

## Occupational Therapy Assistant Program Handbook

Allegany College of Maryland  
Rev. Spring 2025



**ALLEGANY COLLEGE**  
===== *of* MARYLAND =====  
**ENGAGE YOUR FUTURE**

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## Occupational Therapy Assistant Program Guidelines

### 1. INTRODUCTION

The Occupational Therapy Assistant (OTA) Program grants eligible graduates an Associate in Applied Sciences degree in Occupational Therapy Assistant. The program facilitates student growth and development with the knowledge and skills necessary to become a Certified Occupational Therapy Assistant (COTA). Working under the supervision of occupational therapists, occupational therapy assistants work with persons across the lifespan to facilitate successful engagement in everyday activities.

OTAs teach people how to prevent, adapt, or overcome many types of physical and psychosocial problems caused by disease, illness, or injury such as substance use disorders, mental health conditions, loss of limb, spinal cord injury, stroke, arthritis, and birth defects. OTAs help individuals learn to succeed in self-care, health management, education, work, play, and leisure skills and are employed in a variety of settings such as hospitals, hospices, nursing homes, rehabilitation facilities, day care centers, public and private schools, community-based programs and the home.

Program Goals	Curricular Thread	Program Learning Outcomes
The OTA graduate will demonstrate entry-level theoretical knowledge and skills competency within the context of an occupational therapy assistant's various professional roles to support successful completion of the national certification exam and licensure.	Clinical Competency	The OTA graduate will demonstrate theoretical knowledge and skills competency in delivering <b>client-centered and occupation-based</b> interventions to support successful completion of the national certification examination and licensure to practice as a certified Occupational Therapy Assistant.
		The OTA graduate will demonstrate <b>therapeutic use of self</b> to promote occupational engagement across the function-dysfunction continuum.
	Flexible and Creative Clinical Reasoning	The OTA graduate will demonstrate skills in integrating occupational therapy's core values and practice principles within the <b>OTA roles</b> of direct service provider, educator, manager, leader, and advocate for the profession and consumer.
		The OTA graduate will demonstrate skills in <b>creative and flexible clinical reasoning</b> to facilitate maximum functional performance in occupations among individuals, groups, and populations.
The OTA graduate will demonstrate commitment to best evidence-based practice and professional development to meet the needs of an evolving and	Evidence-Based Practice	The OTA graduate will demonstrate competency in promoting quality patient outcomes through the pursuit of <b>innovation and evidence-based clinical practice</b> .
		The OTA graduate will demonstrate a commitment to <b>life-long learning</b> through the integration of <b>art and science</b> to foster professional growth.

diverse treatment population to facilitate occupational engagement.	Regional and Cultural Humility	The OTA graduate will demonstrate effective <b>communication skills and professionalism</b> to efficiently meet the needs of individuals, groups, and populations.
		The OTA graduate will demonstrate competency in translating, applying, and adapting occupational therapy's professional value appropriately to meet <b>regional and cultural needs</b> of individuals, groups, and populations.
The OTA graduate will demonstrate value in promoting the health and well-being of populations under the scope of occupational therapy's core values and standards by actively participating in their communities.	Community Engagement	The OTA graduate will demonstrate skills in improving the health and well-being of individuals, groups, and populations through the active role of <b>community engagement</b> in traditional and emerging practice areas.
		The OTA graduate will demonstrate skills in <b>advocating and promoting the value of the occupational therapy profession</b> in alignment with evolving professional and ethical standards.

## 2. INSTITUTIONAL OVERVIEW

### a. History of Allegany College of Maryland

Allegany College of Maryland was founded in August of 1961 by a resolution passed by the Allegany County Board of Education and approved by the Allegany County Commissioners. The college, which now has separate governance under a Board of Trustees, is an example of the rapid growth in the development of Maryland's college system.

Allegany College of Maryland was established to provide low-cost, high quality, higher education for the residents of the area. Its accessibility to the county's center of population permits students to live at home, thus saving a substantial part of out-of-pocket costs for a college education.

Although heavy emphasis was placed on liberal arts transfer programs in the College's early development, in recent years the College has developed highly specialized curricula, including those in the technological and pre-professional areas, as career programs to satisfy identified needs of the region. Ever cognizant of its responsibility to an industrial area pocketed in Appalachian western Maryland, Allegany College of Maryland has accepted a mission to make tangible contributions through higher education to the economic and cultural growth of the area. Through its Board of Trustees, the College presents a dimension of learning that prepares men and women for the excitement and satisfaction of creative lives.

### **b. Philosophy**

In developing and implementing the offerings of the College, the Board of Trustees, the faculty, and the staff have steadfastly held, and continue to hold, the following beliefs:

- We believe in democracy as a way of life, and in both the freedoms and responsibilities inherent in a democracy. We believe in preparation for active participation in a democracy.
- We believe that education is a process by which certain objectives of society are reached. We believe that education is sustained, utilized, and protected by society.
- We believe that our college, as an essential and integral part of the American way of life, has a direct relationship and responsibility to the community to serve as a leader in educational thought and practice. To this end, the educational resources of the institution are made available for use by the community.
- We believe that education embraces knowledge, training, and aspiration. Consequently, we believe in the dissemination of knowledge, the liberation of minds, the development of skills, the promotion of free inquiry, the encouragement of the creative or inventive spirit, and the establishment of a wholesome attitude toward order and change, with an emphasis on ethical and legal concerns.
- We believe that we should educate broadly through a program of general education which introduces the students to the basic fields of knowledge--the arts and humanities, English composition, social and behavioral sciences, mathematics, and the biological and physical sciences.
- We believe that it is our responsibility to guide students in the exercise of self-direction and self-discipline in the solution of their problems and to instill in them the desire to continue education as long as they live.
- We believe in the development of the total personality--intellectual, social, emotional, spiritual, physical, and ethical.
- We believe that knowledge alone is not enough. Ethics is indispensable; therefore, our program emphasizes appreciation of and response to beauty, truth, and justice, thus contributing to the general cultural development of the community through the individual.
- We believe in the cooperation of the college with all segments of its service area and in the continual evaluation of the College, its purpose and program, to the end that it may contribute to the maximum development of the individual and the area.

### **c. Vision**

We will be the college of choice that transforms lives, strengthens communities, and makes learners the center of everything we do.

**d. Mission**

We deliver diverse and relevant education centered around student success in a supportive and engaging community.

**e. Values**

Quality – We improve through assessment

Integrity – We promote honesty and trust

Respect – We foster dignity and worth

Opportunity – We promote innovative choices

Wellness – We promote healthy lifestyles

**f. Accreditation (A.1.1.)**

Allegany College of Maryland is accredited by the [Middle States Commission on Higher Education](#) (MSCHE), 1007 North Orange Street, 4th Floor, MB #166, Wilmington, DE 19801; 267-284-5011. The MSCHE is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation. MSCHE offers [the Statement of Accreditation Status](#) for Allegany College of Maryland on their website.

The College is also accredited and approved for operation by [the Maryland Higher Education Commission](#) (MHEC), 6 North Liberty Street, Baltimore, MD 21201; (800) 974-0203.

[The Pennsylvania Department of Education](#) has granted certification to Allegany College of Maryland campus in Bedford County and to the academic programs they offer.

**g. Need Fulfillment**

The Occupational Therapy Assistant Program was developed in response to a demonstrated need for occupational therapy personnel in Western Maryland and the tri-state area. There was an impressive amount of investigation and pre-planning done prior to initiation of the program.

The location of the Occupational Therapy Assistant Program in Cumberland fills an important need for the community members of the state and the region. There are two additional OTA programs in Maryland, two programs in West Virginia, and one 90 miles away in Pennsylvania.

Western Maryland and the tri-state area surrounding Cumberland are rural in nature. The city is looked to as a regional health care provider by residents within 40 miles east, north and west, and within 60 miles or more to the south.

The program meets the needs of the region as it provides entry-level competent graduates to fulfill employment opportunities and service demands for the region and area. According to the [Bureau of Labor Statistics](#), the need for OTAs is projected to grow 21%, faster than average of all occupations, from 2023 to 2033 to meet the needs of an aging population and expansion of non-traditional healthcare services.

Allegany College of Maryland is a supported, regional, co-educational institution offering programs in liberal arts and highly specialized curricula in technological and pre-professional areas in order to satisfy the identified needs of the region, an industrial area located in Appalachian western Maryland.



**(A.1.2.)** Allegany College of Maryland is accredited by the Commission on Higher Education, Middle States Association of Colleges and Secondary Schools, and by the Maryland Higher Education Commission. It is empowered by the Maryland Higher Education Commission to grant the Associate of Applied Science Degree.

Enrolling over 3,000 credit and 7,000 continuing education and workforce development students annually, our small, attentive college atmosphere with a 11:1 credit student to instructor ratio, engages students of all ages and backgrounds. Allegany College of Maryland has accepted a mission to make tangible contributions through higher education to the economic and cultural growth of the area.

For more information about Allegany College of Maryland, its history, programs, and facilities, refer to the college catalog or visit our website at [www.allegany.edu](http://www.allegany.edu)

#### **h. Non-Discrimination Statement**

##### **i. Federal**

1. Allegany College of Maryland does not discriminate on the basis of federally protected classes of race, color, national origin, religion, sex, age, disability, and veteran/military status in matters affecting employment or in providing access to programs and activities. Allegany College of Maryland recognizes and complies with additional protections for employees and/or pursuant to state law.

##### **ii. State of Maryland**

1. Allegany College of Maryland does not discriminate on the basis of age, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs and activities.

For inquiries related to the application of this statement, the Non-Discrimination policy, Title IX, and ADA/504 , please contact: Dr. Renee Conner Dean of Student and Legal Affairs Title IX Coordinator ADA/504 Coordinator (301) 784-5206/ [rconor@allegany.edu](mailto:rconor@allegany.edu)

### **3. OCCUPATIONAL THERAPY PROGRAM OVERVIEW**

#### **a. Mission**

We instill the value of life-long learning, collaboration, innovation, and community engagement utilizing an adaptive, integrative, and student-centered learning model.

Students develop high quality evidence-based knowledge, skills, and reasoning processes to become desirable entry level practitioners in our regional area as occupational therapy professionals.

#### **b. Vision**

We will be the region's educational leader in providing quality, client-centered, and evidence-based OTAs who excel with entry-level knowledge and skills for employment in traditional and emerging practice areas.

Students with diverse backgrounds enjoy the opportunity to work and learn in a supportive, innovative, and student-centered environment that exemplifies high quality experiences and

educational strategies. These factors promote a strong reputation of the program, community, and occupational therapy profession within the workforce.

**c. Program Philosophy**

The OTA program at ACM believes that diversity in student populations and client profiles is essential to develop high-quality, entry-level occupational therapy assistants. Through the lense of this diversity, students are provided the opportunity of professional development by gaining a broader perspective of themselves, the profession, and potential client populations. The variety in student occupational histories, contexts, performance patterns, and client factors builds a collective lens through which the student views a broader world perspective, gains understanding of the clients' needs, and practices empathy. Ultimately, clinical skills and knowledge are effectively delivered to clients, groups, and populations with the student's development of therapeutic use of self. The program facilitates the integration of diverse student experiences and client profiles to enhance understanding of the profession's core values and demonstrate entry-level competency.

