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MOT program graduates are eligible to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT®). After successful completion of this examination, the individual will be an occupational therapist, registered (OTR). Candidates applying for the NBCOT® Certification Examination must answer questions regarding good moral character (e.g., whether he/she has ever been charged or convicted of a felony; had any professional license, registration, or certification revoked, suspended, or subject to probationary conditions; been found to have committed negligence, malpractice, reckless, or willful misconduct; been suspended and/or expelled from a college/university). A candidate may be barred from becoming certified by NBCOT® if an incident has a direct relationship to a potential violation of the Candidate/Certificant Code of Conduct (i.e., a felony conviction may prevent a graduate from taking this examination). Visit <http://www.nbcot.org> for more information.

## LICENSURE AND STATE REGULATIONS

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Occupational therapy is regulated in all 50 states, the District of Columbia, Puerto Rico and Guam. Different states have various types of regulation, including but not limited to licensure. The major purpose of regulation is to protect consumers in a state or jurisdiction from unqualified or unscrupulous practitioners.

The MOT student should contact the relevant state licensing agency to obtain the necessary information and/or an application. Each state differs in its procedures; however state licenses are usually based on the results of the NBCOT® Certification Examination (or pending results). Many states offer a Limited Permit or Temporary License to practice prior to successful completion of the certification examination or while a licensure application is being processed. Many states also inquire as to whether the applicant has been convicted of or pled guilty or nolo contendere to a crime (e.g., misdemeanor, felony, or illegal act associated with alcohol/substance abuse), or have charges pending and unresolved. A felony conviction may prevent a graduate from obtaining state licensure.

Students planning to apply for a license in the Pennsylvania should obtain information from the Pennsylvania State Board of Occupational Therapy Education and License. Visit <http://www.dos.pa.gov/professionallicensing/boardscommissions/occupationaltherapy/Pages/default.aspx> for more information.

Note: MOT program students/graduates requesting completion of forms verifying education status, graduation, fieldwork, etc. must make the request in writing and include all relevant information (e.g., full name, including maiden name if applicable; year of graduation; fieldwork sites and dates of affiliation; etc.). If the form requires the University seal there is no charge for completion, however, if the form requires notarization there is a fee of \$10 for completion of the form (amount subject to change). Check or money order made payable to the University of Pittsburgh must be submitted with the request. If the student/graduate requests expedited mail service, the student/graduate is responsible for the associated costs.

# APPENDIX A

## 2011 ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST

Effective July 31, 2013.

Accreditation Council for Occupational Therapy Education (ACOTE®) of the American Occupational Therapy Association, Inc.

### **Section B: Content Requirements**

#### 1.0 FOUNDATIONAL CONTENT REQUIREMENTS

Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in sciences must also be evident in professional coursework. The student will be able to

- 1.1 Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.
- 1.2 Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.
- 1.3 Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral sciences, social sciences, and occupational science. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.
- 1.4 Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.
- 1.5 Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.
- 1.6 Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.
- 1.7 Demonstrate the ability to use statistics to interpret tests and measurements for the purpose of delivering evidence-based practice.
- 1.8 Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.

#### 2.0 BASIC TENETS OF OCCUPATIONAL THERAPY

Coursework must facilitate development of the performance criteria listed below. The student will be able to

- 2.1 Articulate an understanding of the importance of the history and philosophical base of

- the profession of occupational therapy.
- 2.2 Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.
  - 2.3 Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being.
  - 2.4 Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients.
  - 2.5 Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
  - 2.6 Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.
  - 2.7 Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan.
  - 2.8 Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice.
  - 2.9 Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment.
  - 2.10 Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.
  - 2.11 Analyze, synthesize, and apply models of occupational performance.
- 3.0 OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES  
The program must facilitate the development of the performance criteria listed below. The student will be able to:
- 3.1 Apply theories that underlie the practice of occupational therapy.
  - 3.2 Compare and contrast models of practice and frames of reference that are used in occupational therapy.
  - 3.3 Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention.
  - 3.4 Analyze and discuss how occupational therapy history, occupational therapy theory, and the sociopolitical climate influence practice.
  - 3.5 Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes.
  - 3.6 Discuss the process of theory development and its importance to occupational therapy.

