Chapter 246-847 WAC
OCCUPATIONAL THERAPISTS

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WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-847-030 Occupational therapists acting in a consulting capacity. [Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-030, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 87-09-044 (Order PM 645), § 308-171-003, filed 4/14/87.] Repealed by WSR 18-09-032, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 18.59.130.

246-847-060 License renewal registration date and fee. [Statutory Authority: RCW 18.59.130. WSR 94-20-036, § 246-847-060, filed 9/28/94, effective 10/29/94; WSR 91-23-047 (Order 213B), § 246-847-060, filed 11/14/91, effective 12/15/91; WSR 91-05-027 (Order 112B), recodified as § 246-847-060, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 89-01-081 (Order PM 805), § 308-171-040, filed 12/20/88. Statutory Authority: RCW 18.59.110. WSR 87-04-015 (Order PM 636), § 308-171-040, filed 1/26/87; WSR 85-06-012 (Order PL 514), § 308-171-040, filed 2/22/85.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-847-100 Examination dates for applicants under RCW 18.59.070(3). [Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-100, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). WSR 85-05-008 (Order PL 513), § 308-171-102, filed 2/11/85.] Repealed by WSR 18-09-032, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 18.59.130.

246-847-130 Definition of "commonly accepted standards for the profession." [Statutory Authority: RCW 18.59.130. WSR 93-18-093 (Order 394B), § 246-847-130, filed 9/1/93, effective 10/2/93; WSR 91-05-027 (Order 112B), recodified as § 246-847-130, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). WSR 86-17-064 (Order PM 610), § 308-171-200, filed 8/19/86. Statutory Authority: RCW 18.59.130(2), 18.59.040 (5)(b) and 18.59.070(1). WSR 86-10-004 (Order PL 588), § 308-171-200, filed 4/24/86. Statutory Authority: RCW 18.59.130(2) and 18.59.070. WSR 85-05-008 (Order PL 513), § 308-171-200, filed 2/11/85.] Repealed by WSR 07-20-076, filed 10/1/07, effective 11/1/07. Statutory Authority: RCW 18.59.130.

246-847-175 Delegation of authority to initiate investigations. [Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 07-20-078, § 246-847-175, filed 10/1/07, effective 11/1/07.] Repealed by WSR 11-17-061, filed 8/15/11, effective 9/15/11. Statutory Authority: RCW 18.130.050, 18.59.130, and 18.130.080.

246-847-190 AIDS education and training. [Statutory Authority: RCW 18.59.130 and 70.24.270. WSR 05-24-107, § 246-847-190, filed 12/7/05, effective 1/7/06. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-847-190, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. WSR 94-20-036, § 246-847-190, filed 9/28/94, effective 10/29/94; WSR 91-05-027 (Order 112B), recodified as § 246-847-190, filed 2/12/91, effective 3/15/91; WSR 90-22-011 (Order 094), § 308-171-320, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 89-01-081 (Order PM 805), § 308-171-320, filed 12/20/88.] Repealed by WSR 21-06-046, filed 2/25/21, effective 3/28/21. Statutory Authority: RCW 18.59.130 and 2020 c 76.

246-847-200 Application for licensure. [Statutory Authority: RCW 18.59.130. WSR 93-18-093 (Order 394B), § 246-847-200, filed 9/1/93, effective 10/2/93; WSR 91-05-027 (Order 112B), recodified as § 246-847-200, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 89-01-081 (Order PM 805), § 308-171-330, filed 12/20/88.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-847-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Adapting environments for individuals with disabilities" includes assessing needs, identifying strategies, implementing and training in the use of strategies, and evaluating outcomes. Occupational therapy focuses on the interaction of an individual's skills and abilities, the features of the environment, and the demands and purposes of activities.

(2) "Board" means the occupational therapy practice board.

(3) "Clients" includes those to whom occupational therapy services are delivered.

(4) "Client-related tasks" are routine tasks during which an occupational therapy aide may interact with the client but does not act as a primary service provider of occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:

(a) The outcome anticipated for the delegated task is predictable;

(b) The status of the client and the environment is stable and will not require that the aide make judgments, interpretations, or adaptations;

(c) The client has demonstrated some previous performance ability in executing the task; and

(d) The task routine and process have been clearly established.

(5) "Commonly accepted standards for the profession" in RCW 18.59.040 (5)(b) and 18.59.070 shall mean having passed the National Board for Certification in Occupational Therapy or its successor/predecessor organization, not having engaged in unprofessional conduct or gross incompetency as established by the board in WAC 246-847-160 for conduct occurring prior to June 11, 1986, and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(6) "Department" means the department of health.

(7) "Evaluation" means the process of obtaining and interpreting data necessary for treatment which includes, but is not limited to, planning for and documenting the evaluation process and results. The evaluation data may be gathered through record review, specific observation, interview, and the administration of data collection procedures which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.

(8) "Occupational therapy aide" means a person who is trained by an occupational therapist or occupational therapy assistant to perform client and nonclient related tasks. Occupational therapy aides are not primary service providers of occupational therapy in any practice setting. Occupational therapy aides do not provide skilled occupational therapy services.

(9) "Professional supervision" of an occupational therapy aide as described in RCW 18.59.020(5) means in-person contact at the treatment

site by an occupational therapist or occupational therapy assistant licensed in the state of Washington. When client-related tasks are provided by an occupational therapy aide more than once a week, professional supervision must occur at least weekly. When client-related tasks are provided by an occupational therapy aide once a week or less, professional supervision must occur at least once every two weeks.

(10) "Regular consultation with an occupational therapy assistant" means at least monthly contact with the supervising occupational therapist licensed in the state of Washington, with further supervision available as needed.

(11) "Scientifically based use of purposeful activity" means the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. "Occupations" are activities having unique meaning and purpose in an individual's life.

(12) "Teaching daily living skills" means the instruction in daily living skills by an occupational therapist or occupational therapy assistant based upon the evaluation of all the components of the individual's disability and the adaptation or treatment based on the evaluation.

[Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-010, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 43.70.442 and 18.59.130. WSR 14-05-016, § 246-847-010, filed 2/10/14, effective 2/15/14. Statutory Authority: RCW 18.59.130. WSR 07-20-076, § 246-847-010, filed 10/1/07, effective 11/1/07; WSR 92-18-015 (Order 300B), § 246-847-010, filed 8/24/92, effective 9/24/92; WSR 91-11-064 (Order 171B), § 246-847-010, filed 5/16/91, effective 6/16/91; WSR 91-05-027 (Order 112B), recodified as § 246-847-010, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. WSR 90-16-071 (Order 075), § 308-171-001, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 87-09-044 (Order PM 645), § 308-171-001, filed 4/14/87. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). WSR 86-17-064 (Order PM 610), § 308-171-001, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.020(5). WSR 86-10-004 (Order PL 588), § 308-171-001, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). WSR 85-12-010 (Order PL 529), § 308-171-001, filed 5/23/85. Statutory Authority: RCW 18.59.130(2) and 18.59.020. WSR 85-05-008 (Order PL 513), § 308-171-001, filed 2/11/85.]

WAC 246-847-020 Persons exempt from the definition of an occupational therapy aide. An "occupational therapy aide" for whom an occupational therapist must provide professional supervision pursuant to RCW 18.59.020(5) does not include persons employed at a facility who are performing services under the supervision or direction of another licensed health care practitioner or certified teacher if the occupational therapist serves solely in a consulting capacity to the facility.

[Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-020, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 87-09-044 (Order PM 645),

§ 308-171-002, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). WSR 87-01-088 (Order PM 630), § 308-171-002, filed 12/22/86.]

WAC 246-847-040 Recognized educational programs—Occupational therapists. The board recognizes and approves courses of instruction conducted by schools that have obtained accreditation of the program in occupational therapy from the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education as recognized in the current Listing of *Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. WSR 94-20-036, § 246-847-040, filed 9/28/94, effective 10/29/94; WSR 91-23-047 (Order 213B), § 246-847-040, filed 11/14/91, effective 12/15/91; WSR 91-11-064 (Order 171B), § 246-847-040, filed 5/16/91, effective 6/16/91; WSR 91-05-027 (Order 112B), recodified as § 246-847-040, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. WSR 90-16-071 (Order 075), § 308-171-010, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 89-01-081 (Order PM 805), § 308-171-010, filed 12/20/88. Statutory Authority: RCW 18.59.050. WSR 88-09-031 (Order PM 721), § 308-171-010, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 87-09-044 (Order PM 645), § 308-171-010, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). WSR 85-05-008 (Order PL 513), § 308-171-010, filed 2/11/85.]

WAC 246-847-050 Recognized educational programs—Occupational therapy assistants. The board recognizes and approves courses of instruction conducted by schools that have obtained approval of the occupational therapy assistant associate degree programs and occupational therapy assistant certificate programs from the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education as recognized in the current Listing of *Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. WSR 94-20-036, § 246-847-050, filed 9/28/94, effective 10/29/94; WSR 91-23-047 (Order 213B), § 246-847-050, filed 11/14/91, effective 12/15/91; WSR 91-11-064 (Order 171B), § 246-847-050, filed 5/16/91, effective 6/16/91; WSR 91-05-027 (Order 112B), recodified as § 246-847-050, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. WSR 90-16-071 (Order 075), § 308-171-020, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 89-01-081 (Order PM 805), § 308-171-020, filed 12/20/88. Statutory Authority: RCW 18.59.050. WSR 88-09-031 (Order PM 721), § 308-171-020, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 87-09-044 (Order PM 645), § 308-171-020, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). WSR 85-05-008 (Order PL 513), § 308-171-020, filed 2/11/85.]

WAC 246-847-051 Military equivalence. A graduate of a United States military occupational therapy assistant course that is substantially equivalent to the requirements in chapters 18.59 RCW and

246-847 WAC may apply for licensure in this state when the following additional requirements have been submitted to the department:

(1) Proof of completion of the military's residency program included in their education program in lieu of the field work required under WAC 246-847-150; and

(2) Proof of successfully passing the national certification examination as specified in WAC 246-847-080.

[Statutory Authority: 2023 c 425 and RCW 18.59.130. WSR 24-24-012, s 246-847-051, filed 11/21/24, effective 7/1/25. Statutory Authority: RCW 18.59.130 and 2020 c 76. WSR 21-06-046, § 246-847-051, filed 2/25/21, effective 3/28/21. Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-051, filed 4/11/18, effective 8/1/18.]

WAC 246-847-055 Initial application for individuals who have never practiced occupational therapy. (1) Any initial applicant must comply with the requirements for licensure as specified in chapters 18.59 RCW and 246-847 WAC.

(2) An initial applicant who graduated more than three years but less than five years from date of application and never practiced must comply with the requirements for licensure as specified in chapters 18.59 RCW and 246-847 WAC and submit proof to the department of:

(a) Completion of 24 hours of continued competency as described in WAC 246-847-065 for the previous two-year period; and

(b) Completion of a board-approved reentry program;

(c) Completion of any additional requirements as required by the board.

(3) Initial applicants who graduated five or more years ago and never practiced must comply with the requirements for licensure as specified in chapters 18.59 RCW and 246-847 WAC and submit proof to the department of:

(a) Completion of 24 hours of continued competency as described in WAC 246-847-065 for the previous two-year period; and

(b) Completion of a board-approved reentry program;

(c) In addition to these requirements, the applicant has the choice of:

(i) Completion of extended course work preapproved by the board; or

(ii) Successfully retaking and passing the examinations specified in WAC 246-847-080;

(d) Completion of any additional requirements as required by the board.

(4) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130. WSR 26-01-101, s 246-847-055, filed 12/16/25, effective 1/16/26; WSR 18-09-032, § 246-847-055, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-847-055, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. WSR 93-18-093 (Order 394B), § 246-847-055, filed 9/1/93, effective 10/2/93.]

WAC 246-847-065 Continued competency. Licensed occupational therapists and licensed occupational therapy assistants must complete 24 hours of continued competency every two years in the form of con-

tinuing education and professional development. The licensee must submit documentation upon request as required by chapter 246-12 WAC.

(1) Beginning January 1, 2014, as part of their continued competency, occupational therapists and occupational therapy assistants are required to obtain at least three hours of training every six years in suicide assessment as specified in WAC 246-847-066. The licensee must keep documentation for six years.