The belief to embrace and incorporate student experiences aligns with the student-centered curricular threads allowing each cohort to guide their educational experiences toward the achievement of entry-level competency. Students are enabled as active learners in their journey to develop skills, and to utilize the freedom to relate unique personal experiences which foster meaningful learning. We believe that engagement in occupation promotes positive changes in knowledge development, resilience to adversity, as well as health and well-being. Occupations, at the core of the curriculum, support academic and clinical learning, and they can be organized and designed to support engagement across a variety of specific areas and needs. Through experiencing a breadth of unique and diverse experiences among the varied profiles of one's peers and clients, students develop skills and proficiency in understanding themselves, others, and the value of individual factors as they relate to client care.

Lastly, inclusion and interconnection of the profession's core values and ethical standards, as guided by the faculty, supports the development of a well-rounded and effective OTA generalist. By emphasizing the profession's foundation as a guide to focus the diverse experience lens, the student is able to grow in a safe space, to make errors, learn, and build confidence. To foster the student's ability to translate learned skills into future workplaces, the program believes that community partnerships are essential in bridging the gap from the classroom to the workforce. The profession's distinct value and ethical standards are thoroughly connected to didactic and experiential learning activities to develop strong ethical decision-making skills. Guided by the well-rounded and well-designed use of diverse experiences, the OTA graduate represents a high-quality, entry-level practitioner with skills to meet the needs of a diverse treatment population and therapeutically use themselves as their greatest asset in service delivery.

**d. Teaching Philosophy**

The OTA program's teaching and education philosophy is guided by four specific influences.

First, we believe that students have parallels to occupational therapy clients as they have specific needs that can be remediated through carefully selected activities. The program will provide a regular menu of activities that are designed to bridge gaps in knowledge, develop specific skills, and encourage integration of ideas from different bodies of knowledge, including but not limited to, theories, specific techniques, and therapeutic use of self.

Second, we find Fink's Taxonomy of Significant Learning (Fink's) provides a useful framework to build our curriculum upon. We empower students by exploring and utilizing concepts of learning how to learn early in the curriculum. This theory is based on neuroscience and is relevant to the students learning within the program. It develops evidence-based techniques to enhance client education and support retention of knowledge and skills gained in laboratory simulations and clinical practice. The occupational therapy curriculum is designed to progressively increase challenge level by utilizing a progressive ratio of Foundational Knowledge, Application, and Integration. Beginning with a focus of Foundational Knowledge in the first semester, the demand and weight of Application becomes the focal point in the second semester, and the didactic portion culminates with Integration of learned concepts in the third semester to prepare for fieldwork. Students organically transition to a greater focus on application and integration of skills throughout the progression of the program to most effectively simulate clinical practice and reasoning skills.

Third, flexibility and the influence of multiple learning theories are essential to effectively deliver learning activities to a diverse student population. The collection of learning theories supports a student-centered learning model. While many developmental progressions like Fink's suggest that knowledge about a topic comes before application, the program understands that students have diverse learning needs. Reorganizing the delivery of various levels of learning activities outside of the Fink's determined hierarchy occurs in response to measures of students' needs and performance. This manifests itself by implementing several learning theories including but not limited to problem-based learning, self-directed learning, and constructivism. Guided by various learning theories, students may identify the problem first through case studies and then backward chain the development of knowledge to support theories and hypotheses and finally develop strategies for treatment. They may also use group work, research projects, and collaborative learning activities to construct their own mental maps of selected topics on as an overlay to foundational knowledge. Students may also use experiential learning activities to practice self-assessment and skill competency. The goal is to provide a surplus of real-life based examples to attach theoretical and procedural knowledge learned in the classroom to clinical practice. Together, the various learning theories and activities are focused by the student-centered lens to empower students in their education journey.

Fourth, the remaining two elements of Fink's theory describe the Human Dimension and Caring. The Human Dimension section parallels the client factors subcategory of domain in the OTPF-4. As students learn about the uniqueness of each person based on their occupational history, values, and beliefs, the human dimension element of Fink's model broadens this learning by

applying it to the recipient of occupational therapy services. The Caring section emphasizes personal growth as the students learn the importance of therapeutic use of self. As the student advances through the sequence of semesters, the Fink's areas of caring and human dimension are increasingly used as a lens through which students can view their own performance to promote self-assessment, self-reflection, continued professional growth, and life-long learning.

The program structure itself can be divided into three sections: Foundational Knowledge, Application, Integration, and Fieldwork Experience.

**Foundational Knowledge:** Pre-requisite courses (OTA 101, 104) and Summer 1 (OTA 103, 106, 107)

The primary focus of the first third of the program is the learning of foundational knowledge of the profession, core values of occupational therapy, intervention techniques, and physical rehabilitation. The strong foundation provided in OTA 101 – Introduction to OTA and OTA 104 – Cultural Diversity and Social Determinants – enables the student to develop a clearer understanding of the client as a unique occupational being. They then build on that knowledge and begin to apply occupational therapy principles to clients in the physical rehabilitation setting. The focus of learning in Summer 1 is to understand the dynamics of a client within a cause-and-effect relationship to examine factors that support and inhibit client performance. Students then relate these factors to intervention types. As Summer 1 progresses, students are challenged with frequent application projects to connect concepts and reorganize knowledge with hands-on practice.

**Application and Integration:** Fall (OTA 102, 203, 207, 215) and Spring (OTA 204, 212, 217, 220)

More complex and holistic views are incorporated naturally with pediatric, mental health, and geriatric courses in the Application and Integration portion of the program. New knowledge is facilitated with a heavier emphasis on the interconnectedness of the client's domain. Students learn how to view the whole client as an occupational being with the foundation of recognizing factors that support and inhibit performance. Additional courses improve their foundational knowledge in accessory areas such as Kinesiology, Assistive Technology, and Physical Agent Modalities. These courses broaden the student's skill set and ability to dissect the impact of personal and environmental factors on occupational engagement. Problem-solving, clinical reasoning, and critical analysis are developed with the use of real-life problems and clients.

A hallmark of the student's ability to integrate knowledge into clinical practice and professional growth, the students engage in a self-determined capstone project within the Specialty Skills and Program Development courses. The students pursue an area of interest to gain knowledge, participate in mentorship, and develop clinical expertise in a practice area influenced by faculty guidance. In addition, students demonstrate knowledge of service delivery systems by creating and evaluating a business plan related to their area of interest. A variety of clinical skills, professional knowledge, and the motivation for life-long learning are facilitated to allow the student to demonstrate mastery of the didactic education.

**Fieldwork Experiences:** Level I (OTA 106, 207, 215, 212, 217) and Level II (OTA 209, 210)

In conjunction with all core content courses (Physical Rehabilitation, Pediatrics, Mental Health, and Geriatrics), the students complete Level I fieldwork experiences with at least two different placements within each practice area to diversify their understanding of the OTA's role. It is designed with specific learning activities, reflections, and classroom debrief sessions to facilitate the student's connections of applying didactic education to clinical practice.

Level II fieldwork experiences after the didactic portion of the program solidifies the student's ability to apply and integrate learned clinical, procedural, and theoretical knowledge to client care and the promotion of occupational engagement. In a safe, supervised environment, students demonstrate the ability to practice at or above the entry-level clinician standard. Students are assessed on their ability to be competent OTA professionals, reliable employees, and proficient service providers. Students are exposed to true expectations of the workforce, challenged to adapt didactic education to natural client populations, and fine-tune their clinical reasoning skills. Reflections and feedback guide the students during their experiential learning to recognize and pursue professional and clinical growth opportunities. After successful completion of the fieldwork experience, students are prepared as confident, high-quality, entry-level competent graduates ready to enter the workforce following graduation, national certification and state licensure.

**e. Scholarship Agenda (A.5.6.)**

The Allegany College of Maryland Occupational Therapy Assistant Program's Scholarship Agenda enhances the mission of fostering exceptional entry-level OTAs by guiding the faculty's pursuit of excellence in education and clinical practice. The primary agenda pursues Scholarship of Teaching and Learning. Faculty use a systematic inquiry approach to assess, monitor, and modify instructional design and material to improve teaching effectiveness. Students are engaged in the pursuit of excellence to succeed in traditional and emerging practice areas with consistent practice of creative and innovative clinical reasoning, justifying clinical decisions with evidence-based practice. The value of lifelong learning is fostered by research analysis, discussion, and implementation to clinical decision-making.

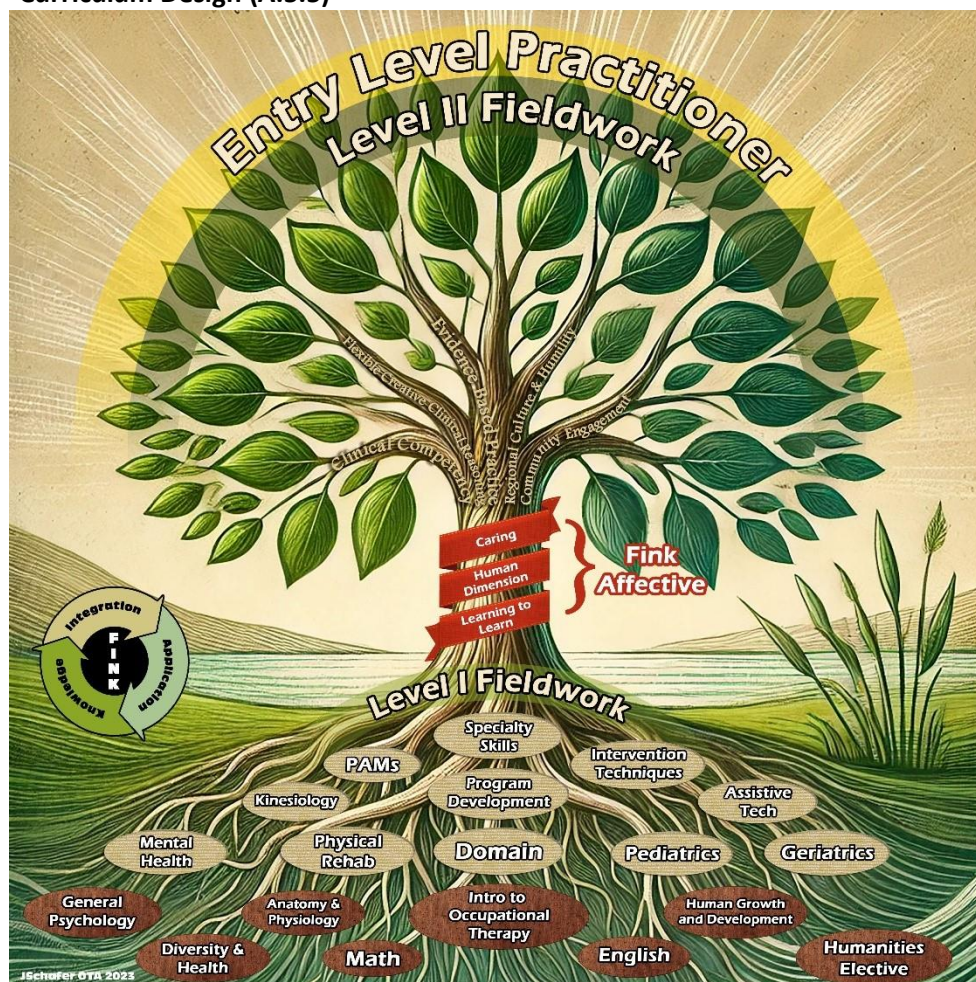
**f. Accreditation (A.4.3)**

The OTA program at ACM has been in existence since April 1993. The program began in September of 1993 with 15 accepted students with a subsequent increase in class size to the current 16 students in the Fall of 1994.