#### 4.0 SCREENING, EVALUATION, AND REFERRAL

The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to

- 4.1 Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community.
- 4.2 Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.
- 4.3 Use appropriate procedures and protocols (including standardized formats) when administering assessments.
- 4.4 Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes
  - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
  - Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
  - Performance patterns (e.g., habits, routines, rituals, roles).
  - Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
  - Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.
- 4.5 Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.
- 4.6 Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.
- 4.7 Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.
- 4.8 Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.
- 4.9 Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.
- 4.10 Document occupational therapy services to ensure accountability of service provision

and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

## 5.0 INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION

The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. The program must facilitate development of the performance criteria listed below. The student will be able to

- 5.1 Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
  - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
  - Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
  - Performance patterns (e.g., habits, routines, rituals, roles).
  - Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
  - Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.
- 5.2 Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.
- 5.3 Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention; purposeful activity, preparatory methods).
- 5.4 Design and implement group interventions based on principles of group development and group dynamics across the lifespan.
- 5.5 Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.
- 5.6 Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).
- 5.7 Demonstrate therapeutic use of self, including one’s personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.
- 5.8 Develop and implement intervention strategies to remediate and/or compensate for

- cognitive deficits that affect occupational performance.
- 5.9 Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification.
  - 5.10 Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.
  - 5.11 Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.
  - 5.12 Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.
  - 5.13 Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation.
  - 5.14 Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.
  - 5.15 Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions.
  - 5.16 Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions.
  - 5.17 Develop and promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
  - 5.18 Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.
  - 5.19 Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public.
  - 5.20 Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
  - 5.21 Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing an intervention plan.
  - 5.22 Refer to specialists (both internal and external to the profession) for consultation and intervention.
  - 5.23 Grade and adapt the environment, tools, materials, occupations, and interventions to

- reflect the changing needs of the client, the sociocultural context, and technological advances.
- 5.24 Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being.
  - 5.25 Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.
  - 5.26 Understand when and how to use the consultative process with groups, programs, organizations, or communities.
  - 5.27 Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments.
  - 5.28 Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.
  - 5.29 Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client's current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals.
  - 5.30 Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes.
  - 5.31 Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post-discharge needs with the client and with appropriate others.
  - 5.32 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

## 6.0 CONTEXT OF SERVICE DELIVERY

Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided. The program must facilitate development of the performance criteria listed below. The student will be able to:

- 6.1 Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy.
- 6.2 Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.
- 6.3 Integrate current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.
- 6.4 Articulate the role and responsibility of the practitioner to advocate for changes in

service delivery policies, to effect changes in the system, and to identify opportunities in emerging practice areas.

- 6.5 Analyze the trends in models of service delivery, including, but not limited to, medical, educational, community, and social models, and their potential effect on the practice of occupational therapy.
- 6.6 Utilize national and international resources in making assessment or intervention choices and appreciate the influence of international occupational therapy contributions to education, research, and practice.

#### 7.0 MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES

Management of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to

- 7.1 Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services.
- 7.2 Describe the systems and structures that create federal and state legislation and regulations and their implications and effects on practice.
- 7.3 Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
- 7.4 Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy.
- 7.5 Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options and formulation and management of staffing for effective service provision.
- 7.6 Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes.
- 7.7 Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.
- 7.8 Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

#### 8.0 SCHOLARSHIP

Promotion of scholarly endeavors will serve to describe and interpret the scope of the profession, establish new knowledge, and interpret and apply this knowledge to practice. The program must facilitate development of the performance criteria listed below. The student will be able to

- 8.1 Articulate the importance of how scholarly activities contribute to the development of a body of knowledge relevant to the profession of occupational therapy.
- 8.2 Effectively locate, understand, critique, and evaluate information, including the quality of evidence.
- 8.3 Use scholarly literature to make evidence-based decisions.
- 8.4 Understand and use basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data.
- 8.5 Understand and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology.