(a) Except as provided in (b) of this subsection, an occupational therapist or occupational therapy assistant must complete the first training required by this section during the first full continued competency reporting period after January 1, 2014, or the first full continued competency reporting period after initial licensure, whichever occurs later.

(b) An occupational therapist or occupational therapy assistant applying for initial licensure on or after January 1, 2014, may delay completion of the first training required by this section for six years after initial licensure if:

(i) He or she can demonstrate successful completion of a three-hour training program in suicide assessment that was completed no more than six years prior to the application for initial licensure; and

(ii) The training meets the qualifications listed in WAC 246-847-066.

(2) As of January 1, 2024, occupational therapists and occupational therapy assistants are required to obtain at least two hours in health equity continuing education training every four years. The continuing education course must meet the minimum standards under RCW 43.70.613 and comply with WAC 246-12-800 through 246-12-830. These hours can be counted towards the total required 24 hours of continuing education.

(3) The 24 hours of continuing education and professional development must be obtained through two or more of the activities listed in this subsection. A minimum of 20 hours must directly relate to the practice of occupational therapy as defined in RCW 18.59.020 and WAC 246-847-010. Any remaining hours may be in professional development activities that enhance the practice of the licensed occupational therapist or licensed occupational therapy assistant. Documentation for all activities must include licensee's name, date of activity, and number of hours. Additional specific documentation is defined below:

(a) Continuing education course work. The required documentation for this activity is a certificate or documentation of attendance.

(b) Employer sponsored in-service training or professional study groups. The required documentation for this activity is a certificate or documentation of attendance. A maximum of 15 hours is allowed per reporting period for this category.

(c) Attendance at a professional conference or workshop presented by a professional organization. The required documentation for this activity is a certificate or documentation of attendance.

(d) Course work offered by an accredited college or university, provided that the course work is taken after the licensee has obtained a degree in occupational therapy, and the course work provides skills and knowledge beyond entry-level skills or knowledge. The required documentation for this activity is a transcript. One course credit is equal to five hours. A maximum of 15 hours is allowed per reporting period for this category.

(e) Interactive online courses and webinars. The required documentation for this activity is a certificate or documentation of completion.

(f) Presentation to professionals, including poster presentations. One hour of preparation time may be counted per hour of presentation time. The required documentation for this activity is a copy of the presentation or program listing. Any particular presentation may be reported only once per reporting period. A maximum of 10 hours is allowed per reporting period for this category.

(g) Guest lecturing on an occupational therapy-related topic in an academic setting. The occupational therapist or occupational therapy assistant must not be primarily employed in academia to submit credit for this activity. The required documentation for this activity is a letter or other documentation from the course instructor. A maximum of 10 hours is allowed per reporting period for this category. One hour of preparation time may be counted per hour of lecture time.

(h) Authoring a publication. The required documentation for this activity is a copy of the publication. For a peer reviewed journal article or chapter in a textbook a maximum of 10 hours is allowed per reporting period for this category. For nonpeer reviewed professional publication a maximum of five hours is allowed per reporting period for this category.

(i) Development of instructional materials incorporating alternative media such as: Video, audio or software programs to advance professional skills of others. The required documentation for this activity is a program description. The media or software materials must be available if requested during audit process. A maximum of 10 hours is allowed per reporting period for this category.

(j) Professional manuscript review. The required documentation for this activity is a letter from the publishing organization verifying review of manuscript. One hour of continuing education may be counted per hour of review time. A maximum of 10 hours is allowed per reporting period for this category.

(k) Service on a professional board, committee, disciplinary panel, or association. The required documentation for this activity is a letter or other documentation from the organization. A maximum of 10 hours is allowed per reporting period for this category.

(l) Self-study of peer reviewed, role-related professional journal articles, textbooks or chapters, or professionally developed multimedia and digital media educational materials. The required documentation for this activity is a typed, one-page synopsis of each item written by the licensee or a certificate from OT practice continuing education article. A maximum of 10 hours is allowed per reporting period for this category. Time spent writing synopsis is not reportable.

(m) Direct supervision of an occupational therapy student or occupational therapy assistant student. The required documentation for this activity is a name of student(s), letter of verification from school, and dates of fieldwork. Forty hours of supervision per student is equal to one hour of continued competency. A maximum of 12 hours per supervisor is allowed per reporting period for this category.

(n) Mentoring. Mentoring in this section means a relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or knowledgeable person for the informal transmission of knowledge and support relevant to professional development. The required documentation for this activity is a written report of goals, objectives and analysis of mentee performance signed by both mentor and mentee. Mentoring credits do not count towards the requirement of 20 hours directly related to the practice of occupational therapy. A maximum of five hours is allowed per reporting period for this category.

(o) Attending a Washington occupational therapy practice board meeting. A maximum of two credits per reporting period is allowed.

(p) Successfully pass the department's occupational therapy jurisprudence examination with a passing score of 100 percent. A maximum of .5 hours per reporting period is allowed.

[Statutory Authority: 2023 c 425 and RCW 18.59.130. WSR 24-24-012, s 246-847-065, filed 11/21/24, effective 7/1/25. Statutory Authority: RCW 18.59.130, 18.130.040, 43.70.040, and 43.70.613. WSR 23-18-045, § 246-847-065, filed 8/30/23, effective 1/1/24. Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-065, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 43.70.442 and 18.59.130. WSR 14-05-016, § 246-847-065, filed 2/10/14, effective 2/15/14. Statutory Authority: RCW 18.59.130 and 18.59.090. WSR 05-24-105, § 246-847-065, filed 12/7/05, effective 1/7/06. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-847-065, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. WSR 92-18-015 (Order 300B), § 246-847-065, filed 8/24/92, effective 9/24/92; WSR 91-11-064 (Order 171B), § 246-847-065, filed 5/16/91, effective 6/16/91; WSR 91-05-027 (Order 112B), recodified as § 246-847-065, filed 2/12/91, effective 3/15/91; WSR 90-22-011 (Order 094), § 308-171-041, filed 10/26/90, effective 11/26/90.]