Re-accredited (August 2014) by the [Accreditation Council for Occupational Therapy Education](#) (ACOTE), 7501 Wisconsin Avenue, Ste 510E, North Bethesda, MD 20852-4929, (301) 652-6611. Graduates of the program will be eligible to sit for the national certification examination for the occupational therapy assistant administered by the [National Board for Certification in Occupational Therapy](#) (NBCOT), One Bank Street, Suite 300, Gaithersburg, MD 20878, (301) 990-7979. School performance data on the NBCOT exam can be found [here](#).

After successful completion of the NBCOT exam, the individual will be a Certified Occupational Therapist Assistant (COTA) and is eligible for application and obtainment of state licensure to fulfill employment requirements and provide OT services under individual state practice guidelines.

**g. Curriculum Design (A.5.5)**



The program content is organized in a fashion that integrates coursework in a way that promotes skill development through memory. Courses and content are arranged with the intention of integration, so that similar topics are covered from a different perspective in different courses. The synchronized timing of content enhances the student's ability to recall and apply learned knowledge and skills. Additionally, examinations are integrated to cover all OTA content in a cumulative manner, gradually challenging the student's ability to greater quantity assessments over a more comprehensive knowledge base. All of Phase II utilizes Pre-Requisite knowledge to support the OTA only courses, freeing students of scheduling conflict or responsibilities outside of the program. The total emersion method is designed to facilitate dedicated personal and professional growth for program goal obtainment.



#### **h. Program Curriculum and Path (A.5.1. / A.3.3.)**

While enrolled in the OTA program, each student is required to pass the following courses to meet graduation requirements. The following program path is designed to prepare students as generalists with exposure to OT services in traditional and emerging practice areas, populations across the lifespan, and skills to address holistic needs **(A.5.1)**.

#### **Phase I Pre-Requisite Courses**

**BIO 121 (Biological Science) \*\*** - Musculoskeletal Anatomy of the Human: This course is designed to provide experience with basic concepts and terminology associated with the study of the human body. The major focus of the course is to develop the student's detailed knowledge of the human muscular system and skeletal system.

**BIO 201 (Biological Science) \*\*** - Human Anatomy and Physiology: This course is designed to provide an understanding of the working of the human body in terms of the structure and function of representative systems. The laboratory work involves a complete study and dissection of selected animal organs and physiological activities with comparison to the human. This course is designed for selected allied health majors and is not equivalent to Biological Science 207 or 208 (Anatomy and Physiology of the Human I and II).

**ENG 101 (English) - 101 English Composition I:** Students develop skills in expository and argumentative academic writing by reading and responding to texts; by engaging in the writing process of prewriting, drafting, revising and editing; and by mastering the conventions of American Edited English. The course includes instruction in research methods such as use of library resources, documentation, citation, and the avoidance of plagiarism.

**Humanities Elective** – Recommended courses:

- HUM 110 – Interdisciplinary Leadership I
- PHIL 199 - Thanatos - A Humanities Approach to Death and Dying
- SPCH 101 - Speech Communication

**Mathematics Elective** – Any mathematics course excluding development level courses and MATH 216

**OTA 101 (Intro to OT)** - Through study, discussion, and field observation/participation, the student will: 1) investigate a career choice in Occupational Therapy; 2) describe the need for self-care, productivity and leisure; 3) compare and contrast community health-care services for pediatric, adult, and geriatric populations; 4) describe the history and philosophy of Occupational Therapy; and 5) explore topics related to integrative health and wellness.

**OTA 104 (Diversity and Health Determinants)** - This is an introductory course to Occupational Therapy that explores the diverse social factors related to delivering effective treatment plans. Introduction to occupations, basic values, cultural customs, and sociological factors related to healthcare services are provided. Students will complete a

final project illustrating the complex factors that influence roles and values unique to a client to demonstrate the importance of individualized healthcare service delivery.

**PSY 101 (General Psychology)** - A foundation course in psychology. Review of the nature and purpose of psychology, the dynamics of adjustment, sensory development, psychometry, and the application of psychological knowledge to practical problems.

**Psychology 203 (Human Growth and Development)** - The processes affecting and effecting human development, with implications for educational practices used by and in the family, school, and community. Attention given to measurements and evaluative techniques for assessing total growth. The case method will be used, with direct and recorded observation being required.

*\*\*Students may elect to take Biological Science 207 and 208 (Anatomy and Physiology of the Human I and II) in place of Biological Science 121 and 201. If the student's long-term goal is to begin a Master's program of OT within 5 years, then it is recommended that the student take Biology 207 and 208 which requires an additional Bio 100 level course as a pre-requisite (please see the college catalog for approved courses).*

## Phase II Clinical

### Summer 1 Session (Following Second Semester)

**OTA 103 (Intervention Techniques I)** - Through study, discussion, and participation, the student will explore intervention methods and techniques focusing on minor crafts, play/leisure skills, and activity analysis.

**OTA 106 (Intervention with Physical Rehabilitation)** - Through study and discussion the student will identify commonly seen medical and orthopedic diseases and disabilities and identify Occupational Therapy evaluation techniques and methods of intervention for these conditions.

**OTA 107 (Domain of Occupational Therapy)** - Through study, discussion, and lab activities, the student will explore the intricacies of the practice framework as it relates to client domain – the components that create a holistic client. The Occupational Therapy Practice Framework will be examined and conceptualized into clinical practice through a bottom-up approach. Students will utilize the Person-Environment-Occupation Model to understand client domain and identify deficits that impact occupational engagement.

### Fall Session

**OTA 102 (Dynamics of Human Motion)** - Through study, discussion, and field observation/participation, the student will: 1) identify major muscle groups and their effect on movement; 2) analyze movement activities according to joint movements, muscle groups involved, and type of contraction elicited; 3) be introduced to range of



motion, body mechanics, and kinetic principles; and 4) perform standardized assessments of the skeletal and muscular system as they relate to occupational performance.

**OTA 203 (Intervention Techniques II)** - Through study, discussion, and participation, the student will explore the intervention methods and techniques focusing on adaptive equipment, specialized procedures of intervention such as prosthetics and orthotics, activities of daily living, transfer techniques, and specialized assessments and evaluation techniques.

**OTA 207 (Intervention with Children and Adolescents)** - Students will: 1) identify common injuries, diseases and difficulties encountered in individuals from birth through adolescence 2) correlate occupational therapy evaluation techniques and intervention methods in relation to occupational engagement. Students will apply the Occupational Therapy Process as within the context of age, diagnostic categories, and functional performance. Through fieldwork observation/ participation, the student will identify commonly seen pediatric disabilities, evaluation techniques, and methods of intervention for these conditions, including complementary and alternative methods.

**215 (Mental Health Concepts and Techniques)** - Through lecture, discussion, fieldwork, and observation/participation, the student will 1) identify commonly seen psychosocial conditions using Occupational Therapy evaluation techniques, 2) identify methods of intervention in psychosocial settings, 3) practice observing, assessing, and reporting group behaviors, 4) practice planning and implementing therapeutic groups, and 5) identify roles of group leader and follower.

### Spring Session

**OTA 204 (Physical Agent Modalities)** - Through lecture and instructor-student interaction, this course will cover all aspects of electrical stimulation and ultrasound. The student will learn the physics and basic principles of these two modalities, including definitions, terminology, and clinical examples. Students will be instructed in the appropriate parameters and methods of utilization to achieve client treatment goals.

**OTA 212 (OT Specialty Skills Development)** - Occupational Therapy Assistant Capstone course. The student is guided through assessment of his/her own skills as they relate to specialty areas of interest. The course is designed collaboratively by student and instructor to include library and/or other research, fieldwork, and establishment of a mentor relationship with another professional. Goal setting and measurement are integral parts of this course. Additionally, students will be guided through the exploration of specialty practice areas and related skills, fostering a well-rounded entry-level clinician.

**OTA 217 (Intervention with the Geriatric Population)** - This core practice area course is designed to provide the student with entry-level knowledge in the occupational therapy

practice areas with the geriatric population. Student will learn, apply, and integrate concepts related to the aging adult including various theories of aging, physical and psychosocial changes associated with aging, strategies of health and wellness in the later years, holistic intervention planning with the geriatric population, and intervention techniques addressing all components of occupational therapy domain. Through fieldwork and observation/participation, the student will identify commonly seen conditions of the older adult, evaluation techniques, and intervention methods for these conditions.

**OTA 220 (OT Program Development)** – This course is designed to allow the student to understand the steps in developing a program providing services to individuals in need of occupational therapy. The student will explore management and leadership styles, human resources issues, budgeting, supervision, organization, and planning as they related to the provision of occupational therapy.

**OTA 209 (Clinical Internship I)** - 8-12 weeks of full-time work as mandated by the facility. Through participation, the student will complete a supervised clinical internship in an appropriate health care facility.\*

*\*Students must complete all didactic courses of Spring term A prior to beginning OTA 209 in Spring term B.*

## Summer 2 Session

**OTA 210 (Clinical Internship II)** - 8-12 weeks of full-time work as mandated by the facility. Through participation, the student will complete a supervised clinical internship in an appropriate health care facility.

Note: It is assumed that any General Education courses taken at ACM or transferred from other institutions fulfill the content required by the OTA program. The program director reserves the right to request copies of syllabi from any non-OTA courses to verify content.

### (A.3.3.)

#### i. Estimated Student Costs (2024-25)

The following cost is reported for Fiscal Year 2024-25. The listed items are approximation and subject to change. Refer to [www.allegany.edu](http://www.allegany.edu) or the Admissions Office.