- 8.6 Demonstrate the skills necessary to design a scholarly proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.
- 8.7 Participate in scholarly activities that evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning).
- 8.8 Demonstrate skills necessary to write a scholarly report in a format for presentation or publication.
- 8.9 Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities.
- 9.0 **PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES**  
Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. The program must facilitate development of the performance criteria listed below. The student will be able to
  - 9.1 Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards* and *AOTA Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
  - 9.2 Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
  - 9.3 Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.
  - 9.4 Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
  - 9.5 Discuss professional responsibilities related to liability issues under current models of service provision.
  - 9.6 Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.
  - 9.7 Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur.
  - 9.8 Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
  - 9.9 Describe and discuss professional responsibilities and issues when providing service on a contractual basis.
  - 9.10 Demonstrate strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
  - 9.11 Explain the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice.
  - 9.12 Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services.
  - 9.13 Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).

## **Section C: Fieldwork Education**

### **1.0 FIELDWORK EDUCATION**

Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will

- 1.1 Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.
- 1.2 Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.
- 1.3 Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.
- 1.4 Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
- 1.5 Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14.
- 1.6 The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.
- 1.7 Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.

The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will

- 1.8 Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.
- 1.9 Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.
- 1.10 Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.

The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will

- 1.11 Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
- 1.12 Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.
- 1.13 Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.
- 1.14 Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.
- 1.15 Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).
- 1.16 Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student.
- 1.17 Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
- 1.18 Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA *Fieldwork Performance Evaluation for the Occupational Therapy Student* or equivalent).
- 1.19 Ensure that students attending Level II fieldwork outside the United States are

supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.

# APPENDIX B

## LEVEL II FIELDWORK ACKNOWLEDGMENT AGREEMENT

Student Name: \_\_\_\_\_

Fieldwork Site: \_\_\_\_\_

Placement Date: \_\_\_\_\_

Fieldwork Site: \_\_\_\_\_

Placement Date: \_\_\_\_\_

Fieldwork Site: \_\_\_\_\_

Placement Date: \_\_\_\_\_

I have reviewed and acknowledge my Level II fieldwork assignments. I verify that I am aware that I am responsible to provide my assigned fieldwork sites with a copy of my personal and medical documents including, but not limited to, Fieldwork Personal Data Sheet, Initial and Annual Health Appraisal Forms, drug screen, HIPAA certifications, Blood Borne Pathogen Training certification, First Aid/CPR/AED certification, proof of health insurance, and clearances (criminal record check, child abuse history, and fingerprint-based background checks). I also understand that my fieldwork site may have additional pre-placement requirements and it is my responsibility to complete any and all requirements prior to beginning fieldwork.

I understand that should the fieldwork site cancel my assignment for any reason, every effort will be made by the University to secure an alternate fieldwork site that considers the student's interests and is similar to the original placement dates.

I also understand that I am not to request a change in my assigned Level II fieldwork site. If I choose to request a change for any reason, my request will be addressed only after other students have been assigned. There is no guarantee that a similar site can be secured. There is also no guarantee that any alternate site can be located in a timely manner. Hence, I may need to delay beginning my fieldwork and this delay could extend to 6 months or beyond and would delay my graduation.

I understand the above policies and agree to abide by them.