WAC 246-847-066 Suicide assessment training standards. (1) A qualifying training in suicide assessment must:

(a) Be an empirically supported training in suicide assessment that includes risk assessment, screening, and referral;

(b) Be provided by a single provider and must be at least three hours in length which may be provided in one or more sessions; and

(c)(i) Until July 1, 2017, meet any other requirements of RCW 43.70.442; and

(ii) Beginning July 1, 2017, be taken from a provider listed on the department's suicide prevention training model list.

(2) The hours spent completing a training program in suicide assessment under this section count toward meeting any applicable continued competency requirements.

(3) Nothing in this section is intended to expand or limit the occupational therapist or occupational therapy assistant scope of practice.

[Statutory Authority: RCW 18.59.130 and 43.70.442. WSR 17-14-093, § 246-847-066, filed 6/30/17, effective 7/1/17; WSR 14-05-016, § 246-847-066, filed 2/10/14, effective 2/15/14.]

WAC 246-847-067 Initial application for individuals who have an expired license in a different state and are seeking Washington licensure. (1) An initial applicant with an expired license in a different state who has not practiced for less than three years must comply with the requirements for licensure as specified in chapter 18.59 RCW and this chapter.

(2) An initial applicant with an expired license in a different state who has not practiced for three or more years but less than five years from date of application must comply with the requirements for licensure as specified in chapter 18.59 RCW and this chapter and submit proof to the department of:

(a) Completion of 24 hours of continued competency as described in WAC 246-847-065 for the previous two-year period; and

(b) Completion of any additional requirements as required by the board.

(3) An initial applicant with an expired license in a different state who has not practiced for five or more years from date of application must comply with the requirements for licensure as specified in chapter 18.59 RCW and this chapter and submit proof to the department of:

(a) Completion of 24 hours of continued competency as described in WAC 246-847-065 for the previous two-year period;

(b) Completion of a board-approved reentry program; and

(c) In addition to these requirements, the applicant has the choice of:

(i) Completion of extended course work preapproved by the board; or

(ii) Successfully retaking and passing the examinations specified in WAC 246-847-080;

(d) Completion of any additional requirements as required by the board.

(4) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130. WSR 26-01-101, s 246-847-067, filed 12/16/25, effective 1/16/26; WSR 20-01-102, § 246-847-067, filed 12/13/19, effective 5/15/20.]

WAC 246-847-068 Expired license. (1) If the license has expired for three years or less, the practitioner must meet the requirements of WAC 246-12-020 through 246-12-051.

(2) If the license has expired for over three years but no more than five years at the time of application, the practitioner may return to active status by submitting proof to the department of:

(a) Having met the requirements of WAC 246-12-020 through 246-12-051; and

(b) Within the two-year period immediately preceding the date of application for reissuance completion of 24 hours of continuing education as required in WAC 246-847-065.

(3) If the license has expired for over five years at the time of application, the practitioner may return to active status by submitting proof to the department of:

(a) Having met the requirements in subsection (2) of this section;

(b) Completion of a board-approved reentry program; and

(c) In addition to these requirements, the applicant has the choice of:

(i) Completion of extended course work preapproved by the board; or

(ii) Successfully retaking and passing the examination as required by WAC 246-847-080.

(4) For a practitioner who holds an expired credential in Washington but is currently licensed and in active practice in another United States jurisdiction, the practitioner may return to active practice in Washington by meeting the licensure by endorsement requirements in WAC 246-847-125.

(5) Completion of any additional requirements as required by the board.

[Statutory Authority: 2023 c 425 and RCW 18.59.130. WSR 24-24-012, s 246-847-068, filed 11/21/24, effective 7/1/25. Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-068, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-847-068, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. WSR 94-20-036, § 246-847-068, filed 9/28/94, effective 10/29/94; WSR 93-18-093 (Order 394B), § 246-847-068, filed 9/1/93, effective 10/2/93.]

WAC 246-847-070 Inactive credential. (1) A practitioner may obtain an inactive credential. Refer to the requirements of WAC 246-12-090 through 246-12-110.

(2) If the license has been inactive for three years or less at the time of application to change an inactive credential to an active credential, refer to the requirements of WAC 246-12-110.

(3) If the license has been inactive for over three years but no more than five years at the time of application to change an inactive credential to an active credential, the practitioner may return to active status by submitting proof to the department of:

(a) Having met the requirements of WAC 246-12-110; and

(b) Within the two-year period immediately preceding the date of application for reissuance completion of 24 hours of continuing education as required in WAC 246-847-065.

(4) If the license has been inactive for over five years at the time of application to change an inactive credential to an active credential, the practitioner may return to active status by submitting proof to the department of:

(a) Having met the requirements in subsection (3) of this section;

(b) Completion of board-approved reentry program; and

(c) In additional to these requirements, the applicant has the choice of:

(i) Completion of extended course work preapproved by the board; or

(ii) Successfully retaking and passing the examination as required by WAC 246-847-080.

(5) For a practitioner who holds an inactive credential in Washington, but is currently licensed and in active practice in another United States jurisdiction, the practitioner may return to active status in Washington by meeting the licensure by endorsement requirements in WAC 246-847-125.

(6) Completion of any additional requirements as required by the board.

[Statutory Authority: 2023 c 425 and RCW 18.59.130. WSR 24-24-012, s 246-847-070, filed 11/21/24, effective 7/1/25. Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-070, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-847-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. WSR 93-18-093 (Order 394B), § 246-847-070, filed 9/1/93, effective 10/2/93; WSR 91-05-027 (Order 112B), recodified as § 246-847-070, filed 2/12/91, effective 3/15/91; WSR 90-22-011 (Order 094), § 308-171-045, filed 10/26/90, effective 11/26/90. Statutory Au-

thority: RCW 18.59.090(3). WSR 86-21-026 (Order PM 620), § 308-171-045, filed 10/8/86.]

WAC 246-847-080 Examinations. (1) The occupational therapy practice board recognizes the examination administered by the National Board for Certification in Occupational Therapy or its predecessor organization as the official examination for licensure as an occupational therapist or as an occupational therapy assistant.

(2) To be eligible for a license an applicant must attain a passing score on the examination determined by the National Board for Certification in Occupational Therapy or its predecessor organization.