Item	Phase I 29 credit hours	Phase II 41 credit hours	Total/Other info
Tuition (see catalog)			
-In-County \$136/credit hour,	\$3,944	\$5,576	\$9,520
-Other MD county \$288/credit hour*	\$8,352	\$11,808	\$20,160
-Non-resident of MD: \$392/credit hour	\$11,368	\$16,072	\$27,440

Registration Fee**		\$40 per semester	\$240.00
Student Fee		\$10 per credit	\$700.00
Technology Fee		\$10 per credit	\$700.00
Sustainability Fee		\$6 per credit	\$420.00
Course/Lab		See chart below	
Textbooks		Varies	
Physical Examination & Vaccination		\$25-35	
Immunizations *** - Influenza - TDAP - Tuberculin Skin Test		\$30 \$60 \$40	NMWC
Health Insurance		Varies - \$475 +	
Medical Management Fee (NMWC Fee – see below)		\$75	
AOTA membership		\$78/year	
CPR certification/recert <b>AHA</b> Basic Life Support (BLS) for Health Care Providers certification		\$30-85	
OTA Program Uniform --name tag, ID photo --Polo clinical shirts & sweater --scrub top/pant		\$10 See course fee for OTA 106 \$30	May be covered by Financial Aid
Criminal Background		See below++	Varies by state
Fingerprinting – required by some fieldwork sites		\$55	
Drug Screening – required by some fieldwork sites		\$30-55	
Transportation, housing and meal expense to fieldwork		Variable	
Intervention Techniques I & II		\$50	
NBCOT Exam		\$515	Plus \$40 per state for score transfer
State License Fee		\$200 MD \$100 WV \$30 PA	

\*Maryland out-of-county resident tuition \$288/credit hour, however, students are eligible for Health Manpower Shortage Grant assistance. The OTA Program has been designated as a Health Personnel Shortage Program by the MD Higher Education Commission. This means that MD residents from outside Allegany County who are enrolled in the program are eligible for in-county tuition rates. See the Program Director for the form to be completed, signed and submitted to the Admissions Office

\*\*Registration fee is nonrefundable, but is applied to tuition

\*\*\*Immunization requirements include:

- Tdap
- 2-Step Tuberculin Skin Test (TST) PPD
- MMR
- Varicella (or blood titer for immunity status)
- Hepatitis B (and/or blood titer)
- Seasonal Flu Vaccination
- Drug screening
- *COVID Vaccination*

The NMWC prices are represented in the chart above. Note these costs may vary based on service location. COVID vaccinations are strongly recommended as many fieldwork sites require the vaccination as per site policy. Fieldwork is an essential and required task of the student to demonstrate clinical competency as per ACOTE standards. Few fieldwork sites honor the student waiver by ACM's processes. The student maintain the right of obtaining a COVID vaccination or obtaining a waiver with the knowledge of potential limitations on fieldwork.

+ Health Insurance cost dependent on student situation. If you do not have health insurance, you will be required to purchase it. More information can be obtained at the Business Office.

++ Criminal Background \$62 MD, WV, VA. PA residents may also be required to purchase PA Access to Criminal History PATCH, Child abuse, and Fingerprint = approximately \$65-85

Some courses have course-specific fees in addition to tuition and college fees. See course fees below.

Course #	Course Name	Course Fees
OTA 102	Dynamics of Human Motion	\$100
OTA 103	Intervention Techniques I	\$100 \$25 Learning Harbor Fee
OTA 106	Intervention in Physical Rehabilitation	\$100 \$62 Criminal Background Fee \$25 Nurse Managed Wellness Center (NMWC) \$100 Online Simulation Fee \$65 Uniform Fee – Polo and sweater
OTA 203	Intervention Techniques II	\$100
OTA 204	Physical Agents in Modalities	\$100
OTA 207	Intervention with Children/Adolescents	\$100
OTA 209	Clinical Internship I	\$100
OTA 212	Specialty Skills Development	\$100
OTA 210	Clinical Internship II	\$140 Exam Prep Fee
OTA 215	Mental Health Concepts and Techniques	\$100

**j. Student Outcomes (A.6.4.)**

Graduation rates and NBCOT exam pass rates are detailed below for the last three cohorts:

Cohort	Total Enrolled	Total Graduated	Withdraw: Personal	Withdraw: Academic	Graduation Percentage	NBCOT Pass Rate*
21-22	8	6	1	1	75%	100%
22-23	11	8	2	1	73%	75%
23-24	7	7	0	0	100%	100%

\*Please note discrepancies between the published NBCOT pass rate and program calculated NBCOT pass rate due to differences in reporting windows.

#### 4. ACADEMIC GUIDELINES

##### a. Purpose

The purpose of the Occupational Therapy Assistant Program Handbook is to serve as a personal reference to the guidelines and procedures of the OTA Program. All OTA students are responsible for reading, understanding, and complying with the material contained within this handbook.

This OTA Program Handbook is distributed to all newly accepted OTA students prior to the beginning of the first semester of Phase II Clinical Courses at orientation. Interpretation and clarification of the guidelines and procedures found herein may be obtained from the program director (PD) or academic fieldwork coordinator (AFWC).

This OTA Program Handbook may be revised or supplemented at the discretion of and upon the authority of the program director. New or revised guidelines and/or procedures will be established by the PD, AFWC, and/or OTA faculty when appropriate in response to local concerns and changing technology. Supplements will be mailed, emailed, and/or delivered to the student in the form of a memo.

##### b. Grading

A passing grade in any OTA course is a letter grade of A, B, or C. Any student who receives a final grade lower than a C (D, F, X, R, or W) in any OTA course and/or content area may not proceed to the next course/ semester.

OTA grades are based on theory, campus lectures, clinical demonstration, testing labs, and clinical performance. Each course syllabus, provided at the beginning of each semester, specifically outlines the requirements of that course and the assessment methods that will be used. The level of difficulty reflected in course work and testing increases in accordance with the developmental model of the curriculum design and program philosophy. A passing grade in each course component is required to pass the entire course.

**Students must pass all fieldwork in order to progress along the program path. If a student fails to complete all requirements of Level I Fieldwork, subsequently failing the fieldwork portion of a given course, the student will fail the associated course.**

Grading scale is as follows:

A	93-100%	Excellent
B	84-92 %	Good

C	75-83%	Average
D	66-74%	Poor
F	< 66%	Failing

All Phase II courses adhere to the grading scale above, except for Level II Fieldwork. For OTA 209 and 210, Level II Fieldwork courses, students earn a grade of Pass/Fail.

If a student is demonstrating difficulty with didactic or clinical concepts as assessed by the many progress and success indicators utilized within the program, the PD or the AFWC, at any time, maintains the right to test the student's skills through competency examinations. These competencies will include, but are not limited to case studies, goal writing, treatment planning, documentation, client interaction scenarios, interviewing skills, and transfers skills. These can be oral or written competencies.

This can occur at any time a student is registered for OTA courses and/or Level II fieldwork.

**c. Syllabi (A.5.7)**

All students are provided course syllabi at the beginning of each semester, located in the correlated BrightSpace course. Each syllabus is a contractual agreement to the student and the OTA program, establishing and upholding standards of the course. This includes student learning objectives (course-level), instructional methods, learning activities, assessments, grading, required learning materials, and course schedules.

**d. Assignments/Examinations (A.5.7.)**

All assignments must be submitted to the assigned course instructor on or before the due date. Late assignments will result in a grade reduction of 10% per day.

Evidence of cheating or plagiarism on examinations, quizzes, or written assignments will result in disciplinary action, and may warrant dismissal from the program. ACM and the OTA program use turnitin.com for the detection of plagiarism. Instructors may also monitor for AI use as per each course policy indicated in the associated syllabus.

When the student submits written assignments, all sources used by the student must be properly documented with in-text citations, quotations, and a bibliography, as appropriate. Students are required to use APA 7th edition formatting.

Written assignments are to be typewritten unless otherwise approved by the course instructor.

**e. Didactic and Clinical Session Attendance**

Students are expected to attend every class and clinical session. Tardiness to class or clinic will not be tolerated. Tardiness is an inconvenience to your classmates, fieldwork educators (FWE), and instructors, so it should be limited to important and emergency situations only.

Attendance will be taken at each class.

It is the student's responsibility to make up all the material missed.

All work missed must be completed by the next class session, unless otherwise determined by the instructor. Additional work/assignments may be required at the discretion of the instructor.

Excused absences include closure of the college, illness of student or a dependent, or death of an immediate family member (parent, child, sibling, or grandparent). Faculty may request documentation of the death.

Absentee letters will be sent to any student who has been absent from 20% of any one course. For example, if a course meets once weekly, three sessions would constitute 20% of the course. If a course meets two times a week, then six sessions would be 20%. (Lecture and lab count as two separate occurrences). **Absenteeism in excess of 20% may result in dismissal from the course, and subsequently, the program.**

Students must report their classroom absence as early as possible by notifying the instructor, using the instructions outlined in the course syllabus. They must report fieldwork absence as early as possible by notifying the assigned clinical rotation site, and the AFWC. Failure to properly notify college or clinical personnel of an impending absence will be considered an unexcused absence.

All fieldwork time missed must be rescheduled with the approval of the AFWC and the FWE so that the student may make up clinical assignments. All make-up time not approved in advance will not be applied toward semester clinical fieldwork hours.

Students absent more than two consecutive days because of illness must submit a written physician's certification indicating that the student is fit and able to resume clinical activities. The PD reserves the right to request a physician certification at any time.

If a student misses an exam and has not notified the instructor of his/her absence prior to the exam, a grade of zero will be recorded for the exam. A student with an excused absence who misses an exam must make appropriate arrangements with the instructor for a make-up exam by the end of the first day back; otherwise, a grade of zero will be recorded for the exam. Other arrangements may be made at the instructor's discretion.

**Students should schedule all appointments, medical and other, during times when they are not participating in didactic or clinical experience, unless it is an emergency situation.**

OTA classes and fieldwork take precedence over **any** outside employment. Arrangements for working must be made so that it does not interfere with meeting the requirements of the program.

**f. Enrollment in Occupational Therapy Assistant Courses (A.3.1.)**

New students are selected according to the admissions procedures as outlined in the college catalog, college website, and OTA Program brochure. Requirements for application to the Clinical Phase (Phase II):

- Successful completion of all General Education courses (Phase I) with a grade of “C” or better.
- Minimum cumulative GPA of 2.5 for all Phase I courses.
- Completion of eight (8) documented volunteer observation hours with a licensed Occupational Therapist (OT) or Occupational Therapy Assistant (COTA) at two different facilities. Four of the 8 hours must be in a hospital or long term care setting, and the remaining four hours must be in an alternate setting (pediatrics, outpatient therapy clinic, home care, or mental health). The observation forms must be submitted directly to the OTA Department by the supervisor at the facility by the April 15 deadline. Forms must be submitted in a confidential manner, or they will not be accepted.
- Review assigned videos and submit reflection summary assignments and submit by the April 15 deadline.
- Submission of program application by April 15 in order to be considered for admission in the summer session.

Students who meet the eligibility criteria and are invited to enroll in the OTA program after the selective admissions process, must submit the required documentation for standards set forth by the Fieldwork Education program. At a minimum students must complete the following items:

- Physical examination – completed by a personal physician or at ACM NMWC in the Allied Health building
- Immunizations – current with readiness to maintain compliance throughout the entirety of the program
- CPR Certificate – American Heart Association’s Basic Life Support
- Criminal Background Check – completed by CastleBranch
  - Fieldwork sites may require additional state trainings or background checks

Fieldwork sites may also require specific vaccinations (COVID, etc.), additional fingerprinting, drug screening, and other requirements to participate in the fieldwork experience. Students maintain the responsibility to fulfill all fieldwork requirements prior to the start of a confirmed fieldwork placement or risk delay or failure of a fieldwork experience.