If I have questions regarding fieldwork, I will make an appointment with the Academic Fieldwork Coordinator for clarification.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## APPENDIX C

### **Student Agreement to Participate in Clinical Education** **Release of Information Form**

I, \_\_\_\_\_ am a student in the Department of Occupational Therapy, School of Health & Rehabilitation Sciences, the University of Pittsburgh. I understand and agree in accordance with the curriculum requirements outlined in the department student handbook that in order to complete the program in which I am enrolled, I will be required to complete clinical education placements within facilities external to the University, and such facilities will require criminal background checks and drug screens prior to the start of the experience. Additionally, in order to become licensed, many states will inquire as to whether the applicant has been convicted of a misdemeanor, a felony, or a felonious or illegal act associated with alcohol and/or substance abuse. Should I fail a check, clearance and/or drug screen, I understand that the Department cannot guarantee that it will be able to place me in a facility in order to meet my clinical education requirements for graduation. Nor can the Department guarantee that these results may not affect my future ability to be licensed.

I also understand and agree that while I am participating in clinical education, that I am not covered by workman's compensation for any accident/injury that may occur during my time on site. I understand that I, or my medical insurance plan, are responsible for all expenses incurred and that the University of Pittsburgh and the Department of Occupational Therapy assumes no responsibility or liability for any injury I might sustain. Therefore, I specifically release the University of Pittsburgh, its schools, departments, agencies, officers, directors, and employees from any such responsibility or liability.

I further understand and agree that during my clinical education, I may be placed at a facility that may require me to utilize a personal vehicle for transportation purposes. I am responsible for insuring that I have adequate and appropriate automobile insurance and a valid driver's license prior to using a personal vehicle during a clinical education experience. I accept this responsibility and I specifically release the University of Pittsburgh, its schools, departments, agencies, officers, directors, and employees from any such responsibility or liability.

#### **Release of Information**

Prior to the start of each clinical education experience, the Department of Occupational Therapy will send requested student information to the clinical site for review and verification that I meet their requirements for clinical placement. This may include clearances, certifications, health information, demographic information, and resumes.

I hereby give my permission to the Department of Occupational Therapy at the University of Pittsburgh, to release any and all information required for clinical education purposes to a contracted facility as requested. Release does not apply to my application materials, personal references, or transcripts.

I understand that under the Family Educational Rights and Privacy Act (FERPA) that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

My signature on this agreement indicates that I have read and understand this agreement and represents that I meet all criteria listed above.

Student name \_\_\_\_\_

Student signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX D

**University of Pittsburgh  
Department of Occupational Therapy**

**STUDENT WAIVER FOR FACULTY/STAFF REFERENCE**

I, \_\_\_\_\_ [*print student's name*], hereby authorize  
\_\_\_\_\_ [*print name of faculty member*] of the University  
of Pittsburgh to release my educational record information for the purpose of providing a written  
and/or oral reference to the following: [check all that apply]

- Any and all potential employers
- Any and all scholarship and award opportunities
- Specific recipient(s): \_\_\_\_\_

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the person(s)/organization(s) specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.

I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by sending a written revocation of this authorization to the University of Pittsburgh's Department of Occupational Therapy.

I understand that any revocation of authority hereunder would only govern subsequent releases and only be valid from the time of the University of Pittsburgh's actual receipt of a written notice.

\_\_\_\_\_  
[date]

\_\_\_\_\_  
[student signature]

## APPENDIX E

**University of Pittsburgh  
Department of Occupational Therapy**

**STUDENT RELEASE PERMITTING THE USE OF ACADEMIC PRODUCTS  
FOR FUTURE EDUCATIONAL PURPOSES**

Student's Full Name (Last, First, Middle or Maiden Name)

---

I, \_\_\_\_\_, give permission to the faculty of the Department of Occupational Therapy to share samples of my academic products for future educational purposes (e.g., models for future students, curriculum review).

---

Title of Academic Product

I understand that this authorization is indefinite; however, I may revoke authorization by sending a signed, written revocation of the authorization to:

Department of Occupational Therapy  
University of Pittsburgh  
Bridgeside Point I  
100 Technology Drive, Suite 350  
Pittsburgh, PA 15219

Revocation of authorization will only be effective upon the date of receipt going forward and will not impact prior disclosures. I further understand that: 1) I am not required to consent to the disclosure, and 2) I am doing so knowingly and voluntarily.