[Statutory Authority: 2023 c 425 and RCW 18.59.130. WSR 24-24-012, s 246-847-080, filed 11/21/24, effective 7/1/25. Statutory Authority: RCW 18.59.130. WSR 18-21-044, § 246-847-080, filed 10/8/18, effective 11/8/18. Statutory Authority: RCW 18.59.130 and 18.59.060. WSR 06-24-137, § 246-847-080, filed 12/6/06, effective 1/6/07. Statutory Authority: RCW 18.59.130. WSR 93-18-093 (Order 394B), § 246-847-080, filed 9/1/93, effective 10/2/93; WSR 92-18-015 (Order 300B), § 246-847-080, filed 8/24/92, effective 9/24/92; WSR 91-05-027 (Order 112B), recodified as § 246-847-080, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). WSR 86-10-004 (Order PL 588), § 308-171-100, filed 4/24/86; WSR 85-05-008 (Order PL 513), § 308-171-100, filed 2/11/85.]

WAC 246-847-090 Proof of actual practice. An applicant seeking waiver of the education and experience requirements as provided in RCW 18.59.070(3) shall submit the following as proof of actual practice:

(1) Applicant's affidavit containing the following information:

(a) Location and dates of employment between June 7, 1981 and June 7, 1984;

(b) Description of capacity in which applicant was employed, including job title and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisor.

(2) Written job description.

(3) Affidavit from employer(s), from June 7, 1981 through June 7, 1984, containing the following information:

(a) Dates of applicant's employment,

(b) Description of applicant's specific duties, and

(c) Employer's title.

After reviewing the information submitted, the board may require submission of additional information if the board deems additional information necessary for purposes of clarifying the information previously submitted.

The proof of actual practice shall be submitted to the board's office no later than March 1, 1985.

[Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-090, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.070(3). WSR 85-05-008 (Order PL 513), § 308-171-101, filed 2/11/85.]

WAC 246-847-110 Persons exempt from licensure pursuant to RCW 18.59.040(5). (1) To qualify for the exemption from licensure pursuant to RCW 18.59.040(5), the individual claiming the exemption shall have been actively engaged in the practice of occupational therapy within the preceding four-year period and shall in writing notify the department, at least thirty days before any occupational therapy services are performed in this state, of the following:

(a) In which state(s) the individual is licensed to perform occupational therapy services and the license number(s); and

(b) The name, address, and telephone number of at least one facility or employer where the individual has been engaged in the practice of occupational therapy within the preceding four years; or

(c) If the exemption is claimed under RCW 18.59.040 (5)(b), the individual must submit a signed notarized statement attesting to:

(i) Having passed the National Board for Certification in Occupational Therapy examination or its successor/predecessor organization; and

(ii) Having engaged in occupational therapy practice within the preceding four years, including the name, address, and telephone number of at least one facility or employer during this period;

(iii) Not having engaged in unprofessional conduct under RCW 18.130.180; and

(d) A signed notarized statement describing when the occupational therapy services will be performed, where the occupational therapy services will be performed, and how long the individual will be performing occupational therapy services in this state.

(2) A ninety-day temporary permit must be received by the occupational therapist prior to rendering of occupational therapy services.

[Statutory Authority: RCW 18.59.130. WSR 07-20-076, § 246-847-110, filed 10/1/07, effective 11/1/07; WSR 92-18-015 (Order 300B), § 246-847-110, filed 8/24/92, effective 9/24/92; WSR 91-11-064 (Order 171B), § 246-847-110, filed 5/16/91, effective 6/16/91; WSR 91-05-027 (Order 112B), recodified as § 246-847-110, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.050(1). 86-17-064 (Order PM 610), § 308-171-103, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.040 (5)(b). WSR 86-10-004 (Order PL 588), § 308-171-103, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). WSR 85-12-010 (Order PL 529), § 308-171-103, filed 5/23/85.]

WAC 246-847-115 Limited permits. (1) An applicant is eligible for a ninety-day limited permit when they have met the criteria described under RCW 18.59.040(7).

(2) An applicant who fails the examination may be granted a one time extension of the ninety-day limited permit.

(3) An applicant who successfully passes the examination for licensure and who has a valid limited permit through the department of health at the time the examination results are made public shall be deemed to be validly licensed under the limited permit for the next thirty calendar days.

[Statutory Authority: RCW 18.59.130 and 18.59.060. WSR 06-24-137, § 246-847-115, filed 12/6/06, effective 1/6/07. Statutory Authority: RCW 18.59.130. WSR 93-18-093 (Order 394B), § 246-847-115, filed 9/1/93,

effective 10/2/93; WSR 91-23-047 (Order 213B), § 246-847-115, filed 11/14/91, effective 12/15/91.]

WAC 246-847-117 Temporary permits—Issuance and duration pursuant to RCW 18.130.075. (1) Unless there is a basis for denial of an occupational therapist or occupational therapy assistant license, an applicant who is currently licensed in a jurisdiction considered by the board to have licensing standards substantially equivalent to Washington's shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed occupational therapist or occupational therapy assistant application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee; and

(c) Direct written verification of current licensure from the state whose licensing standards are substantially equivalent to Washington's.

(2) The temporary practice permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board; or 180 days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the licensure application process shall not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.59.130, 18.340.020, 43.70.110, 43.70.250, and 43.70.280. WSR 24-24-021, s 246-847-117, filed 11/22/24, effective 7/1/25. Statutory Authority: RCW 18.59.130. WSR 92-18-015 (Order 300B), § 246-847-117, filed 8/24/92, effective 9/24/92.]

WAC 246-847-120 Applicants from unrecognized educational programs. (1) An applicant who has passed the approved National Certification Examination as defined in WAC 246-847-080, is considered to have met the education and experience requirements of RCW 18.59.050.

(2) Written verification of passing scores or verification of current certification must be submitted to the department directly from the National Board for Certification in Occupational Therapy or its successor/predecessor organization.

(3) After reviewing the information submitted, the board may require submission of additional information necessary for purposes of clarifying the information previously submitted.

[Statutory Authority: RCW 18.59.130 and 18.59.060. WSR 06-24-137, § 246-847-120, filed 12/6/06, effective 1/6/07. Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-120, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). WSR 86-17-064 (Order PM 610), § 308-171-104, filed 8/19/86; WSR 86-10-004 (Order PL 588), § 308-171-104, filed 4/24/86.]