Please be advised that our fieldwork sites require receipt of the results of criminal background checks before accepting students for fieldwork. **If a student has a significant or heinous criminal history, he or she may not be able to complete fieldwork without further examination, and as fieldwork is a major part of the OTA curriculum, the student may not be able to complete the program. In addition, a criminal history may prevent the student from becoming licensed to practice occupational therapy. If a student incurs legal charges while in the program, it is his/her responsibility to notify the program director or academic fieldwork coordinator immediately.**

**g. Withdrawals (A.4.4.)**



A student may withdraw due to poor academic performance, illness, or personal reasons. Students who withdraw are not guaranteed readmission. When a student withdraws from the program, an exit interview may be held with the student, his or her advisor, and the appropriate instructor(s).

To receive "W" grades, all withdrawals must be completed prior to the scheduled date of the last day to withdraw according to the current academic calendar. Withdrawal from a course does not relieve the student of financial obligations to the college. If a student is dropped after the middle of the semester or fails to officially withdraw, a grade of "F" will be recorded.

**Withdrawal Initiated by Students:** Students may withdraw from the program by completing the appropriate form and submitting it to the Registration Office. At the time a student voluntarily leaves the program, he or she may request an exit interview. This interview will be conducted by the student's advisor. At that time, the student's record will be updated to include his or her reason for leaving the program.

**Withdrawal Initiated by the Program:** The program may initiate withdrawal of a student from the Occupational Therapy Assistant Program in the following cases:

- When a student receives a final course grade of less than a "C" in any OTA course or Level I fieldwork or has missed 20% of any class during the course of a semester, the program may initiate withdrawal of that student from the program. The student is reassigned to "pre-OTA" status, and may be eligible for readmission according to the readmission policy described in Section IV.H. The student is not permitted to continue taking subsequent courses in the program until readmission and satisfactory completion of all required courses for that semester are completed.
- When a student's actions do not follow the college's professional standards
- If a student's emotional or physical health appears such that he or she cannot competently function at the level of his or her student peers. Students must advise faculty and Program Director of any change in health status. (Refer to Section VII. F. for physical and mental requirements for the student.)

#### **h. Readmission to the Occupational Therapy Assistant Program**

A student who did not successfully complete the OTA courses may be considered for readmission on an individual basis by the PD and AFWC, **unless that student was dismissed from the program for threatening or abusive behavior, or for unethical behavior, such as cheating.**

Individuals who wish to return to the program may be considered for readmission if they initiate the readmission procedure by submitting a new application form and participating in a personal interview with the OTA PD.

The following factors will be taken into consideration regarding readmission:

- The student meets the current admissions criteria for the program at the time of readmission.
- Space is available in the program.
- The student passes proficiency examinations with a 75% or better or provides evidence of having passed all appropriate pre-requisite courses.
  - Proficiency examinations are a cumulative examination to demonstrate mastery of the content of a selected semester or course.
- The student complied with all guidelines set forth by the program and the college for withdrawal.
- If the withdrawal was initiated by the program because of the student's unprofessional behavior, the student must submit, in writing, the steps he or she has taken to ensure that the behavior will not be repeated. Supporting documentation from mental health or other professionals may be required.

At least two months prior to the anticipated date of return, the student must submit a letter to the OTA PD requesting readmission to the OTA curriculum. This letter must state 1) the last semester and OTA course in which the student was enrolled; 2) the grade obtained; 3) any reason(s) other than academic for the student's withdrawal; and, 4) those steps the student has taken to improve his or her potential for success if readmitted to the program. This letter will be reviewed by the program director and a decision concerning readmission will be made by the program director. THE STUDENT IS ADVISED THAT HE OR SHE MAY ALSO NEED TO PETITION ALLEGANY COLLEGE OF MARYLAND FOR READMISSION depending on his or her academic status with the college. The following documents will be considered regarding readmission:

- Student Exit Interview
- College Transcript(s)
- Length of Time Absent from Program
- Course Outlines (The content of courses successfully completed by the student compared to the current content of those courses.)
- Clinical Evaluations
- Current Health Record, if pertinent

Readmission will be based on evaluation of circumstances and cannot be guaranteed. Acceptance may be delayed dependent on the availability of clinical facilities and instructors.

Placement in the program will be determined by evaluation of such factors as changes in the curriculum, length of time out of the program, and specific learning needs of the individual.

All students will be governed by the edition of the *"Occupational Therapy Assistant Program Handbook"* under which they were most recently admitted to the OTA program.

Students who are accepted for readmission and elect not to return will be considered again on an individual basis.

In the case of more than one student requesting readmission, the student's GPA of OTA courses completed or attempted will be the criteria used to determine readmission. In the case of a tie, the application date will be used.

A student who withdraws a second time from the program after being readmitted will not be eligible to reapply for the third attempt.

**i. Compliant Guideline (A.4.4)**

If a student has a complaint against a faculty member, he or she may request a meeting with that faculty member. If the meeting does not bring about a resolution, the student may make a formal complaint, in writing, to the program director, outlining the problem and the steps already taken to resolve the problem.

The program director will review the situation and will meet with both the student and the faculty member in order to come to a resolution.

If the student still does not feel that the situation has been satisfactorily resolved, he or she should then submit a complaint, in writing, to the office of the Dean of Enrollment, Academic, and Student Services. An appointment will be scheduled with the Dean or designee for further action.

In the case of a complaint against the program or the program director, the student may request a meeting with the program director to discuss the issue. If this does not resolve the situation to the student's satisfaction, he or she may follow the procedure outlined above.

**j. Graduation Requirements (A.4.4. / A.4.7)**

The specific program requirements for graduation are:

- Satisfactory completion of all courses in the OTA curriculum as outlined in the current college catalog.
- A grade of "C" or better in any courses required by the OTA Program.
- Satisfactory achievement of all fieldwork competency objectives.
- Satisfactory completion of the minimum required fieldwork hours for each OTA course.
- Completion of all Level II Fieldwork with a grade of "P". This includes a minimum of 16 weeks and a maximum of 24 weeks of full time (unpaid) employment. This fieldwork experience MUST be completed within 18 months of completion of academic courses in the OTA program **(A.4.7)**
- Completion of "Exit Interview" and payment in full of all outstanding bills (Financial Aid, library, bookstore).

**k. Credentialing and Licensure (A.4.6.)**

Upon graduation from the program, having successfully completed all coursework and fieldwork, students are eligible to sit for the certification exam administered by the National Board for Certification in Occupational Therapy (NBCOT), One Bank Street, Suite 300, Gaithersburg, MD 20878; (301) 990-7979. In order to be employed as an OTA, a student must

pass this exam and receive the designation of COTA. The following steps are necessary to take the exam:

- Complete the online application found at [www.nbcot.org](http://www.nbcot.org)
- Submit an official final grade transcript to NBCOT (directly from Registration Office)
- Upon receipt of the Authorization to Test letter from NBCOT, schedule a date and time to take the exam

In addition to certification, a COTA must be licensed to practice in the state in which he or she plans to be employed. At the time the candidate applies to take the NBCOT exam, he or she must also apply for licensure in any or all states he or she intends to seek employment. State licensure information can be found at each state's regulatory board of OT webpage or through [AOTA's resource page](#). (See *Level II Fieldwork Handbook* for State Regulatory Information.)

### **I. Plagiarism and Cheating**

The OTA program requires that all assignments with a research component be submitted to turnitin.com in Brightspace. This is a service that reviews written assignments in order to detect plagiarism. Throughout the OTA program, students will be required to submit written assignments electronically, as indicated by program faculty.

AI use is monitored and regulated by course policy detailed in each course syllabus. Students maintain the responsibility to use AI within each course guidelines.

Evidence of cheating or plagiarism on examinations, quizzes, or written assignments will result in disciplinary action, and may warrant dismissal from the program.

### **m. Accommodating Disabilities**

Academic access and disability resources can be found on the ACM website at [Academic Success and Disability Resources](#) or call 301-784-5234. The office is located in the Humanities Building, office H1.

## **5. DIDACTIC AND CLINICAL SESSIONS**

### **a. General Information**

Program scheduling is comprised of two parts: didactic and clinical. Didactic courses are scheduled according to college guidelines. Clinical assignments vary from semester to semester. Students are required to participate in no less than 70 credit hours of instruction and no less than 16 weeks of full-time clinical experience following completion of academic coursework.

All fieldwork experiences are managed and assigned by the AFWC. Students are responsible for completing site specific requirements and maintaining participation in assigned fieldwork experiences. **This may include transportation and room and board as necessary throughout the duration of the OTA program.**

Students will be assigned to didactic and clinical experience not to exceed 40 hours per week (not including breaks, lunch, travel, or study time).

Students may be assigned occasional afternoon, evening, and weekend clinical rotations, depending upon the clinical site schedule. The clinical instructor will provide rotation schedules each semester.

Students are not assigned clinical rotation on recognized holidays.

Students receive vacation time according to the college calendar, and planned vacations may not be excused if a student fails to consider the academic calendar and fieldwork requirements.

Students should schedule all appointments, medical and other, during times when they are not participating in didactic or clinical experience, unless in an emergency situation.

Students must arrive and leave no later than their assigned fieldwork time. There is no grace period. Students arriving later than their assigned starting time will be considered tardy. Tardiness is reflected in the Clinical Practicum courses as a score reduction on the *Fieldwork Competency Evaluation*. Proficiency in professionalism is required for successful fieldwork completion. (See attendance guidelines found in **Section 6.e**).

Students are expected to participate in all scheduled didactic and clinical experiences. Absenteeism is defined as not being present for an assigned educational experience.

OTA classes and fieldwork take precedence over any outside job. Arrangements for working must be made so that they do not interfere with meeting the requirements of the OTA Program.

#### **b. General Fieldwork Requirements**

The fieldwork program is governed by the ACOTE C standards. The fieldwork program is reflective of the program's sequence and scope of content in the curriculum design. In collaboration with the facility and faculty, fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.

Travel and temporary relocation are a strong possibility. In addition, certain sites may require additional requirements of the student before being approved for fieldwork including fingerprinting or drug screens. This will be completed at the student's expense.

Students receive meal periods of no less than 30 minutes when assigned for four or more clinical hours per day.

#### **c. Level I Fieldwork**

Every student is required to complete Level I fieldwork associated with the following courses and it is graded as Pass/Fail.

- OTA 106 Intervention in Physical Rehabilitation - Summer
- OTA 207 Intervention with Children and Adolescents – Fall
- OTA 215 Mental Health Concepts and Techniques – Fall
- OTA 217 Intervention with the Older Adult – Spring
- OTA 212 Specialty Skills – end of Spring

This fieldwork may be met through one or more of following instructional methods **(C.1.9.)**

- Simulated environments
- Standardized clients
- Faculty practice
- Faculty led site visits
- Supervision by a fieldwork educator in a practice environment (up to 10 days in an appropriate clinical site for each course)

The OTA program primarily utilizes supervision by a FWE, supplemented with simulated environments (ClinEd Web) **(C.1.9.)**

The same guidelines are applied to clinical labs as the didactic and clinical sessions.