---

Student's Signature

---

Date

## **APPENDIX F**

University of Pittsburgh  
Department of Occupational Therapy

### **MOT PROFESSIONAL BEHAVIOR EVALUATION**

Instructions: There are two primary purposes of the MOT Professional Behavior Evaluation system: 1) to verify mastery in professional behavior and 2) to serve as a method to change behavior.

In attempting to change behavior it is necessary to identify, evaluate, and document the behavior. The eleven professional behavior characteristics form the basis of this evaluation. The rating options are: No Problem, Potential Problem, and Problem. Examples of professional behavior specific to each characteristic are included on the evaluation form. This is not an all-inclusive list, but serves to help the evaluator in making judgments. Any characteristic rated as a Potential Problem or Problem requires an explanation including specific behaviors and corrective actions.

The evaluator is to focus on patterns of behavior, not isolated instances that fall outside the student's normal performance. For example, an MOT student who is consistently on time and prepared for class may have demonstrated competence in time management and should not be penalized for an isolated emergency that makes him or her late for one class. Conversely, if the MOT student is consistently late for class, he/she should be counseled and if the behavior continues, rated as Problem for the characteristic of time management/organization.

# MOT PROFESSIONAL BEHAVIOR EVALUATION

Department of Occupational Therapy  
University of Pittsburgh

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

<b>1. INTEGRITY/DEPENDABILITY</b> Examples of professional behavior include, but are not limited to: Consistent honesty; reliability; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient/client care and learning activities.	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>2. EMPATHY</b> Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients/clients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; a good listener; being supportive and reassuring to others.	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>3. SELF-MOTIVATION/INITIATION</b> Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient/client care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>4. APPEARANCE AND PERSONAL HYGIENE</b> Examples of professional behavior include, but are not limited to: Clothing is appropriate, neat, clean and well maintained; good personal hygiene and grooming, appropriate body language.	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>5. SELF - CONFIDENCE</b> Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>6. COMMUNICATIONS</b> Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; using correct grammar; and punctuation; listening actively; adjusting communication strategies to various situations	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>7. TIME MANAGEMENT/ORGANIZATION</b> Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time; demonstrates the ability to plan ahead.	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>8. SUPERVISORY RELATIONSHIPS/TEAMWORK</b> Examples of professional behavior include, but are not limited to: Placing the success of others above self interest; not undermining the team/peers; helping and supporting other team/peer/faculty members; showing respect for all team/peer/faculty members; remaining flexible and open to change; gives/receives feedback from supervisors appropriately; communicating with others to resolve problems.	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>9. RESPECT/COOPERATION</b> Examples of professional behavior include, but are not limited to: Being polite and considerate to others; not using derogatory or demeaning terms; collaborates with others; behaving in a manner that brings credit to the profession.	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>10. PATIENT/CLIENT ADVOCACY (CONFIDENTIALITY)</b> Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient/client care; placing the needs of patients/clients above self interest; protecting and respecting patient confidentiality and dignity.	No Problem [ ]    Potential Problem [ ]    Problem [ ]
<b>11. CLINICAL REASONING/ DELIVERY OF SERVICE</b> Examples of professional behavior include, but are not limited to: critical thinking, patient/client-centered problem solving; demonstrating careful and safe procedures; following policies, procedures, and protocols; following instructions.	No Problem [ ]    Potential Problem [ ]    Problem [ ]

Adapted from Affective Student Evaluations, Emergency Medicine Program, University of Pittsburgh, Pittsburgh, PA.

Use the back of this form to explain all Potential Problem or Problem ratings.

Identify specific behaviors and corrective actions.

