The objective of this article is to provide information on the history, purpose, and management of the certification program for occupational therapists and occupational therapy assistants. This article is particularly timely in light of the 1986 American Occupational Therapy Association (AOTA) Bylaws amendment creating the American Occupational Therapy Certification Board (AOTCB) as a separate and autonomous certifying agency of AOTA.

History of AOTA Certification

During the 1920s, the profession of occupational therapy began to recognize its obligation to serve the public interest with respect to establishing educational standards and providing some form of public recognition to those occupational therapists who demonstrate specific qualifications. It was during its early formative years that AOTA was urged by several leading physicians and hospital administration authorities to establish a national register or directory of occupational therapists to protect hospitals and institutions from unqualified persons. In recognition of its role in protecting the public, the AOTA Board of Management, in 1930 approved a plan for the national registration of occupational therapists. Registration was begun in 1931. Registration as Occupational Therapist, Registered (OTR) was restricted generally to graduates of training schools or courses whose curriculum and staff met the requirements of the minimal standards of training set by AOTA. In 1932, the first national register of qualified occupational therapists was published; it contained the names of 493 registered occupational therapists (Brandt, 1947; Wilkins, 1950)

A concurrent movement with respect to providing public accountability was the development of standards for educational programs. The “Essentials of an Acceptable School of Occupational Therapy” were adopted by the American Medical Association (AMA) House of Delegates in 1935. This action represented the first collaborative accreditation activity by the AMA.

In 1937, an AOTA resolution was passed closing the register to all but graduates of schools approved by the AMA; however, this plan was amended in 1938 to admit to the register, by examination, therapists not otherwise eligible. Thus, the registration examination, for which an essay question format was used, was given for the first time in the spring of 1939.

In 1946, the standards for registration were again revised to require that everyone, including graduates of accredited occupational therapy programs take the examination. The examination requirement has not been changed since that time.

Twelve years later, in 1958, AOTA also established standards for the approval of educational programs.
for occupational therapy assistants. Since then, occupational therapy assistants could become certified as Certified Occupational Therapy Assistants (COTAs) upon completion of the approved educational program and payment of the certification fee. Later, in 1977, the certification requirements for COTAs were expanded to require the passing of a written examination administered by AOTA.

Thus, for over 60 years AOTA has had a history of establishing educational standards and certification/registration requirements to assure the public that occupational therapists and occupational therapy assistants have demonstrated entry level competency to provide occupational therapy services.

Over the years, there has been a gradual change in AOTA’s use of the terms registration and certification. Certification is now used to mean the granting of recognition to a person who has met certain predetermined qualifications; registration refers to the listing of the names of qualified (i.e., certified) persons on an official registry or listing. Once an individual is certified as a registered occupational therapist (OTR) or a certified occupational therapy assistant (COTA), he or she is also automatically registered on the official registry for registered occupational therapists and listing of certified occupational therapy assistants. Under current policies, once a person is certified and registered, the certification and registration can be taken away only if disciplinary action is taken and the certification and registration is suspended or revoked.

During the 1970s and 1980s, as many segments of the health care system were emphasizing accountability and quality assurance, AOTA was investigating alternative methods for the periodic recertification of occupational therapists and occupational therapy assistants to assure that they had maintained their competency since the time of their initial certification. A number of studies were done to look at the acceptability, feasibility, legality, credibility, and cost of a variety of recertification methods such as mandatory continuing education, written examinations, statewide peer review/peer audits, and on-the-job performance evaluation. Resolutions proposing a recertification requirement were presented to the AOTA Representative Assembly but were not adopted because of objections by AOTA members. In 1982, the Representative Assembly voted to discontinue all further studies on recertification because no one method or combination of methods was acceptable to AOTA members.

Now that there are 38 state jurisdictions with regulatory laws for occupational therapy personnel, the current philosophy in most, but not all, quarters is that the periodic reevaluation of competency is best left to the state regulatory boards; however, recertification is one of the issues that may be reconsidered in the future to determine if a recertification program is necessary.

**Formation of the AOTCB**

A major and dramatic development in the evolution of the certification program occurred in 1986 when the AOTA Representative Assembly and the AOTA membership approved bylaws changes that created a separate and autonomous certification board, the American Occupational Therapy Certification Board (AOTCB). Although the AOTCB is still a part of AOTA, it functions independently with respect to setting certification policies and procedures and handling its financial affairs. This separation removed AOTA and the certification program from potential conflict of interest and antitrust situations that could have posed potential legal and financial problems for AOTA and the certification program.

