
Guidelines for Reentry Into the Field of Occupational Therapy

Purpose of the Guidelines

These guidelines are designed to assist occupational therapists and occupational therapy assistants who have left the field of occupational therapy for 24 months or more and have chosen to return to the profession and deliver occupational therapy services. The guidelines represent minimum recommendations only and are designed to support practitioners in meeting their ethical obligation to maintain high standards of competence.

It is expected that practitioners will identify and meet requirements outlined in applicable state and federal regulations, relevant workplace policies, the *Occupational Therapy Code of Ethics (2015)* (American Occupational Therapy Association [AOTA], 2015a), and continuing competence and professional development guidelines prior to reentering the field.

Clarification of Terms

Reentry—For the purpose of this document, reentering occupational therapists and occupational therapy assistants are individuals who

- Have practiced in the field of occupational therapy; and
- Have not engaged in the practice of occupational therapy (may include direct intervention, supervision, teaching, consultation, administration, case or care management, community programming, or research) for a minimum of 24 months; and
- Wish to return to the profession in the capacity of delivering occupational therapy services to clients.

Formal Learning—This term refers to any learning that has established goals and objectives that are measurable. It may include activities such as

- Attending workshops, seminars, lectures, and professional conferences;
- Auditing or participating in formal academic coursework;
- Participating in external self-study series (e.g., AOTA Self-Paced Clinical Courses); or
- Participating in independent distance learning, either synchronous or asynchronous (e.g., continuing education articles, video, audio, or online courses) with established goals and objectives that are measurable.

Supervised Service Delivery—For this document, *supervised service delivery* refers to provision of occupational therapy services under the supervision of a qualified occupational therapist. The *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (AOTA, 2014a) state that

within the scope of occupational therapy practice, *supervision* is a process aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development. [It is] a cooperative process in which two or more people participate in a joint effort to establish, maintain, and/or elevate a level of competence and performance. (p. S16)

Specific Guidelines for Reentry

Practitioners who are seeking reentry must abide by state licensure and practice regulations and any requirements established by the workplace. In addition, the following suggested guidelines are recommended:

1. Engage in a formalized process of self-assessment (e.g., self-assessment tools, such as AOTA's [2003] *Professional Development Tool*), and complete a professional development plan that addresses the *Standards for Continuing Competence* (AOTA, 2015b).
2. Attend a minimum of 10 hours of formal learning related to occupational therapy service delivery for each 12 consecutive months out of practice. At least 20 hours of the formal learning must have occurred within the past 24 months of re-entry.
3. Attain relevant updates to core knowledge of the profession of occupational therapy and the responsibilities of occupational therapy practitioners that are consistent with material found in AOTA official documents such as the *Occupational Therapy Practice Framework: Domain and Process* (3rd ed.; AOTA, 2014b), the *Occupational Therapy Code of Ethics* (2015) (AOTA, 2015a), *Standards for Continuing Competence* (AOTA, 2015b), *Standards of Practice for Occupational Therapy* (AOTA, 2010), and *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (AOTA, 2014a).
4. Complete a minimum of 30 hours of documented supervised service delivery in occupational therapy, which is recommended for practitioners who have been out of practice for 3 or more years.
 - a. The supervised service delivery should be completed between the 12 months prior to anticipated reentry and the first 30 days of employment.
 - b. The reentering practitioner, in conjunction with the supervising occupational therapy practitioner(s), should establish specific goals and objectives for the 30 hours. Goals, objectives, and related assessment of performance may be developed or adapted from a variety of sources, including competency and performance review resources existing within the setting as well as AOTA resources such as the *Fieldwork Performance Evaluation for the Occupational Therapy Student*® forms (AOTA, 2002a, 2002b).
 - c. The supervised service delivery experience should focus on the area of practice to which the practitioner intends to return.
 - d. Supervised service delivery should occur with a practitioner at the same or greater professional level (i.e., an occupational therapist, not an occupational therapy assistant, supervises a returning therapist).
 - e. Supervision should be direct face-to-face contact, which may include observation, modeling, cotreatment, discussions, teaching, and instruction (AOTA, 2014a) and may be augmented by indirect methods such as electronic communications.

Ongoing Continuing Competence

Once practitioners have successfully returned to the delivery of occupational therapy services, they are encouraged to engage in activities that support them in their ongoing continuing competence, such as

- Seeking mentoring, consultation, or supervision—especially during the first year of return to practice;
- Engaging in relevant AOTA Special Interest Section forums to build a professional network and facilitate opportunities for practice guidance;
- Exploring relevant AOTA Board and Specialty Certifications and using the identified criteria as a blueprint for ongoing professional development; and
- Joining and becoming active in both AOTA and the state occupational therapy association to stay abreast of practice trends and increase opportunities for networking.

References and Resources

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