# APPENDIX G

**UNIVERSITY OF PITTSBURGH**  
**School of Health and Rehabilitation Sciences**  
**Department of Occupational Therapy**

OT STUDENT INFORMATION FORM

PLEASE PRINT CLEARLY

<b>UPDATES</b>	Date

Name: \_\_\_\_\_ PeopleSoft #: \_\_\_\_\_

CONSISTENT WITH HIPAA REGULATIONS, PLEASE PROVIDE THE FOLLOWING EMERGENCY INFORMATION ON A "NEED TO KNOW" BASIS.

1. Do you have any pertinent health condition(s) or allergies which may have the potential to result in a medical emergency? (examples: Diabetes, Allergic to Penicillin)  
 YES       NO If yes, please describe:

2. Are you currently taking any medication(s) which may have the potential to result in a medical emergency?  
 YES       NO If yes, please identify:

4. Who should be contacted in case of emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

## APPENDIX H

### FINANCIAL RESOURCES

Department of Occupational Therapy  
University of Pittsburgh

The following resources were identified by the Department of Occupational Therapy. If there is an organization not listed that you would recommend, please send the information to [OTPitt@shrs.pitt.edu](mailto:OTPitt@shrs.pitt.edu)

#### **Department of Occupational Therapy**

Joan C. Rogers Occupational Therapy Award  
Caroline Robinson Brayley Occupational Therapy Student Enrichment Fund  
Department of Occupational Therapy Award of Professional Excellence

#### **University of Pittsburgh**

Financial Aid 412-624-7488

<https://oafa.pitt.edu/learn-about-aid/>

Financial Aid Representatives for the School of Health and Rehabilitation Sciences

Kellie Beach, Registrar 412-383-6554

Anne Pascasio Scholarship Fund

School of Health and Rehabilitation Sciences, Office of Student Services

Nationality Rooms and Intercultural Exchange Program Scholarships

<http://www.nationalityrooms.pitt.edu/scholarshipsgrants>

Provost's Office Funds for Disadvantaged Students

Office of the Student Life, 140 William Pitt Union, 412-648-7830

#### **Other Resources**

Alpha Kappa Alpha Educational Advancement Foundation, Inc.

<http://www.akaef.org/>

AMBUCS

<http://www.ambucs.org/>

American Occupational Therapy Association (AOTA)

<http://www.aota.org/en/Education-Careers/Find-School/Aid.aspx>

American Occupational Therapy Foundation (AOTF)

<http://www.aotf.org/scholarshipsgrants>

Back to College

<http://www.back2college.com/library/finad.htm>

College Answer

[www.mycollegescholarship.org](http://www.mycollegescholarship.org)

College Board Scholarship Search

[http://apps.collegeboard.com/cbsearch\\_ss/welcome.jsp](http://apps.collegeboard.com/cbsearch_ss/welcome.jsp)

College Connection Scholarships

<http://www.collegescholarships.com>

Commonwealth Workforce Development System – Pennsylvania Career Link

<http://www.cwds.state.pa.us>

COS Funding Opportunities  
<https://www.library.pitt.edu/pivot-cos-funding-opportunities>

Daughters of the American Revolution  
[http://www.dar.org/natsociety/edout\\_scholar.cfm](http://www.dar.org/natsociety/edout_scholar.cfm)

Department of Veterans Affairs  
<http://www.gibill.va.gov/>

FastWEB Scholarship Search  
<http://fastweb.monster.com/>

Free Application for Federal Student Aid (FAFSA)  
<http://www.fafsa.ed.gov/>

Gates Millennium Scholars (The)  
<https://scholarships.gmsp.org/Program/Details/7123dfc6-da55-44b7-a900-0c08ba1ac35c>

Guaranteed Scholarships  
<http://www.guaranteed-scholarships.com/>

Harry S. Truman Scholarship Foundation (The)  
<http://www.truman.gov/>

Hispanic Scholarship Fund (The)  
<http://hsf.net>

Jack Kent Cooke Foundation  
<http://www.jkcf.org/>

Jackie Robinson Foundation  
<http://www.jackierobinson.org/>

LULAC National Educational Service Centers  
<http://www.lnesc.org/>

Mapping Your Future  
<http://mappingyourfuture.org/>

Marine Corps Scholarship Foundation  
<http://www.mcsf.org/>

Pennsylvania Occupational Therapy Association (POTA)  
The Reba M. Sebelist Award  
<http://pota.site-ym.com/?page=studentscholarship>  
POTA Scholarship Fund  
<http://www.pota.org>