**In no case shall Level I fieldwork be allowed to substitute for Level II fieldwork.**

Prior to beginning fieldwork each semester, students will receive a copy of the fieldwork objectives, fieldwork assignments and the assigned fieldwork experience. If applicable, site-specific objectives will also be distributed at this time. Information will be distributed by the AFWC in adequate time to allow for site-specific requirement obtainment and student-fieldwork educator communication.

Travel to clinical sites may be required for Level I fieldwork and the cost and time of travel is the responsibility of the student. Placement near a student's home is not always a viable option due to the availability of clinical sites.

Level I fieldwork will be supervised by the student's fieldwork educator. **Students are not to handle/work with patients/clients without direct supervision.**

An OTA student may complete a Level I placement in a facility in which they are employed; however, students employed by the clinical affiliate shall accept employment assignments during hours **only when they are not** involved in classroom, laboratory, or clinical assignments. Employed students may not assume the responsibility of supervising other students and, while students are engaged in educational activities, they may not assume the responsibility of supervising other students. In addition, while students are engaged in educational activities, they may not assume the responsibilities of paid staff therapists.

#### **d. Level II Fieldwork**

Level II fieldwork is designed to provide in-depth experiences in delivering Occupational Therapy services and to develop and expand the repertoire of OT practice. Level II Fieldwork is the final phase of the educational process to qualify to sit for the certification exam and is graded Pass/Fail. Level II fieldwork participation is limited to after successful completion of the didactic portion of the program. All Level II fieldwork policies are described in detail in the *Level II Fieldwork Handbook*.

Each student is required to complete a minimum of 16 weeks' full-time Level II fieldwork. **A minimum of sixteen weeks and a maximum of 24 weeks of full-time work as mandated by the facility is required.** This may be completed on a part-time basis, as defined by the fieldwork

placement's usual and customary personnel policies, if it is at least 50% of a full-time equivalent (FTE) at that site. This typically occurs in two 8-week Level II fieldwork experiences within OTA 209 and OTA 210. All Level II fieldwork must be completed within 18 months of completion of academic fieldwork.

An OTA student **MAY NOT** complete a Level II placement in a facility in which they are employed, or in any facility that is owned or operated by the company by whom they are employed.

Level II fieldwork levels of supervision are determined individually for each site. At a minimum, students must receive direct supervision with a progression to less direct supervision based on student performance and site requirements. The student is expected to abide by all rules applicable to a given site.

Fieldwork will be scheduled to include a variety of settings that represent possible areas of practice. The variety will include groups at different stages of the life span, various physical and psychosocial disabilities, and a variety of treatment settings/service models.

As early as the fall semester of Phase II, students receive their projected Level II fieldwork schedule. At this time, they also receive a copy of the *Level II Fieldwork Handbook*, including available site-specific objectives and general objectives required by the ACM OTA program. All site specific objectives are available for student review at any time upon request.

Students are encouraged to explore different areas of the country for Level II Fieldwork opportunities. Special requests for fieldwork sites must be submitted ASAP to the AFWC, but no later than October 1 of Phase II in order to allow time for the fieldwork coordinator to make contact, check on availability and establish a contract with the facility if it is a viable option.

Travel to clinical sites may be required for Level II fieldwork and the cost and time of travel is the responsibility of the student. Placement near a student's home is not always a viable option due to the availability of clinical sites.

#### **e. Fieldwork Policies**

Fieldwork is a crucial part of occupational therapy education. Each student should try to get as much benefit from it as possible. The student's initiative to learn during fieldwork will be reflected in the grade received for professional behavior. Fieldwork should be taken very seriously. The student's performance not only reflects on the student as a professional, but on the program and the college as a whole.

All assigned fieldwork assignments must be submitted in person or through Brightspace as per established deadlines and due dates. Fieldwork grades are based on clinical performance and completion of required assignments. Clinical performance is assessed by the FWE primarily using the *Level I Fieldwork Student Evaluation* for Level I experiences and the *Fieldwork Competency Evaluation* for Level II experiences.

**Cell phones are not permitted in clinical areas while you are on fieldwork.** Cell phones should be stored with personal belongings appropriately within the facility unless otherwise approved by the FWE.

#### **f. Site Selection**

The AFWC maintains sole responsibility of developing, managing, and securing fieldwork experiences. All fieldwork sites must meet the standards and needs of the OTA program before they are established as eligible fieldwork sites with a contractual agreement. All supervising FWEs must meet credentialing and practice experience requirements.

The effectiveness of every fieldwork experience is monitored and assessed in a variety of methods including: ongoing communication, collaboration with the FWE and student, on-site visits, and evaluations.

Any communication with a clinical site regarding fieldwork placements may only be initiated by the AFWC. Family members or significant others are prohibited from contacting the clinical sites. Failure to abide by this policy may result in a delayed start or termination of a clinical rotation and could jeopardize the student's ability to graduate on time, or even at all. Interference in the process by unauthorized persons could ultimately cause a clinical site to terminate a fieldwork contract with the OTA program, resulting in the loss of fieldwork placements for future students.

#### **g. Program Contact Information**

Allegany College of Maryland's Occupational Therapy Assistant Program Faculty and Staff:

- Jeff Hopkins, MS, OTR/L, Program Director
  - 301-784-5536
  - [jhopkins@allegany.edu](mailto:jhopkins@allegany.edu)
- Emily Rhodes, BS, COTA/L, Academic Fieldwork Coordinator
  - 301-784-5583
  - [emilyrhodes@allegany.edu](mailto:emilyrhodes@allegany.edu)
- Catherine "Alex" Grimm, BS, COTA/L, Faculty
  - 301-784-5583
  - [cgrimm@allegany.edu](mailto:cgrimm@allegany.edu)
- Jamie Andres, Administrative Assistant
  - 301-784-5538
  - [jandres@allegany.edu](mailto:jandres@allegany.edu)

#### **h. Student Expectations**

As an Occupational Therapy Assistant student, you are expected to perform as follows:

- Adhere to the Code of Ethics of the American Occupational Therapy Association (See **Section 4.i.**).
- Be prepared in theory and practice to complete the clinical focus for the day.
- Dress appropriately (See appropriate attire in clinical and classroom guidelines).
- Be responsible for the care of assigned clients and related tasks.



- Behave in a professional manner as outlined in the professionalism section of this handbook
- Refrain from plagiarism in all course assignments.

Grounds for dismissal include, but are not limited to:

- Inadequate preparation for clinical assignment (e.g. inappropriate dress, incomplete assignments, etc.)
- Inappropriate verbal or nonverbal communication with clients, staff, instructors, or classmates.
- Threatening statements or actions against clients, staff, instructors, or classmates.
- Conduct or performance that would impair or interfere with classroom and clinical assignments (e.g. use of drugs or alcohol).
- Absence from more than 20% of any course during the clinical phase of the program.
- Evidence of plagiarism or cheating on examinations, quizzes, or written assignments.
- Considerations of newly acquired criminal charges as detailed in **Section 4.f.**

If a student is asked by a fieldwork supervisor to leave a fieldwork site because of unsafe or unprofessional behavior, this will result in the student receiving an “F” for the fieldwork, and consequently, for the course to which the fieldwork is attached.

#### **i. Confidentiality**

Any and all information concerning clients must be held in the strictest of confidence and may not be divulged. Information concerning clients should not influence one's attitude toward or treatment of clients.

Students found guilty of breach of confidentiality, as established by HIPAA law, will be subject to disciplinary action and/or dismissal.

Examples include using real client names, copying client chart information without redactions for learning purposes, sharing unique identifying features of clients, and capturing clients or client records through video or picture mediums.

The Cumberland area and OT community are small and tight knit. An OTA student may not divulge any information related to clients, as even a small bit of information may identify a client by a person in the community, outside of the client's healthcare team. Such a breach of confidentiality may result in dismissal from the fieldwork site and/or the program.

#### **j. Documents**

During fieldwork experiences, students may not witness or sign any documents. If the policy of the facility that students sign documents, signatures should be co-signed by the immediate supervisor.

## **6. PROFESSIONALISM**

### **a. Overview**

Students are expected to maintain a professional bearing throughout their didactic and clinical training. Students will be evaluated on their affective performance as well as their knowledge and skill. If a student demonstrates unsafe or unprofessional behavior during his or her clinical training, the clinical supervisor will file an incident report with the Clinical Coordinator. (See **Section 9** for sample incident report). The following clinical affective objectives apply to all didactic and clinical experiences in the program.

All concerns with clinical experiences should be reported to the AFWC if there is no resolution obtained at the site.

**b. Student-Client Interaction**

The student will consistently display a professional and positive attitude in all interactions with clients.

- The student will always identify himself/herself to clients.
- The student will display courteous behavior towards the client.
- The student will display respect for the client regardless of race, religion, sex, ethnicity or orientation.
- The student will adhere to the above objectives regardless of the client's condition
- Gratuities may not be accepted from clients.
- The student shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession. (i.e. –such as dating clients)
- The student will adhere to acceptable ethical standards and The OT Code of Ethics.
- The student will not engage in solicitation, sales, or religious persuasion.

The student will maintain confidentiality of all client records and information.

- The student will record all information accurately in the client's chart. The client's chart belongs to the health care institution and will not be taken from the nursing unit or medical records department unless otherwise authorized by hospital/college personnel.
- The student will discuss the client information only with other medical personnel involved in the care of the client.
- The student will discuss with the client only information already known to the client.
- The student will discuss the client's condition with his/her clinical instructor only when out of audible range of the client and/or family.

The student will display respect for the client's right to privacy.

- The student will arrange clothing and bedding to maintain the client's modesty.
- The student will knock on the client's door before entering the room.
- The student will be familiar with the American Hospital Association's "Patient Bill of Rights."

The student will demonstrate concern for the protection of the client from injury during procedures.

- The student will perform only those procedures in which he or she has been deemed competent by the instructor.

- The student will adhere to relevant skill sheets when performing any procedure.
- The student will, in accordance with the skill sheets, assess the client's condition in response to therapy.
- Direct supervision\* of the fieldwork student is required at all times.

\*Direct supervision: the supervising FEW is on the premise at all times with daily on-site, close contact with the student

### **c. Student-Clinic Personnel Interaction**

The student will consistently display a professional and positive attitude in all dealings with clinic personnel.

- The student will identify himself/herself by wearing appropriate clothing, name badge, and other identification as may be required.
- The student will display respect for all hospital personnel regardless of race, religion, sex, ethnicity or orientation.
- The student will read and practice all rules, regulations, and procedures that are established for the department to which he/she is assigned.

The student will first discuss with the fieldwork educator any established clinic procedures or any techniques observed in the clinic with which he/she does not agree. The student will not discuss or debate any clinic procedure in the presence of a client.