The AOTCB was created so that the certification program could be truly dedicated to serving the public (consumer) interest and AOTA could completely focus on its mission to promote the profession and meet members’ needs. The AOTCB’s purpose, as outlined in the amended bylaws, is to “encourage high standards of performance by occupational therapy personnel in order to promote the health, safety and welfare of the public.” The bylaws state the functions of the AOTCB are to do the following:

1. Establish rules and regulations governing the administration of professional certification including but not limited to candidacy requirements, examination, suspension, revocation and renewal of certification, registration, and financial affairs.
2. Issue appropriate certificates to individuals meeting certification requirements and maintain a registry of these individuals.
3. Establish an appellate procedure to hear appeals relating to the granting, suspension, revocation and renewal of certification or registration.
4. Establish fees for certification and registration.
5. Appoint or elect boards and committees as necessary to carry out any function.

The AOTCB is still in the process of organizing its permanent structure. The current, ad hoc AOTCB consists of nine persons in the following roles:

**President**—Carolyn Baum, MA, OTR, FAOTA

**Secretary**—Susan McFadden, MED, OTR, FAOTA (McFadden is also chair of the new Certification Examination Development Committee, see below)

**Treasurer**—Sally Ryan, COTA, ROH

AOTA Executive Board/Representative Assembly liaison—Beth Cada, MS, OTR

**Vice-chair**—Certification Examination Development Committee—Hillen Brown, COTA, ROH

**Public member**—Steven Sieverts, MS

**Public member**—Joyce Salhoot, MSW, ACSW, CSW

**Public member**—William DeLoach, PHD

The previous AOTA Certification Committee has become the Certification Examination Development Committee (CEDC) and is now within the AOTCB structure. This 14-member committee is chaired by Susan McFadden, MED, OTR, FAOTA, and consists of (a) 12 registered occupational therapists and certified occupational therapy assistants representing major practice areas, (b) two public members, and (c) an occupational...
therapy state regulatory board representative. The CEDC works with the testing agency, Assessment Systems, Inc. (ASI) to develop the certification examinations. ASI administers and scores the examination and sends the candidates their score reports and certificates.

The AOTCB office is housed within AOTA headquarters. Madelaine Gray, MPA, OTR, FAOTA, is the AOTCB executive director. Other staff members include a director of testing services, an administrative assistant, and a secretary.

The Certification Program

Two of the primary responsibilities of the AOTCB are to offer a certification examination and to certify candidates at either the therapist or assistant level. Among the first activities of the newly created AOTCB was the adoption of all the certification policies previously enforced by AOTA and the issuance of certification documents to all certified persons. The AOTCB sent new certificates to all certified therapists and assistants because everyone’s certification expired on December 31, 1986, under AOTA’s previous policies. Now certification is granted on a permanent basis and does not need to be renewed.

The pass rate for the certification examination continues to be high. In the last 5 years, the pass rate for U.S. graduates who were first-time takers has averaged 92.9% for OTR candidates. The average 5-year pass rate for first-time COTA candidates has been 90.3%. Typically, about 3,700 candidates take the examination each year, approximately 2,700 OTR candidates and approximately 1,000 COTA candidates.

State regulatory boards are an important component of the credentialing process in the field of occupational therapy. Therefore, AOTCB is working hard to provide effective services to the state regulatory boards. The CEDC and the AOTCB will each have a state regulatory board representative as a member. In this way, the state regulatory boards can have input into certification policies and examination development. At the present time, 38 state regulatory boards use the AOTCB examination for licensure purposes.

Future Activities

In the future, the AOTCB will be exploring new forms of testing to determine if any changes need to be made. The item development process will be streamlined and improved and the information given to candidates and program directors will be expanded to include more information about content, development, and the scoring of the examination.

Exciting new technology developments may eventually be used to provide the examinations through the use of computers. Computerization will allow for a greater variety of assessment methodologies and make it possible to provide score reports more quickly and (probably) testing dates more frequently.

The AOTCB will be evaluating the results of the AOTA Professional and Technical Role Analysis (PATRA) project, which will include an updated role analysis and a description of the knowledge and skills that are appropriate for each task. The CEDC will be working closely with the testing agency to update the examination as indicated by the outcome of the PATRA project.

Summary

The certification program has undergone an exciting change. The AOTA leadership and AOTA members are to be applauded for making this important step. The AOTCB is still a fledgling organization; nonetheless, it has already made great strides in carrying out its mission. The AOTCB will continue to build on the very excellent foundation AOTA has laid for the certification program.

The AOTCB welcomes questions, comments, and suggestions concerning the certification program. To contact AOTCB, write to AOTCB, 1383 Piccard Drive, Rockville, MD 20850-4375 or call (301) 948-9626.

References


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