Pittsburgh Foundation (The)  
<http://www.pittsburghfoundation.org/>

Pittsburgh Schweitzer Fellows Program (The)  
<http://schweitzerfellowship.org/>

Ron Brown Scholar Program (The)  
<http://www.ronbrown.org/>

Roothbert Fund Scholarships  
<http://roothbertfund.org/scholarships.php>

Sallie Mae  
<http://www.salliemae.com/>

Scholarship & Financial Aid Help  
<http://www.blackexcel.org/fin-sch.htm>

Scholarships.com

<http://www.scholarships.com>

Smart Student Guide to Financial Aid (The)

<http://www.finaid.org/loans/>

State Farm Insurance

[http://www.statefarm.com/about/part\\_spos/grants/grants.asp](http://www.statefarm.com/about/part_spos/grants/grants.asp)

Tylenol Scholarship (The)

<http://www.tylenol.com/news/scholarship>

United Negro College Fund

<http://www.uncf.org/>

U.S. Department of Education

<http://www.ed.gov/finaid/landing.jhtml?src=rt>

U.S. Department of Health and Human Services, Bureau of Health Profession

<http://bhpr.hrsa.gov/index.html>

U.S. Federal Government Student Financial Aid Programs

<http://www.fedmone.org>

Zonta International

<http://zontadistrict4.org/>

## APPENDIX I

### Required Documents

All required documents are maintained with the Department of Occupational Therapy. MOT students will receive detailed information from the Department regarding completion and submission of required documents.

Document	Year 1	Year 2
Initial Health Appraisal	X	
Annual Health Appraisal		X
10 Panel Drug Screen	X	X
Personal Health Insurance	X	X
First Aid Training	X	
CPR/AED Training (Adult/Child)	X	
Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania	X	
Module: Bloodborne Pathogen Training	X	X
Module: Information Privacy and Security Awareness Training for Physicians, Mid-level Providers, Dentists, Staff and Students Who Are Not Employed by UPMC but Who Encounter Protected Health Information in UPMC Facilities	X	
Module (CITI): Biomedical Course	X	
Module (CITI): Responsible Conduct of Research	X	
Module (CITI): Conflicts of Interest	X	
Module (CITI): GCP – Social and Behavioral Research Best Practice for Clinical Research	X	
Module (CITI): Privacy and Information Security	X	
PA Background Check (Criminal Abuse Clearance)	X	X
PA Child Abuse Clearance	X	X
PA DHS Fingerprint-based Background Check	X	X
PA DOE Fingerprint-based Background Check	X	X
Influenza Vaccination	X	X

Note: List of required documents and due dates is subject to change. MOT students are responsible for any and all costs incurred to complete and maintain required documents.

**MANUAL ACKNOWLEDGEMENT AGREEMENT**

I have read the Manual for the Master of Occupational Therapy (MOT) Student in its entirety. I understand all the policies and procedures included in this manual and agree to abide by them at all times while enrolled as an MOT student in the Department of Occupational Therapy, School of Health and Rehabilitation Sciences, at the University of Pittsburgh. If I have questions at any time regarding the content of the Manual, I will make an appointment with my Academic Advisor for clarification.

Additionally, I agree that any photos and videos taken during education related activities (curricular and extracurricular) may be used by the Department, with or without my name attached to the photo or video, for recruitment, educational, and promotional materials.

\_\_\_\_\_  
Name of Student – PLEASE PRINT

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**PLEASE RETURN** to the Department of Occupational Therapy Administrative Assistant by **June 15, 2019.**