The student will demonstrate respect for the clinic by careful and responsible use of the clinic's facilities and equipment.

- The student will use only equipment with which he/she is familiar.
- The student will notify the fieldwork educator of any malfunctioning equipment.

### **d. Student-Student Interaction**

The student will consistently display a professional and positive attitude in all dealings with students.

- The student will complete, without the aid of another student, all assignments that he/she is expected to complete alone.
- The student will perform cooperatively when working in assigned areas with other students.
- The student will display courteous behavior toward classmates/peers.
- The student will not make threatening gestures or statements towards classmates/peers.

### **e. Student-Instructor Interaction**

The student will consistently display a professional and positive attitude in all dealings with his/her clinical instructor.

- The student will work to the best of his/her ability to complete all assignments.
- The student will demonstrate respect for the instructor at all times.

- During clinical and class time the student shall not leave the clinical facility or classroom area without notification of, and permission from, the instructor. Failure to adhere to this policy may result in dismissal from the OTA Program.
- Rotations and daily assignments are left to the discretion of the clinical instructor. Any student argument or refusal to accept an assignment will be cause for dismissal from clinic and possible expulsion from the program. However, a student may decline an assignment if the student feels the procedure presents undue risk to the client or if the student feels a particular client's care to be beyond his/her level of competency.
- Affective objectives require that all students shall maintain a professional behaviors at all times in the clinic, in the laboratory, and in the classroom.
- A "professional behavior" implies that students will be non-offensive in speech, dress, and dealings with facility personnel, clients, physicians, college personnel, and with other students.
- Students must realize that dishonesty, abusive language or conduct, swearing, or threats in either the classroom or clinical setting will be just cause for immediate dismissal from the course or program once such action is deemed justified by the Program Director and Vice President of Instructional Affairs. The student will be suspended from fieldwork until a decision is made. If the student is reinstated, the clinical time will need to be made up.
  - Such dismissal may or may not be preceded by a verbal or written warning depending on the circumstances, but in all cases will require a conference with the Program Director, Academic Fieldwork Coordinator and involved persons to hear both sides of the case before any such severe action is taken.
- Ensure that the student shall be supervised by an Occupational-therapy practitioner, who meets state regulations and has a minimum of one-year experience, subsequent to the requisite initial certification. The supervisor may be engaged by the fieldwork site or by the educational program. (C.1.14)
- Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct, then decrease to less direct supervision as is appropriate for the setting, the severity of the client's condition, and the ability of the student. (C.1.16.)
- Once a Level II OTA student has completed their fieldwork, it is the responsibility of the fieldwork educator to complete and submit the Fieldwork Competency Evaluation for the Occupational Therapy Assistant Student to the academic fieldwork coordinator. When the evaluation has been received by the academic field work coordinator, a continuing education certificate is mailed to the fieldwork educator. (C.1.18.)
- It must be emphasized that in the clinical areas, the students are GUESTS of the facility. Any problems between students and facility personnel should be referred DIRECTLY and IMMEDIATELY to the instructor and/or Program Director and Clinical Coordinator who will mediate the situation. Students are NOT to involve themselves in arguments with or between any facility personnel, physicians, clients, or visitors AT ANY TIME, FOR ANY

REASON. Any event in which the facility administration or department administration would recommend that the student be dismissed from the clinical area WILL involve dismissal from the course or program if the Program Director sees the conflict as an unsolvable situation.

## **ACM Allied Health Programs Professional Technical Standards**

### **Please appendix F**

#### **f. Classroom and Clinic Attire**

Student shall always maintain a professional appearance in the classroom and clinical setting

- Students will be required wear navy blue scrubs to all classes
- Students must wear closed toed shoes
- Dress or business casual khakis and the OTA program polo shirts are to be worn for presentations and field trips. In addition, they may elect to wear dress or business casual clothes for presentations typical to their specific practice setting.
- Students may wear outwear designated from the bookstore (jacket or crewneck sweater). One clothing item is covered within course fees, however, students may elect to purchase the remaining outwear item.
- Clothing should be in good repair, clean and should fit appropriately and be loose enough to allow for mobility.
- Name badges will be worn at all times.
- Jewelry
  - Wedding and engagement rings may be worn if clinical facility permits
  - One set of small stud earrings may be worn in earlobe
  - No other jewelry is acceptable except Medical Alert jewelry
- Students are expected to be well-groomed and clean, including free of odors caused by tobacco and alcohol use.
- Hair style must be of a naturally occurring color, neat and clean.
- Heavy perfumes, scented body lotions and after-shave lotions are not permitted.
- Make-up may be worn in moderation.
- All tattoos must be covered.
- Clinical uniforms are site specific and what to wear will be confirmed by student with the fieldwork supervisor before starting.
- No brightly colored, flashy polish/designs or chipped nail polish during fieldwork.
- Nails must be no longer than the fingertips. Artificial nails are not permitted.
- Chewing gum is not permitted in clinical settings

The following will not be permitted in the classroom:

- Bedroom slippers
- Excessive jewelry
- Hoodie sweatshirts

**Any violation of the professional dress code in the clinical setting will result in the student being dismissed from the clinical site immediately with an unsatisfactory for the day and a notation of violation of professional behavior made in the student's file.** The day must be made up at the facility's and faculty's convenience. If the facility staff refuses to have the student return, it will result in an immediate clinical failure.

**g. ACM Allied Health Programs Professionalism Standards**

**i. Please see appendix e**

**h. AOTA Occupational Therapy Code of Ethics (2020)**

**Preamble**

The 2020 Occupational Therapy Code of Ethics (the Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the occupational therapy profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in practice, research, education, and policy. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients of service in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be persons, groups, families, organizations, communities, or populations (AOTA, 2020).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It sets forth Core Values and outlines Standards of Conduct the public can expect from those in the profession. The

Code applies to all occupational therapy personnel in all areas of occupational therapy and should be shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

1. It provides aspirational Core Values that guide occupational therapy personnel toward ethical courses of action in professional and volunteer roles.
2. It delineates ethical Principles and enforceable Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. Adherence to the Code is a commitment to benefit others, to the virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analyzing the complex dynamics of situations, applying moral theories and weighing alternatives, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel are expected to abide by the Principles and Standards of Conduct within this Code.

The process for addressing ethics violations by AOTA members (and associate members,<sup>2</sup> where applicable) is outlined in the Code's Enforcement Procedures (AOTA, 2019).

Although many state regulatory boards incorporate the Code or similar language regarding ethical behavior into regulations, the Code is meant to be a freestanding document that guides ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist with resolving conflicts and ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees, organizational ethics officers or consultants, and the AOTA Ethics Commission. For a full list of AOTA ethics resources, please refer to the AOTA website at <https://www.aota.org/Practice/Ethics.aspx>

As member of the occupational therapy profession, a copy of the Code of Ethics will be provided. All students are expected to adhere to the profession's standards.

## **7. GENERAL GUIDELINES**

### **a. Inclement Weather**

As a student in this program, you may be required to travel under adverse weather/road conditions. Allegany College of Maryland and this program value your safety and your educational needs.

We encourage you to register for the College's e-Safe alert system and monitor weather/road conditions. If ACM is closed or delayed (including weather related events), you may report to your clinical site in accordance with the site and this program's requirements or policies unless it is unsafe for you to do so. You are to use your best judgement in making a decision to travel in adverse weather/road conditions. If you decide to not travel to your fieldwork site, you must contact your site supervisor as soon as possible. If there is a disagreement between you and the site supervisor about your attendance, you must contact the fieldwork coordinator for directions.

### **b. Professional Meetings and Lectures**

Students are encouraged to attend various professional meetings and lectures. Students may do so on a voluntary basis. Cost of registration, travel, meals, lodging, and other expenses are paid by the student.

### **c. Student Memberships**

Students in the program are required to become members of the AOTA at a reduced student rate. A student member receives all of the benefits of an AOTA membership which includes the *American Journal of Occupational Therapy*, OT Practice, weekly job placement bulletins, reduced rates for AOTA-sponsored conferences, reduced rates on publications, products, and audiovisual materials.

### **d. Communicable Disease Guidelines (A.4.4)**

#### **Precautions to Prevent Transmission of HIV**

Medical history and examination cannot identify all patients infected with the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), or other blood pathogens. Diseases can be transmitted through exposure to body fluids, including secretions and excretions. The potential risk that health care workers may be exposed to blood and body fluids emphasizes the need to consider ALL patients as potentially infected with transmittable pathogens. All health care workers should adhere rigorously to infection control precautions in order to minimize the risk of exposure to blood and body fluids of ALL patients.

To minimize the transmission of blood-borne pathogens, UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS should be used in the care of ALL patients.

- All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient.
- Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
- All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning instruments; during disposal of used needles; and when handling sharp instruments after procedures to prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.



- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
- Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
- Pregnant health care workers are not known to be at a greater risk of contacting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
- Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC (7) for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, "AFB"(7) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.
- Students are to adhere to facility and college guidelines in regards to COVID testing and vaccination unless otherwise exempt by appropriate delegations.

**e. Occupational Exposures to Blood-Borne Pathogens (A.4.4)**

The student is required to follow the clinical affiliates' written exposure control plan.

The student is highly encouraged to receive the Hepatitis B vaccine and vaccination series as outlined in the Physical Examination form

If the student is exposed during his/her clinical rotation, he/she must report the exposure to the clinical instructor and follow procedures regarding post-exposure evaluation and follow-up

The student is required to adhere to the warning labels

Students are required to purchase eye protection at their own expense and the clinical affiliate provides protective equipment such as gloves, gowns, laboratory coats, and other required devices at no cost.

The clinical affiliate will maintain extensive confidential medical records for individuals receiving an occupational exposure and retain such records for at least the duration of the education plus 30 years.

**f. Student Health (A.4.4)**

Students who become ill while in the clinic must report to the Fieldwork Educator at the site who will determine the proper course of action. The Academic Fieldwork Coordinator should also be notified if a student leaves the clinical setting due to illness.

Conditions in the clinical setting may include diseases and conditions that could have an impact on pregnancy in all stages. Students are required to notify the fieldwork coordinator or program director immediately when pregnancy is suspected or confirmed.

Students are expected to follow all infection control procedures during all clinical and classroom activities. This includes but is not limited to cleaning equipment after use and using appropriate PPE.

An updated health care provider's statement and/or physical is required when any change in a student's current physical and/or mental status occurs that disrupts the student's ability to perform the *"Allegany College of Maryland Allied Health Programs Professionalism Standards"*

The ability to perform these *"Essential Functions"* was indicated by the student's signature when the admission physical exam form was submitted upon admission to the program.

A change in health status that may affect *"Essential Functions"* could include, but is not limited to a major illness, surgery, injury, pregnancy complications, birth of a child, or hospitalization. The health care provider's statement must be provided before the student returns to the class/clinical setting. Students are expected to return able to perform *"Essential Functions"*. A student may be required to complete another physical exam form.