WAC 246-847-125 Applicants currently licensed in other states or territories. An applicant currently licensed to practice as an occupational therapist or occupational therapy assistant in another state,

the District of Columbia, or a territory of the United States as provided in RCW 18.59.070(2), may be licensed by endorsement. An applicant shall comply with the requirements for licensure as specified in chapters 18.59 RCW and 246-847 WAC and submit proof of:

(1) For those credentialed in another state with standards substantially equivalent to Washington for at least two years immediately preceding their application: Current licensure from another United States jurisdiction.

(2) For applicants licensed less than two years in a substantially equivalent state, or licensed in a state that is not substantially equivalent to Washington:

(a) Current licensure from another United States jurisdiction;

(b) Having passed the examination as defined in WAC 246-847-080; and

(c) Comply with the requirements for licensure as specified in chapters 18.59 RCW and 246-847 WAC.

[Statutory Authority: 2023 c 425 and RCW 18.59.130. WSR 24-24-012, s 246-847-125, filed 11/21/24, effective 7/1/25. Statutory Authority: RCW 18.59.130. WSR 21-06-047, § 246-847-125, filed 2/25/21, effective 3/28/21; WSR 18-09-032, § 246-847-125, filed 4/11/18, effective 8/1/18; WSR 93-18-093 (Order 394B), § 246-847-125, filed 9/1/93, effective 10/2/93.]

WAC 246-847-127 Applicants currently holding national certification. An initial applicant who holds national certification from the National Board for Certification of Occupational Therapy, or its predecessor organization, may be granted Washington licensure upon proof of current certification in good standing if the applicant meets the requirements of RCW 18.130.077(3).

[Statutory Authority: 2023 c 425 and RCW 18.59.130. WSR 24-24-012, s 246-847-127, filed 11/21/24, effective 7/1/25.]

WAC 246-847-135 Standards of supervision. The following are the standards for supervision of occupational therapy assistants, limited permit holders, and occupational therapy aides:

(1) A licensed occupational therapy assistant must be in regular consultation, as defined by WAC 246-847-010, with an occupational therapist licensed in the state of Washington. Regular consultation must be documented and the documentation must be kept in a location determined by the supervising occupational therapist or occupational therapy assistant.

(2) A limited permit holder:

(a) Who is waiting to take the examination for licensure must work in association with an occupational therapist licensed in the state of Washington with a minimum of one year of experience. "In association with" includes consultation regarding evaluation, intervention, progress, reevaluation and discharge planning of each assigned patient at appropriate intervals and documented by cosignature of all notes by the supervising occupational therapist.

(b) Who has failed the examination must be directly supervised by an occupational therapist licensed in the state of Washington with a minimum of one year of experience. Direct supervision must include consultation regarding evaluation, intervention, progress, reevalua-

tion and discharge planning of each assigned patient at appropriate intervals and documented by cosignature of all notes by the supervising occupational therapist.

(3) An occupational therapy aide must be supervised and trained by an occupational therapist or an occupational therapy assistant licensed in the state of Washington. Professional supervision must include documented supervision and training.

(a) The occupational therapist or occupational therapy assistant shall provide professional supervision as defined in WAC 246-847-010 to the occupational therapy aide on client and nonclient related tasks.

(b) When performing client related tasks, the occupational therapist or occupational therapy assistant must ensure the occupational therapy aide is trained and competent in performing the task on the specific client.

(c) The documentation must be maintained in a location determined by the supervising occupational therapist or occupational therapy assistant.

[Statutory Authority: RCW 18.59.130. WSR 18-21-044, § 246-847-135, filed 10/8/18, effective 11/8/18; WSR 07-20-076, § 246-847-135, filed 10/1/07, effective 11/1/07.]

WAC 246-847-140 Supervised fieldwork experience—Occupational therapists. Supervised fieldwork experience as defined in RCW 18.59.050 (1)(c)(i) means, for an occupational therapist, a minimum six months, or twenty-four weeks, of full-time equivalency of Level II fieldwork must be conducted in settings approved by the applicant's academic program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapist entry-level roles. The minimum six months, or twenty-four weeks, of full-time equivalency supervised fieldwork experience required by RCW 18.59.050 (1)(c)(i) does not include Level I fieldwork experience as defined by the accreditation council for occupational therapy education.

[Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-140, filed 4/11/18, effective 8/1/18; WSR 91-05-027 (Order 112B), recodified as § 246-847-140, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). WSR 87-01-088 (Order PM 630), § 308-171-201, filed 12/22/86; WSR 85-05-008 (Order PL 513), § 308-171-201, filed 2/11/85.]

WAC 246-847-150 Supervised fieldwork experience—Occupational therapy assistants. Supervised fieldwork experience as defined in RCW 18.59.050 (1)(c)(ii) means, for an occupational therapy assistant, a minimum two months, or eight weeks, of full-time equivalency of Level II fieldwork. The Level II fieldwork must be conducted in settings approved by the applicant's academic or training program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapy assistant entry-level roles. The minimum two months, or eight weeks, of full-time equivalen-

cy supervised fieldwork experience required by RCW 18.59.050 (1)(c)(ii) does not include Level I fieldwork experience as defined by the accreditation council for occupational therapy education.

[Statutory Authority: RCW 18.59.130. WSR 18-21-044, § 246-847-150, filed 10/8/18, effective 11/8/18; WSR 91-05-027 (Order 112B), recodified as § 246-847-150, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). WSR 85-05-008 (Order PL 513), § 308-171-202, filed 2/11/85.]

WAC 246-847-160 Unprofessional conduct or gross incompetency. The following conduct, acts, or conditions constitute unprofessional conduct or gross incompetency for any license holder or applicant if the conduct, acts, or conditions occurred or existed prior to June 11, 1986:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or actions in the practice of the profession which result in, or have a significant likelihood of resulting in, harm to the patient or public;

(5) Suspension, revocation, or restriction of the individual's license to practice the profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, addiction to, prescription for use, diversion, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, or violation of any drug law;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; or

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding;

(9) Failure to comply with an order issued by the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Willful or repeated violations of rules established by any health agency or authority of the state or a political subdivision thereof;

(12) Practice beyond the scope of practice as defined by law;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or ineffacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(19) Violation of chapter 19.68 RCW;

(20) Interference with an investigation or disciplinary proceeding by wilful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;

(21) Any mental or physical condition which results in, or has a significant likelihood of resulting in, an inability to practice with reasonable skill and safety to consumers.

(22) Abuse of a client or patient or sexual contact resulting from abuse of the client-practitioner relationship.

[Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-160, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). WSR 86-17-064 (Order PM 610), § 308-171-300, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100. WSR 85-05-008 (Order PL 513), § 308-171-300, filed 2/11/85.]

WAC 246-847-170 Code of ethics and standards of professional conduct. (1) It is the professional responsibility of occupational therapists and occupational therapy assistants to provide services for clients without regard to race, creed, national origin, gender, handicap or religious affiliation.

(2) Treatment assessment, objectives, and the therapeutic process as determined by the occupational therapist must be formulated to ensure professional accountability.

(3) Services must be goal-directed in accordance with the overall educational, habilitation or rehabilitation plan and shall include a system to ensure professional accountability.

(4) Occupational therapists and occupational therapy assistants shall recommend termination of services when established goals have been met or when further skilled services are no longer beneficial.

(5) Occupational therapists and occupational therapy assistants shall accurately represent their competence, education, training and experience.

(6) Occupational therapists and occupational therapy assistants shall only provide services and use techniques for which they are qualified by education, training, and experience.

(7) Occupational therapists and occupational therapy assistants shall accurately record information and report information as required by facility standards and state and federal laws.

(8) Occupational therapists or occupational therapy assistants shall support all data recorded in the permanent files or records with observations or objective measures of data collection.

(9) Client records shall only be divulged as authorized by law or with the client's consent for release of information.

(10) Occupational therapists and occupational therapy assistants shall not delegate to other personnel those client-related services where the clinical skills and expertise of an occupational therapist or occupational therapy assistant are required.

(11) If, after evaluating the client, the case is a medical case, the occupational therapist shall refer the case to a physician for appropriate medical direction if such direction is lacking.

(a) The occupational therapist shall seek appropriate medical direction on at least an annual basis.

(b) A case is not a medical case if the following is present:

(i) There is an absence of pathology; or

(ii) If a pathology exists, the pathology has stabilized; and

(iii) The occupational therapist is only treating the client's functional deficits.

(12) Occupational therapists shall establish, review, or revise the client's treatment objectives at sufficient intervals to meet the client's needs. The occupational therapy assistant shall collaborate with the occupational therapist in this review of the client's treatment objectives.

(13) Occupational therapists and occupational therapy assistants shall have sufficient command of the English language to read and write effectively in medical charts and to communicate clearly with service recipients and team members.

[Statutory Authority: 2023 c 425 and RCW 18.59.130. WSR 24-24-012, s 246-847-170, filed 11/21/24, effective 7/1/25. Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-170, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 05-24-104, § 246-847-170, filed 12/7/05, effective 1/7/06. Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-170, filed 2/12/91, effective 3/15/91; WSR 90-22-011 (Order 094), § 308-171-301, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). WSR 86-17-064 (Order PM 610), § 308-171-301, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100 (1)(b). WSR 85-12-010 (Order PL 529), § 308-171-301, filed 5/23/85.]

WAC 246-847-176 Telehealth. (1) "Telehealth" means providing occupational therapy via electronic communication where the occupational therapist or occupational therapy assistant and the patient are not at the same physical location.

(2) An occupational therapist or occupational therapy assistant using telehealth to provide therapy to patients in Washington must be licensed to provide occupational therapy in Washington.

(3) Licensed occupational therapists and occupational therapy assistants may provide occupational therapy via telehealth following all requirements for supervision and standard of care, including those defined in chapters 18.59 RCW and 246-847 WAC.

(4) The occupational therapist or occupational therapy assistant must identify in the clinical record that the occupational therapy occurred via telehealth.

[Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-176, filed 4/11/18, effective 8/1/18.]

WAC 246-847-180 Mandatory reporting. (1) All persons, including licensees, corporations, organizations, health care facilities, and state or local governmental agencies shall report to the board any conviction, determination, or finding that an occupational therapist or an occupational therapy assistant has committed an act which constitutes unprofessional conduct as established in RCW 18.130.180 and shall report information which indicates that an occupational therapist or occupational therapy assistant may not be able to practice occupational therapy with reasonable skill and safety to consumers as a result of a mental or physical condition.

(2) All required reports shall be submitted to the board as soon as possible, but no later than sixty days after a conviction, determination, or finding is made or information is received.

(3) A report shall contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone numbers of the occupational therapist or occupational therapy assistant being reported.

(c) The case number of any patient or the name of the patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and cause number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-180, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.070 and 18.130.050(1). WSR 86-17-064 (Order PM 610), § 308-171-302, filed 8/19/86.]

WAC 246-847-210 Unprofessional conduct—Sexual misconduct. (1) The occupational therapist and occupational therapy assistant shall never engage in sexual contact or sexual activity with current clients or a key party.

(2) "Key party" in this section means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.

(3) Sexual contact or sexual activity is prohibited with a former client or key party for two years after cessation or termination of professional services.

(4) The occupational therapist and occupational therapy assistant shall never engage in sexual contact or sexual activity with former clients or a key party if such contact or activity involves the abuse of the occupational therapy practitioner-client-key party relationship. Factors the board may consider in evaluating if the occupational therapy practitioner-client-key party relationship has been abusive include, but are not limited to:

(a) The amount of time that has passed since therapy terminated;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The former client's or key party's personal history;

(e) The former client's or key party's current mental status;

(f) The likelihood of adverse impact on the former client, key party and others; and

(g) Any statements or actions made by the occupational therapist or occupational therapy assistant during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the former client or key party.

(5) Sexual misconduct includes, but is not limited to, activities listed in WAC 246-16-100.

(6) These rules do not prohibit:

(a) The provision of occupational therapy services on an urgent, unforeseen basis where circumstances will not allow an occupational therapist or occupational therapy assistant to obtain reassignment or make an appropriate referral;

(b) The provision of occupational therapy services to a spouse or any other person who is in a preexisting, established relationship with the occupational therapist or occupational therapy assistant where no evidence of abuse of the occupational therapy practitioner-client relationship exists.

[Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-210, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 18.59.130 and 18.130.180. WSR 05-24-106, § 246-847-210, filed 12/7/05, effective 1/7/06.]

WAC 246-847-340 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for occupational therapists and occupational therapy assistants whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such occupational therapists or occupational therapy assistants be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer occupational therapists and occupational therapy assistants impaired by sub-

stance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.59.130. WSR 92-18-015 (Order 300B), § 246-847-340, filed 8/24/92, effective 9/24/92.]

WAC 246-847-350 Terms used in WAC 246-847-340 through 246-847-370. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with occupational therapists and occupational therapy assistants who have substance abuse problems regarding the required components of the occupational therapist's or occupational therapy assistant's recovery activity and oversees the occupational therapist's or occupational therapy assistant's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating occupational therapists or occupational therapy assistants.

(2) "Contract" is a comprehensive, structured agreement between the recovering occupational therapist or occupational therapy assistant and the approved monitoring program stipulating the occupational therapist's or occupational therapy assistant's consent to comply with the monitoring program and its required components of the occupational therapist's or occupational therapy assistant's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a occupational therapist's or occupational therapy assistant's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the occupational therapist or occupational therapy assistant and the occupational therapist's or occupational therapy assistant's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which occupational therapist or occupational therapy assistant may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.59.130. WSR 92-18-015 (Order 300B), § 246-847-350, filed 8/24/92, effective 9/24/92.]

WAC 246-847-360 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating occupational therapists or occupational therapy assistants.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of occupational therapy as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The occupational therapy work environment; and

(f) The ability of the occupational therapist or occupational therapy assistant to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the occupational therapist or occupational therapy assistant and the board to oversee the occupational therapist's or occupational therapy assistant's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether an occupational therapist or occupational therapy assistant will be prohibited from engaging in the practice of occupational therapy for a period of time and restrictions, if any, on the occupational therapist's or occupational therapy assistant's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the occupational therapist or occupational therapy assistant as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any occupational therapist or occupational therapy assistant who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of occupational therapy for those participating in the program.

[Statutory Authority: RCW 18.59.130. WSR 92-18-015 (Order 300B), § 246-847-360, filed 8/24/92, effective 9/24/92.]

WAC 246-847-370 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the occupational therapist or occupational therapy assistant may accept board referral into the approved substance abuse monitoring program.

(a) The occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The occupational therapist or occupational therapy assistant may be subject to disciplinary action under RCW 18.130.160 if the occupational therapist or occupational therapy assistant does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) An occupational therapist or occupational therapy assistant who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such

voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.59.130. WSR 92-18-015 (Order 300B), § 246-847-370, filed 8/24/92, effective 9/24/92.]

WAC 246-847-990 Occupational therapy fees and renewal cycle. (1) Licenses must be renewed every two years on the practitioner's birthday as provided in WAC 246-12-020 through 246-12-051.

(2) The following nonrefundable fees will be charged for occupational therapist:

Title of Fee	Fee
Original application	
Application and initial license fee	$150.00
HEAL-WA* surcharge	16.00
Limited permit fee	55.00
Temporary permit fee	50.00
Active license renewal	
License renewal	125.00
Late renewal fee	65.00
HEAL-WA* surcharge ($16.00 per year for two-year cycle)	32.00
Expired license reissuance	80.00
Inactive license renewal	
Inactive license	15.00
Expired license reissuance	15.00
HEAL-WA* surcharge ($16.00 per year for two-year cycle)	32.00
Duplicate license	30.00
Verification of license	30.00

(3) The following nonrefundable fees will be charged for occupational therapy assistant:

Title of Fee	Fee
Original application	
Application and initial license fee	$150.00
HEAL-WA* surcharge	16.00
Limited permit fee	45.00
Temporary permit fee	50.00
Active license renewal	
License renewal	105.00
Late renewal fee	55.00
Expired license reissuance	70.00
HEAL-WA* surcharge ($16.00 per year for two-year cycle)	32.00
Inactive license renewal	
Inactive license	15.00
Expired inactive license reissuance	14.00
HEAL-WA* surcharge ($16.00 per year for two-year cycle)	32.00
Duplicate license	30.00
Verification of license	30.00

*HEAL-WA is the health resources for Washington online library. See RCW 43.70.110.

[Statutory Authority: RCW 18.59.130, 18.340.020, 43.70.110, 43.70.250, and 43.70.280. WSR 24-24-021, s 246-847-990, filed 11/22/24, effective 7/1/25. Statutory Authority: RCW 43.70.280. WSR 15-19-149, § 246-847-990, filed 9/22/15, effective 1/1/16. Statutory Authority: RCW 43.70.280 and 2013 c 249. WSR 13-21-077, § 246-847-990, filed 10/17/13, effective 1/1/14. Statutory Authority: RCW 43.70.110, 43.70.250, and 2011 1st sp.s. c 50. WSR 11-20-092, § 246-847-990, filed 10/4/11, effective 12/1/11. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-847-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-847-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. WSR 99-08-101, § 246-847-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-847-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250 and chapters 18.57, 18.57A, 18.22 and 18.59 RCW. WSR 94-22-055, § 246-847-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250. WSR 91-13-002 (Order 173), § 246-847-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. WSR 91-05-030 (Order 135), recodified as § 246-847-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.24.086. WSR 87-10-028 (Order PM 650), § 308-171-310, filed 5/1/87.]

WAC 246-847-991 Occupational therapy licensure compact privilege fees and renewal cycle. (1) The compact privilege must be renewed no later than the expiration date of the home state license. The compact privilege holder must comply with all occupational therapy compact eligibility requirements in RCW 18.59.180 to maintain the compact privilege.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application - Original license	$150.00
Compact renewal	$125.00

[Statutory Authority: RCW 43.70.110, 43.70.250, 43.70.280, and 2022 c 152. WSR 23-12-059, § 246-847-991, filed 6/2/23, effective 7/3/23.]