Good communication with the Program Director, Academic Fieldwork Coordinator and fieldwork educators surrounding a change in health status is imperative to protect the welfare and safety of the student. Students are advised, in the event of a change in health status to consult their health care provider regarding limitations, if any, especially when working in areas of direct client care. It is the student's responsibility to provide documentation of any applicable restrictions or limitations as a result of his/her health condition. If possible, reasonable accommodations may be made that are responsive to the student's needs.

Reinstatement of a student who has withdrawn due to a change in health status will occur under the following conditions:

- Space is available in the class such that the maximum student capacity is maintained.
- The students followed the correct procedure for withdrawal from the program.
- The student has completed all minimum requirements of the program up to the point of withdrawal.
- The student has initiated the readmission procedure by completing a new application.

The final decision regarding readmission rests with the College.

**g. Student Responsibility of Safety (A.4.4)**

Students must be alert to potential safety hazards during all clinical interactions with clients, instructors, or other students. Students should follow safety procedures outlined for specific activities (e.g. transfers, physical agent modalities, etc.) during all classroom, lab, and fieldwork experiences. Willful failure to do so may result in dismissal from a fieldwork placement or from the program.

**h. Safety Equipment Checks (A.4.4)**

All equipment requiring safety checks and calibrations is inspected annually, or sooner if needed, by a qualified external company (Clinical Education Services). Other equipment is monitored regularly. Students should inspect equipment before use and report any safety concerns or wear to the instructor and Program Director. If immediate repairs aren't possible, place an "out of order" sign on the equipment and remove it from the fleet. If it's too large to remove, inform the instructor and Program Director to prevent accidental use. Off-campus educational experiences follow the same safety requirements as on-campus labs unless stated otherwise.

**i. Use of Program Equipment and Supplies (A.4.4)**

Students have access to all program equipment and supplies in order to enhance their learning. Much of the equipment is owned by the OTA program is very expensive. Students are required to handle all program equipment and supplies with respect and care to prevent damage to the equipment and/injure to themselves or others. Students who cause damage to program equipment through negligence or improper use will be liable for the expense of the repair or replacement of the equipment.

**j. Evacuation Procedures (A.4.4)**

In the event of a fire alarm, students will exit the classroom (AH236), proceed down the stairwell immediately to the left of the classroom, and leave the building via the exit on the southeast side of the building. If students are in the lab (AH 258), they should exit the room via either door and proceed to the main entrance on the west side of the building. If an emergency evacuation occurs while a student is at a fieldwork site, they are expected to follow the evacuation policies of the facility, under the direction of their fieldwork supervisor.

**k. Student Rights, Responsibilities, and Policies**

Refer to the [Allegany College of Maryland Student Handbook](#) for the following:

- Code of Student Conduct
- Student Discipline
- Policy Regarding Student Cheating
- Policy Statement on the Release and Confidentiality of Student Records
- Policy on Recognition and Chartering of Student Organizations
- Policy on Communication of Student Information
- Veterans Standards of Progress
- Allegany College of Maryland's Academic Regulation
- Student Grievance Policy

## **I. Communications**

### **Student mail boxes**

Each student will be assigned a mailbox during his or her first semester of the OTA program. Mailboxes are located in the OTA/PTA office area and should be checked on a daily basis

### **Bulletin Boards**

All official notices and memos will be posted on the bulletin board in the hallway outside the OTA classroom. This should be referred to daily. The bulletin board is for departmental matters only and unapproved material will be removed.

### **Chain of Command**

Any student curriculum-related problems are to be resolved using the procedure set forth in the current Allegany College of Maryland Student Handbook and the OTA Program Student Handbook. At no time is the chain of command to be altered or individual offices bypassed.

## **m. OTA Facilities Use (A.2.14.)**

### **OTA Office Library Use**

A small library of books, treatment materials, videos, and periodicals are located in Room 234C as well as Rooms 233 and 241. A notebook containing an index of materials and a sign-out sheet are located in the administrative assistant's area. Materials must be signed out and returned to the administrative assistant. Materials are not to be placed back on the shelf by the student.

### **Copier Use**

Students are permitted to use the copier on a limited basis (the Print Shop should be utilized if at all possible, for more than five copies), for school-related purposes only. Any student using the copier must be a member of the SOTA Club and participate in fundraising efforts to support the Club's funding of the copier. If a student chooses not to participate, the charge is 10 cents per copy.

### **Kitchen & Classroom Use**

Having the kitchen area in the classroom is a luxury. Students are permitted to use the kitchen appliances, but this area must be kept clean at all times. If faculty or staff find this area is not kept clean, the privileges will be taken away.

A "Clean-Up Schedule" is posted in Room 236 with monthly assignments. During your assigned month, you will be responsible for keeping the labs (Rooms 236 and 258) clean and neat and stocking supplies as needed. Following classroom demonstrations and labs, all students will be responsible for clean-up.

### **ACM Library Use**

Students have access to a wide range of services and resources available in the library and [online library webpage](#). Students may access online scholarly databases, rent

anatomy models for visual and hands-on learning, access online periodicals, and access the Learning Commons for tutoring, study, and writing support. The library includes access to free printing services.

#### **OTA Smart Apartment and Equipment**

Students have access to the Smart Apartment for skills training, intervention planning, and class learning activities as needed. Students also have access to the Anatomage table in the Technology Building with supervision of a trained faculty member.

Students may request use of the Smart Apartment and Anatomage table through the administrative assistant, AFWC, or PD at any time for reasonable and appropriate use.

#### **n. Promoting the Profession Requirements**

The promoting the profession (PTP) requirement of the OTA program aims to facilitate student learning through community activities and services as per ACOTE standards. PTP is meant to be a community service learning activity where students develop valuable skills while simultaneously meeting a need of the community.

PTP activities should actively meet a need of the community while also introducing or developing an understanding of occupational therapy and its benefits. PTP activities are not volunteer activities. Although volunteering can meet a community need, most volunteer activities promote another service or value not specific to occupational therapy. Though an OTA student can volunteer at an event, simply being present as an OTA student does not educate or facilitate community learning of the benefits or values of OT. PTP activities must actively provide a service to the community with the OT scope of practice in mind to promote the profession and OT services.

**Students are required to complete 20 hours of PTP.** Failure to complete 20 hours of activities by the end of the Spring B-term will result in the student not being able to commence Level II fieldwork until this requirement is met.

It is highly encouraged that students look to their own communities to find new activities and opportunities to promote the profession. The ultimate goal is to bring OT to agencies and organizations which may one day become a service practicing clinicians can provide to the community.

The program deems the following activities as appropriate for PTP:

- Design and update the informational bulletin board
- Speak to visiting student groups on campus
- Write an article for a local newspaper highlighting OT
- Publish a social media post in collaboration with the marketing department to represent OT
- Participate in a community health fair
- Give a presentation to a local high school or community organization about OT

- Write a letter to a political representative regarding legislation impacting occupational therapy
- Create and publish a 3 minute skills video series

All activities should be approved by the Program Director before undertaking the activity. It is the responsibility of each student to record their hours in the PTP notebook in the Program Director's office and ensure that the hours are approved and signed off by the Program Director.

**o. Cell Phone Policy**

Cell phones will **NOT** be tolerated in class.

In addition, cell phones are not permitted in clinical areas while you are on fieldwork. Cell phones should be stored with personal belongings.

**p. Tobacco Use Policy**

The occupational therapy assistant program will adhere to the [College Tobacco Use Policy](#) located in the *Allegany College of Maryland Student Handbook*. Smoking or carrying of any lighted tobacco product or tobacco substitute, and the use of oral tobacco or tobacco substitute products, is prohibited anywhere on the campus, in college vehicles, or at fieldwork sites.

**q. Criminal Background Check**

See academic guidelines (**Section 4.f.**) Any student with a criminal record will be required to meet with the program director to discuss options.

**r. College Central Network**

ACM offers a service called College Central Network to students and alumni. Those who register for this service will have access to a wealth of information and helpful resources to get into the workforce. Take advantage of the free resume builder, which walks one through from beginning to end on how to prepare a great resume or upload a current resume to the site. Approved employers can actually view a resume once it is posted. Other features include searching jobs and internships, creating a portfolio, and watching videos on interviewing skills

To register for this free service, go to [www.allegany.edu](http://www.allegany.edu), click on the Career Services Link. Then click on Student-Sign Up and complete the registration. From there, registered persons can log into CCN and start using all its features.

**s. Social Networking Guidelines**

We understand the importance, frequency and ease of students' communication with fellow students through various means. Past classes have found it helpful to set up a Facebook page to be used for sharing ideas, study tips, and announcements. This is encouraged; however, under no circumstances should social media be used for the following:

- Inappropriate disclosure of confidential information
- Inappropriate disclosure of personal information and/or photographs
- Inappropriate and/or unauthorized publications
- Damage to the College's reputation in the community

- Damage to personal relationships
- Bullying
- Derogatory comments about classmates, the OTA program, OTA program faculty, fieldwork supervisors or facilities

Failure to abide by these guidelines will result in disciplinary action to be determined by the program director and appropriate campus authorities.

## **8. STUDENT OCCUPATIONAL THERAPY ASSISTANT CLUB**

### **a. Description**

Allegany College of Maryland OTA students are encouraged to join the student OTA Club. This group meets on a regular basis, volunteers for community/campus events, conducts fund raisers for a scholarship, field trips (including the annual AOTA conference), and other workshops to further their education in the field of OT.

### **b. Purpose**

The purpose of the SOTA Club includes, but is not limited to the following:

- Providing funding for the OTA Scholarship
- Providing community education
- Making donations for wheelchairs/equipment for needy individuals in the community
- Providing peer support
- Fieldtrips, Educational experiences/Workshops/Conventions
- Participation in activities such as Special Olympics, Bowl for Kids' Sake, the March of Dimes Walk, and the National Association for Autism Research Walk, to name a few
- Copier Use
- Expansion of the OTA/PTA Library resources
- Contribution to any other cause/event the club feels necessary
- Expenses related to the OTA Graduation

The Club consists of Members, Officers (President, Vice President, Secretary, Treasurer, and Historian), and a fund-raising committee made up of the President, Treasurer, and 2 members from the class. The role delineations are described in the SOTA Club Binder located in the OTA Office area.

SOTA Club elections are held during the first semester of Phase II.

## **9. FORMS**

All forms will be distributed as additional handouts and content in the BrightSpace courses when the OTA Program Handbook is reviewed at orientation.

- Allied Health Professional Technical Standards Acknowledgements**
- OTA General Release/Waiver Form**
- Unprofessional Behavior Incident Report**
- Unsafe Behavior Incident Report**

**10. SIGNATURE PAGE**

The guidelines in this manual have been revised and supersede all other published Occupational Therapy Assistant guidelines. These guidelines become effect with the Summer 2025 semester. The policies have been approved by the following individuals:

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Jeffery Hopkins, MS, OTR/L  
Occupational Therapy Assistant Program Director

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Date:

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Karin Savage, DPT  
Dean of Career Education

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Date:

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Kurt Hoffman, Ed.D  
Senior Vice President of Instructional and Student Affairs

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Date: