

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLV. Medical Professions
Subpart 1. General

Chapter 1. Fees and Costs

**Subchapter G. Occupational
Therapists and Occupational Therapy
Assistants Fees**

§171. Scope of Subchapter

A. The rules of this Subchapter prescribe the fees and costs applicable to the licensing of occupational therapists and occupational therapy assistants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:1281.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 10:907 (November 1984), amended by the Department of Health, Board of Medical Examiners LR 51:652 (May 2025).

§173. Licenses and Permits

A. For processing an initial application for an occupational therapist's license, a fee of \$150 shall be payable to the board.

B. For processing an initial application for an occupational therapy assistant's license a fee of \$100 shall be payable to the board.

C. For issuing a temporary permit, a fee of \$50 shall be payable to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014, 37:1270, 37:1281.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 10:907 (November 1984), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:237 (February 2004),

amended by the Department of Health, Board of Medical Examiners LR 51:652 (May 2025).

§175. Annual Renewal

A. For processing an application for annual renewal of an occupational therapist's license, a fee of \$100 shall be payable to the board.

B. For processing an application for annual renewal of an occupational therapy assistant's license a fee of \$75 shall be payable to the board.

C. If the application for renewal is received beyond the deadline designated by the board, a late renewal fee of \$35 shall be payable to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014, 37:1270, 37:1281.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 10:907 (November 1984), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:237 (February 2004), amended by the Department of Health, Board of Medical Examiners LR 51:652 (May 2025).

§177. Reinstatement of License

A. For processing an application for reinstatement of a license which has lapsed by expiration and nonrenewal, additional fees as determined by the board shall be payable to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:1281.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 10:907 (November 1984), amended by the Department of Health, Board of Medical Examiners LR 51:652 (May 2025).

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLV. Medical Professions

Subpart 2. Licensure and Certification

Chapter 19. Occupational Therapists and Occupational Therapy Assistants

Subchapter A. General Provisions

§1901. Scope of Chapter

A. The rules of this Chapter govern the licensing of occupational therapists and occupational therapy assistants to engage in the practice of occupational therapy in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health, Board of Medical Examiners LR 51:652 (May 2025).

§1903. Definitions

A. As used in this Chapter the following terms shall have the meanings specified.

AOTA Guidelines—American Occupational Therapy Association (AOTA) official documents and professional policies that undergo scheduled review and updating. These documents are used by the AOTA and its membership to guide education, practice, advocacy, and policy on behalf of the profession.

Applicant—a person who has applied to the board or a license to engage in the practice of occupational therapy in the state of Louisiana.

Application—a request directed to and received by the board, for a license to practice occupational therapy in the state of Louisiana, in a manner prescribed by the board.

Approved Course—program, course, seminar, workshop, self-study, independent study or other activity meeting the *standards* and approved by the AOTA, by an AOTA approved provider, the National Board of Occupational Therapy (NBCOT), or the Louisiana Occupational Therapy Association (LOTA).

Board—the Louisiana State Board of Medical Examiners.

Client—a person, group, or population for whom the occupational therapy practitioner is providing service.

Client Care Conference—a meeting between the supervising occupational therapist, who must have previously evaluated and/or treated the client, and an occupational therapy assistant to discuss client progress or lack thereof,

client issues, revision of goals, initiation, modification or termination of an individual program plan, assessment of utilization of additional resources, discharge and any other information which may affect a client's plan of care. The minimum standard of frequency for this meeting is monthly for each individual client. This meeting can be conducted using a variety types and methods as outlined in §4926 of this document.

Client-Related Tasks—routine tasks during which volunteers or unlicensed personnel (i.e., aide or tech) may interact with the client under direct supervision of the Occupational Therapy Practitioner (OTP).

Compact Privilege—a privilege to practice granted by a remote state.

Consultation—process of assisting a client, agency, or other provider by identifying and analyzing issues, providing information and advice and developing strategies for current and future actions.

Direct Supervision—supervision in which the supervisor is personally present and immediately available within the treatment area to give aid, direction, and instruction when occupational therapy procedures or activities are performed.

Dry Needling—a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular, and connective tissues for the management of neuromusculoskeletal conditions, pain, and movement impairments.

Education—an intervention process that involves the imparting of knowledge and information about occupation and activity. Education also denotes an area of occupational performance.

Evaluation—the comprehensive and ongoing process of planning, obtaining, documenting, and interpreting data necessary for intervention. This process is focused on the client's wants and needs and on identifying those factors that act as supports or barriers to performance.

General Supervision—minimal standard of supervision consisting of a client care conference at least monthly for each individual client.

Good Moral Character—as applied to an applicant means that the applicant has not, prior to or during the pendency of an application to the board, been guilty of any act, omission, condition, or circumstance which would provide legal cause under R.S. 37:3011 for the suspension or revocation of occupational therapy licensure; the applicant has not, prior to or in connection with their application, made

any representation to the board, knowingly or unknowingly, which is in fact false or misleading as to a material fact or omits to state any fact or matter that is material to the application; and the applicant has not made any representation or failed to make a representation or engaged in any act or omission which is false, deceptive, fraudulent, or misleading in achieving or obtaining any of the qualifications for a license required by this Chapter.

License—the lawful authority to engage in the practice of occupational therapy in the state of Louisiana, as evidenced by a certificate duly issued by and under the official seal of the board.

Louisiana Occupational Therapy Practice Act or the Act—R.S. 39:3001-3014 as hereafter amended or supplemented.

Non-client Related Task—tasks not directly involving a client, i.e., clerical activities and preparation of the work area or equipment.

Non-skilled Task—tasks that do not require judgment, interpretation, or adaptation. The following are elements of a non-skilled task:

- a. The outcome is predictable.
- b. The client's condition and the environment are stable and will not require judgment or interpretation.
- c. The client has demonstrated previous performance ability with the task.
- d. The task process has been clearly established.

Occupational Performance—the act of engaging in any occupation including activities of daily living (ADL), instrumental ADLs (IADL), health management, rest and sleep, education, work, play, leisure, and social participation.

Occupational Therapist—a person who is licensed to practice occupational therapy, as defined in this Chapter, and whose license is in good standing.

Occupational Therapy—the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and diagnose occupational challenges (e.g., issues with client factors, performance patterns, and performance skills). Occupational therapy interventions may include occupations and activities, interventions to support occupation (including but not limited to physical agent modalities), education and training, advocacy, group, and virtual interventions. Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational

performance in people with, or at risk of experiencing, a range of developmental, physical, and mental health disorders.

Occupational Therapy Assistant—a practitioner who is licensed to deliver occupational therapy services in the practice of occupational therapy under the supervision of, and in partnership with an occupational therapist licensed under this chapter. Under the appropriate level of supervision of an occupational therapist, an occupational therapy assistant may perform all interventions stated in the definition of occupational therapy, including physical agent modalities, with the exception of dry needling.

Occupational Therapy Code of Ethics—an official document of the AOTA designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in research, education, and practice.

Occupational Therapy Practice Framework: Domain and Process (OTPF)—an official document of the AOTA that presents a summary of interrelated constructs that describe occupational therapy practice.

Occupational Therapy Practitioner—occupational therapists and occupational therapy assistants.

OTAC—Occupational Therapy Advisory Committee of the Louisiana State Board of Medical Examiners (LSBME)

Physical Agent Modalities—those modalities that produce a response in soft tissue through the use of mechanical devices, light, water, temperature, sound, or electricity. Physical agent modalities are characterized as adjunctive methods used in conjunction with or in immediate preparation for patient involvement in purposeful activity.

Re-evaluation—reappraisal of the client's performance and goals to determine the type and amount of progress or lack thereof. The re-evaluation occurs as often as needed to review and interpret the effectiveness and efficiency of the occupational therapy plan.

Position Statement—an official AOTA stance on the provision of services, practice of occupational therapy, or role of occupational therapy.

Referring Healthcare Professional—licensed healthcare professionals who may refer clients to occupational therapy for direct service intervention for their specific medical conditions. Qualified referring healthcare professionals consist of physicians, dentists, podiatrists, optometrists, physician's assistants, or advanced practice nurse practitioners.

Screening—process of reviewing available data, observing, or administering screening instruments to identify a person's potential strengths and limitations and the need for further assessment.

Service Competency—the ability to provide occupational therapy services in a safe and effective manner. With respect to an occupational therapy assistant, this means one who is appropriately trained and qualified to perform occupational

therapy in accordance with the current Standards of Practice for the relevant population and setting.

Standards for Continuing Competence in Occupational Therapy—an official AOTA document that serves as a foundation for analyzing the continuing competence of the OTP.

Standards of Practice for Occupational Therapy—an official AOTA document that defines the minimum standards for the practice of occupational therapy.

Supervising Occupational Therapist—the occupational therapist who is providing general supervision to an occupational therapy assistant and who is readily available to answer questions about the client's intervention at the time of the provision of services.

Temporary Permit—an applicant who is currently licensed and in good standing to practice in another jurisdiction and meets the requirements for licensure by endorsement or an applicant who has completed the academic and supervised field work experience requirements specified under §1907 of this Chapter and has applied for and is waiting examination or examination results, may obtain a temporary permit while the application is being processed by the board.

Unlicensed Personnel—an employee who provides supportive services to the OTP, commonly referred to as OT Aide, OT Tech, or Rehab Tech. Unlicensed personnel do not provide skilled OT services but perform specifically delegated client and non-client related tasks.

Unprofessional Conduct—acts or behavior that fail to meet the minimally acceptable standard expected of occupational therapy practitioners including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the client, conduct that may reflect negatively on one's fitness to practice, or conduct that may violate any provision of the most current AOTA Code of Ethics.

Volunteer—a non-compensated individual who is volunteering their time to support occupational therapy services. Volunteers do not provide skilled OT services but perform specifically delegated non-skilled client and non-client related tasks.

Wellness—an active process through which individuals become aware of and make choices toward a more successful existence. Wellness is more than a lack of disease symptoms. It is a state of mental and physical balance and fitness.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:422 (March 2004), LR 41:2136 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:652 (May 2025).

Subchapter B. Qualifications for License

§1905. Scope of Subchapter

A. The rules of this Subchapter govern the licensing of occupational therapists and occupational therapy assistants who, in order to practice occupational therapy or hold themselves out as an occupational therapy practitioner or as being able to practice occupational therapy in the state of Louisiana, must meet all of the criteria set forth in the Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health, Board of Medical Examiners LR 51:654 (May 2025).

§1907. Qualifications for License

A. To be eligible for a license, an applicant shall:

1. be of good moral character as defined by §1903;
2. be a citizen of the United States or possess valid and current legal authority to reside and work in the United States duly issued by the United States Citizenship and Immigration Services (USCIS) of the United States, Department of Homeland Security, under and pursuant to the Immigration and Nationality Act (66 stat. 163) and the commissioner's regulations thereunder (8 CFR);
3. have taken and passed the National Board for Certification in Occupational Therapy (NBCOT) Examination;
4. file an application for licensure in a format prescribed by the board;
5. present proof of current certification by the NBCOT in a manner as prescribed by the board;
6. submit proof of proficiency in the English language by passing the Test of English as a Foreign Language (TOEFL) with a score acceptable to the board if a non-native English speaker.

B. The burden of satisfying the board as to the qualifications and eligibility of the applicant for licensure shall be upon the applicant. An applicant shall not be deemed to possess such qualifications unless the applicant demonstrates and evidences such qualifications in the manner prescribed by, and to the satisfaction of, the board.

C. In addition to the substantive qualifications specified in §1907.A, to be eligible for a license, an applicant shall satisfy the procedures and requirements for application provided by §§1911 to 1915 of this Chapter and the procedures and requirements for examination provided by §§1917 to 1935 of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR

12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:422 (March 2004), LR 41:2136 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:655 (May 2025).

§1909. Waiver of Examination Requirements for Licensure

A. The board may waive the examination and grant a license to any applicant who presents proof of current licensure as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or a territory of the United States which requires standards for licensure considered by the board to be equivalent to the requirements for licensure of this Chapter, provided that such state, district, or territory accords similar privileges of licensure without examination to holders of a license under this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health, Board of Medical Examiners LR 51:655 (May 2025).

Subchapter C. Application

§1911. Purpose and Scope

A. The rules of this Subchapter govern the procedures and requirements applicable to application to the board for licensing as an occupational therapy practitioner in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health, Board of Medical Examiners LR 51:655 (May 2025).

§1913. Application Procedure

A. Application for licensing shall be made in a format prescribed by the board.

B. Application and instructions may be obtained from the board's web page or by personal or written request to the board.

C. An application for licensing under this Chapter shall include:

1. Proof, documented in a form satisfactory to the Board that the applicant possesses the qualifications set forth in this Chapter;

2. Such other information and documentation as the Board may require to evidence qualification for licensing.

D. All documents required to be presented to the Board or its designee must be the original thereof. For good cause shown, the Board may waive or modify this requirement.

E. The board may refuse to consider any application which is not complete in every detail, including submission of every document required by the application. The board may, in its discretion require a more detailed or complete

response to any request for information set forth in the application form as a condition to consideration of an application.

F. Each application submitted to the board shall be accompanied by the applicable fee, as set forth by the board..

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:237 (February 2004), LR 41:2137 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:655 (May 2025).

§1915. Effect of Application

A. The submission of an application for licensing to the board shall constitute and operate as an authorization by the applicant to each educational institution at which the applicant has matriculated, each state or federal agency to which the applicant has applied for any license, permit, certificate, or registration, each person, firm, corporation, clinic, office, or institution by whom or with whom the applicant has been employed in the practice of occupational therapy, each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment and each professional organization to which the applicant has applied for membership, to disclose and release to the board any and all information and documentation concerning the applicant which the board deems material to consideration of the application. With respect to any such information or documentation, the submission of an application for licensing to the board shall equally constitute and operate as a consent by the applicant to disclosure and release of such information and documentation and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

B. By submission of an application for licensing to the board, an applicant shall be deemed to have given his consent to submit to physical or mental examinations if, when, and in the manner so directed by the board and to waive all objections as to the admissibility or disclosure of findings, reports, or recommendations pertaining thereto on the grounds of privileges provided by law. The expense of any such examination shall be borne by the applicant.

C. The submission of an application for licensing to the board shall constitute and operate as an authorization and consent by the applicant to the board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the board from other persons, firms, corporations, associations, or governmental entities pursuant to §1915.A or B to any person, firm, corporation, association, or governmental entity having a lawful, legitimate, and reasonable need therefor, including, without limitation, the occupational therapy licensing authority of any state; the Federation of State Medical Boards of the United States; the AOTA; and any component state and county or parish medical society, including the Louisiana Occupational Therapy Association (LOTA); the Louisiana Department of Health and Human Resources; Federal, state,

county or parish, and municipal health and law enforcement agencies and the Armed Services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

Subchapter D. Examination

§1917. Designation of Examination

A. For purposes of licensure, the board shall use the examination administered by or on behalf of the NBCOT or such other certifying entity as the board may subsequently approve.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:422 (March 2004).

§1919. Eligibility for Examination

A. To be eligible for examination an applicant for licensure must make application to the NBCOT or its designated contract testing agency in accordance with procedures and requirements of NBCOT. Information on the examination process, including fee schedules and application deadlines, must be obtained by each applicant from the NBCOT. Application for licensure under §1913 does not constitute application for examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:422 (March 2004).

§1921. Dates, Places of Examination

A. The dates on which and places where the NBCOT certification examination for occupational therapy practitioners are given are scheduled by the NBCOT.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:422 (March 2004), amended by the Department of Health, Board of Medical Examiners LR 51:655 (May 2025).

§1931. Passing Score

A. The board shall use the criteria for satisfactory performance on the exam adopted by the NBCOT.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:423 (March 2004).

§1933. Reporting of Examination Score

A. Applicants for licensure shall be required to authorize the NBCOT to release their test scores to the board each time the applicant-examinee attempts the examination according to the procedures for such notification established by NBCOT.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:423 (March 2004), LR 41:2137 (October 2015).

§1935. Restriction, Limitation on Examinations; Additional Requirements

A. An applicant who fails the examination four times shall not thereafter be considered for licensure until successfully completing such continuing education or additional training as may be recommended by the advisory committee and approved by the board or as the board may otherwise determine appropriate. For multiple failures beyond four attempts such education or training may include, without limitation, repeating all or a portion of any didactic and clinical training required for licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 39:3291 (December 2013).

Subchapter E. Temporary Permit

§1937. Temporary Permit in General

A. With respect to applicants who do not meet or possess all of the qualifications and requirements for licensing, the board may, in its discretion, issue such temporary permits as are, in its judgment, necessary or appropriate to its responsibilities under law.

B. A temporary permit entitles the holder to engage in the practice of occupational therapy in the state of Louisiana only for the period of time specified by such permit and creates no right or entitlement to permitting or renewal of the permit after its expiration.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health, Board of Medical Examiners LR 51:656 (May 2025).

§1939. Permit Pending Examination; Reexamination; Renewal

A. The board shall issue a temporary permit to practice occupational therapy to an applicant who has completed the academic and supervised field work experience requirements specified under §1907 of this Chapter and has applied for and is waiting examination or examination

results. The temporary permit shall be valid for three months and is non-renewable.

B. An occupational therapy practitioner holding a temporary permit issued under this Section may practice occupational therapy only under the direct supervision of an occupational therapist licensed by the board, who shall provide such direct supervision for not less than 50 percent of the temporarily permitted OTP's assigned caseload which is seen in conjunction with the supervising OT on a weekly basis.

1. An occupational therapy assistant holding a temporary permit under this Section shall practice under the supervision of no more than two licensed occupational therapists.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 14:351 (June 1988), LR 41:2137 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:656 (May 2025).

§1940. Provisional Temporary Permit Pending Application for Visa

A. The board may issue a provisional temporary permit to an applicant for any license or permit provided for by these rules who is otherwise completely qualified for such license or permit, save for possessing an H-1 or equivalent visa as may be required by these rules, provided that the applicant has completed all applicable requirements and procedures for issuance of a license or permit and is eligible for an H-1 or equivalent visa under rules and regulations promulgated by the USCIS.

B. A provisional temporary permit issued under this Section shall be of the same type and scope, and subject to the same terms and restrictions, as the license or permit applied for, provided, however, that a provisional temporary permit issued under this Section shall expire, and become null and void, on the earlier of:

1. 90 days from the date of issuance of such permit;
2. ten days following the date on which the applicant receives notice of USCIS action granting or denying the applicant's petition for an H-1 or equivalent visa; or
3. the date on which the board gives notice to the applicant of its final action granting or denying issuance of the license or permit applied for.

C. The board may, in its discretion, extend or renew, for one or more additional 90-day periods, a provisional temporary permit issued hereunder which has expired pursuant to §1940.B.1, in favor of an applicant who holds a provisional temporary permit issued under this Section and who has filed a petition for H-1 or equivalent visa with the USCIS, but whose pending petition has not yet been acted on by the USCIS within 90 days from issuance of such provisional temporary permit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 19:1144 (September 1993), amended LR 41:2138 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:656 (May 2025).

Subchapter F. License Issuance, Termination, Renewal and Reinstatement

§1943. Issuance of License

A. If the qualifications, requirements, and procedures prescribed or incorporated by §§1907 to 1915 are met to the satisfaction of the board, the board shall issue to the applicant a license to engage in the practice of occupational therapy in the state of Louisiana upon payment of the license fees set forth by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2138 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:656 (May 2025).

§1945. Expiration of License

A. Every license issued by the board under this Chapter shall expire and thereby become null, void, and to no effect each year on the last day of the month in which the licensee was born.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 24:1499 (August 1998), LR 41:2138 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:656 (May 2025).

§1947. Renewal of License

A. Every license issued by the board under this Subchapter shall be renewed annually on or before its date of expiration by submitting to the board an application for renewal in a format prescribed by the board, together with the renewal fee set forth by the board and documentation of satisfaction of the continuing professional education requirements prescribed by Subchapter H of these rules.

B. Renewal application and instructions may be obtained from the board's web page.

C. The renewal of a license which has expired for 60 days or less may be renewed by submitting to the board an application for renewal in a manner prescribed by the board together with the late renewal fee prescribed by the board.

D. Current NBCOT registration or certification is not a prerequisite to renewal of a license to practice as an occupational therapy practitioner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1003 (September 1994), LR 24:1499 (August 1998), LR 30:237 (February 2004), LR 30:423 (March 2004), LR 41:2138 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:656 (May 2025).

§1949. Reinstatement of License

A. A license which has expired may be reinstated by the Board subject to the conditions and procedures hereinafter provided.

B. An application for reinstatement shall be made in a format prescribed by the board, together with appropriate proof of continuing education, and the applicable late renewal and reinstatement fees as prescribed by the board.

C. Reinstatement of a license that has expired for two years or more may include additional fees and requirements as the board deems appropriate, including but not limited to reexamination in accordance with Subchapter D, satisfaction of the requirements of Subchapter H with respect to continuing professional education, and/or complying with all requirements and procedures for obtaining an original license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1003 (September 1994), LR 30:423 (March 2004), LR 41:2139 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:657 (May 2025).

§1951. Titles of Licensees

A. Any person who is issued a license as an occupational therapist under the terms of this Chapter may use the words "occupational therapist," "licensed occupational therapist," or may use the letters "OT" or "LOT," in connection with their name or place of business to denote their licensure. In addition, any person currently licensed by the board and certified or registered by and in good standing with the NBCOT, may use the words "licensed occupational therapist registered" or "occupational therapist registered" or "LOTR" or "OTR."

B. Any person who is issued a license as an occupational therapy assistant under the terms of this Chapter may use the words "occupational therapy assistant," "licensed occupational therapy assistant," or may use the letters "OTA" or "OTA/L" in connection with their name or place of business to denote their licensure. In addition, any person currently licensed by the board and certified as an assistant by and in good standing with the NBCOT, may use the designation "licensed certified occupational therapy assistant" or "COTA/L" or "certified occupational therapy assistant" or "COTA."

C. Use of Title of Doctor. A licensee who has earned a doctoral degree in occupational therapy (OTD) or a doctoral

degree in a related area of practice or study may do the following:

1. In a written communication, use the initials OTD, DrOT, PhD, or EdD, as applicable, following the licensee's name.

2. In a written communication, use the title "Doctor" or the abbreviation "Dr." preceding the licensee's name, if the licensee's name is immediately followed by an unabbreviated specification of the applicable doctoral degree held by the licensee.

3. In a spoken communication while engaged in the practice of occupational therapy, use the title "Doctor" preceding the licensee's name, if the licensee specifies that he or she is an occupational therapy practitioner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:423 (March 2004), LR 41:2139 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:657 (May 2025).

Subchapter G. Occupational Therapy Advisory Committee

§1957. Constitution of Committee

A. To assist the board in the review of applicants' qualifications for licensure and renewal of licensure under this Chapter, the board shall constitute and appoint an Occupational Therapy Advisory Committee (advisory committee) which shall be organized and shall function in accordance with the provisions of this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1003 (September 1994), amended by the Department of Health, Board of Medical Examiners LR 51:657 (May 2025).

§1959. Composition; Appointment

A. The advisory committee shall comprise nine members, eight of whom shall be occupational therapists and one of whom should be an occupational therapy assistant, unless no qualified OTA seeks appointment. Members shall be licensed by the board and practicing and residing within the state of Louisiana, consisting, more particularly, of one licensed occupational therapy practitioner proficient in and representing each of the following areas of occupational therapy practice insofar as it is practical:

1. administration and management;
2. developmental disabilities;
3. education;
4. geriatrics;

5. mental health;
6. physical disabilities;
7. pediatrics;
8. assistive technology; and
9. community practice/wellness

B. The board will receive nominations and/or suggestions for replacement members for expiring terms. There should be three candidates per position open for review by the board.

C. Insofar as possible or practical, in its appointment of members to the advisory committee, the board shall maintain geographic diversity so as to provide membership on the advisory committee by occupational therapists residing and practicing in north, central, southwestern, and southeastern Louisiana.

D. Of the board's initial appointment of members to the advisory committee following the effective date of these rules, four appointees shall be designated to serve terms expiring on the last day of the year of appointment and five to serve terms expiring on the last day of the year succeeding the year of appointment. Thereafter, each member of the advisory committee shall serve a term of two years, subject to removal at any time at the pleasure of the board. Members appointed to the advisory committee by the board to fill a vacancy occurring on the advisory committee other than by expiration of the designated term shall serve for the unexpired term. A member of the advisory committee may be appointed by the board for not more than three consecutive terms. Other than the initial appointments provided for herein, board appointments to the advisory committee shall be effective when made with respect to appointments for unexpired terms and otherwise shall be effective as of the first day of the year following the date of appointment. OTAC members will select a chair and any other desired officers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1003 (September 1994), amended by the Department of Health, Board of Medical Examiners LR 51:657 (May 2025).

§1961. Delegated Duties and Responsibilities

A. The advisory committee is authorized by the board in its mission to protect the consumers of occupational therapy to:

1. advise the board on required qualifications and credentials of applicants for occupational therapy licensure and make recommendations thereon to the board;
2. assist, when requested by the board, in examining the qualifications and credentials of applicants for occupational therapy licensure and make recommendations thereon to the board;
3. provide advice and recommendations to the board respecting the modification, amendment, and

supplementation of rules and regulations, standards, policies, and procedures respecting occupational therapy licensure and practice;

4. serve as a liaison between and among the board, licensed occupational therapy practitioners' and occupational therapy professional associations;

5. receive reimbursement for attendance at board meetings and for other expenses when specifically authorized by the Board;

6. advise and assist the board regarding qualifying continuing professional education requirements.

7. advise and assist the Department of Investigations as requested by the board in issues of ethical or disciplinary action; and

8. review the LSBME Rules for OTPs every 3 years and revise as needed.

B. In performing the functions authorized under this Section the advisory committee and the individual members thereof shall, when acting within the scope of such authority, be deemed agents of the board. All information obtained by the advisory committee members pursuant to §1961.A.2 and 7 shall be considered confidential. Advisory committee members are prohibited from communicating, disclosing, or in any way releasing to anyone, other than the board, any information or documents obtained when acting as agents of the board without first obtaining written authorization of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1004 (September 1994), amended by the Department of Health, Board of Medical Examiners LR 51:658 (May 2025).

Subchapter H. Continuing Professional Education

§1963. Scope of Subchapter

A. The rules of this Subchapter provide standards for the continuing professional education requisite to the annual renewal of licensure as an occupational therapist or occupational therapy assistant, as required by §§1947 and 1965 of these rules, and prescribe the procedures applicable to satisfaction and documentation of continuing professional education in connection with application for renewal of licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1004 (September 1994), amended by the Department of Health, Board of Medical Examiners LR 51:658 (May 2025).

§1965. Continuing Professional Education Requirement

A. Subject to the exceptions specified in §1979 of this Subchapter, to be eligible for renewal of licensure an occupational therapy practitioner shall, within each year during which they hold licensure, evidence and document in a manner prescribed by the board, the successful completion of not less than 14 contact hours, or 1.4 continuing education units (CEUs) which must include: 1 hours of Ethics (approved by AOTA, LOTA, or NBCOT) and a 1 hour course provided by LSBME on the rules and regulations for OTs and COTAs.

B. One CEU constitutes 10 hours of participation in an organized continuing professional education program approved by the board and meeting the standards prescribed in this Subchapter; one continuing professional education hour is equal to one-tenth of a CEU.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1004 (September 1994), amended LR 41:2139 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:658 (May 2025).

§1967. Qualifying Continuing Professional Education Programs

A. To be acceptable as qualified continuing professional education under these rules a program shall be approved by AOTA, LOTA, or NBCOT. Documentation shall consist of a course completion certificate from the course sponsor. The certificate shall include the name and date of the course, and the number of CEUs or contact hours earned by the participant.

B. A licensee may earn up to a maximum of 4 continuing education contact hours per year for providing Level II fieldwork (FW) education to an occupational therapy or occupational therapy assistant student from an ACOTE accredited program. Documentation shall consist of a certificate or letter from the Academic Fieldwork Coordinator of the affiliating school attesting to the licensee's role and number of weeks as a Level II FW educator. One continuing education contact hour will be earned for each 3-week period of Level II FW education:

| Number of Weeks Providing Level II FW Education | Number of Contact Hours Earned |
|---|--------------------------------|
| 3 - 5 weeks | 1 |
| 6 - 8 weeks | 2 |
| 9 - 11 weeks | 3 |
| 12 weeks | 4 |

C. A licensee may earn CEUs for initial presentations, workshops and institutes presented by the licensee and approved by AOTA, LOTA, or NBCOT. The number of CEUs or contact hours earned is equal to two times the number of CEUs or contact hours granted to a course participant.

Documentation shall consist of a course completion certificate, an official program, or a letter from the course sponsor. The certificate, program, or letter shall have the applicant's name listed as the presenter, and state the number of participants CEUs or contact hours earned.

D. A licensee may earn continuing education contact hours for successful completion of occupational therapy coursework in a post-professional occupational therapy program at an accredited university listed on the AOTA's website. Coursework must be from one of the following degree programs:

1. post-professional Doctorate of Occupational Therapy;
2. PhD in Occupational Therapy; or
3. bridge programs for OTAs leading to either a Master Occupational Therapy or entry-level Doctorate of Occupational Therapy.

E. No CEUs will be awarded for a grade of D or F in the course. Number of CEUs or contact hours awarded will be two times the number of credit hours of the course work, i.e., a 1 credit hour course will earn 2 contact hours, a 2-credit hour course will earn 4 contact hours, etc. Documentation shall consist of official or unofficial transcript from the university. No CEUs or contact hours will be awarded for coursework in any degree program other than those listed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1004 (September 1994), amended LR 31:3161 (December 2005), amended by the Department of Health, Board of Medical Examiners LR 51:659 (May 2025).

§1969. Approval of Program Sponsors

A. Any program, course, seminar, workshop, self-study, independent study or other activity meeting the standards prescribed by §1967.A.-D sponsored or offered by the AOTA, by an AOTA approved provider, the NBCOT, or the LOTA shall be presumptively deemed approved by the board for purposes of qualifying as an approved continuing professional education program under these rules.

B. Upon the recommendation of the advisory committee, the board may designate additional nationally accredited organizations and entities whose programs, courses, seminars, workshops, or other activities shall be deemed approved by the board for purposes of qualifying as an approved continuing professional education program under §1967.A.-D.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1005 (September 1994), amended LR 31:3162 (December 2005), amended by the Department of Health, Board of Medical Examiners LR 51:659 (May 2025).

§1971. Approval of Programs

A. A continuing professional education program sponsored by an organization or entity not deemed approved by the board pursuant to §1969.A.-D may be preapproved by the board as a program qualifying and acceptable for satisfying continuing professional education requirements under this Subchapter upon written request to the board therefore, upon a form supplied by the board, providing a complete description of the nature, location, date, content, and purpose of such program and such other information as the board or the advisory committee may request to establish the compliance of such program with the standards prescribed by §1967.A.-D. Any such request for preapproval respecting a program which makes and collects a charge for attendance shall be accompanied by a nonrefundable processing fee of \$30.

B. Any such written request shall be referred by the board to the advisory committee for its recommendation. If the advisory committee's recommendation is against approval, the board shall give notice of such recommendation to the person or organization requesting approval and such person or organization may appeal the advisory committee's recommendation to the board by written request delivered to the board within 10 days of such notice. The board's decision with respect to approval of any such activity shall be final. Persons and organizations requesting preapproval of continuing professional education programs should allow not less than 60 days for such requests to be processed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1005 (September 1994), amended LR 31:3162 (December 2005).

§1973. Documentation Procedure

A. Annual documentation and certification of satisfaction of the continuing professional education requirements prescribed by these rules shall accompany an applicant's annual renewal of licensure in a format using electronic continuing education tracking system as prescribed by the board and must be completed prior to renewal of license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1005 (September 1994), amended LR 41:2139 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:659 (May 2025).

§1975. Failure to Satisfy Continuing Professional Education Requirements

A. All requirements for continuing education must be satisfied and verified by the board's contractor prior to granting the privilege of license renewal. License may be renewed 8 weeks prior to the last day of the applicant's birth month.

1. Failure to comply with continuing education requirements prior to renewal results in an expired license that must be renewed prior to any Occupational Therapy practice.

2. Completion of CEUs no more than 60 days after expiration of license will allow practitioner to apply for late renewal.

3. Upon completion of verified CEUs, license will be renewed with applicable late fees.

B. The license of an occupational therapy practitioner whose license has not been renewed within 60 days after their license has expired may be reinstated by the board upon written application to the board, accompanied by payment of a reinstatement fee, in addition to all other applicable fees and costs. Reinstatement may require a criminal background check, at discretion of the board. Applicant must also provide documentation and certification that:

1. the applicant has, within the preceding 12 months, completed 14 contact hours (1.4 CEUs) of qualifying continuing professional education; and

2. the applicant is currently certified by the NBCOT as demonstrated by a current NBCOT Certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1005 (September 1994), amended LR 24:1499 (August 1998), LR 30:424 (March 2004), LR 41:2139 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:659 (May 2025).

§1977. Waiver of Continuing Professional Education Requirements

A. The board may, in its discretion and upon the recommendation of the advisory committee, waive all or part of the continuing professional education required by these rules in favor of an occupational therapy practitioner who makes written request for such waiver to the board and evidences to the satisfaction of the board a permanent physical disability, illness, financial hardship, or other similar extenuating circumstances precluding the individual's satisfaction of the continuing professional education requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1006 (September 1994), amended by the Department of Health, Board of Medical Examiners LR 51:660 (May 2025).

§1979. Exceptions to Continuing Professional Education Requirements

A. The continuing professional education requirements prescribed by this Subchapter as requisite to renewal of licensure shall not be applicable to:

1. an occupational therapy practitioner who has held an initial Louisiana license on the basis of examination for a

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period of less than one year and who has completed the Laws & Rules course prior to first annual renewal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3012(B) and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 20:1006 (September 1994), amended by the Department of Health, Board of Medical Examiners LR 51:660 (May 2025).

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLV. Medical Professions

Subpart 3. Practice

Chapter 49. Occupational Therapists and Occupational Therapy Assistants

Subchapter A. General Provisions

§4901. Scope of Chapter

A. The rules of this Chapter govern the practice of occupational therapy in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4903. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

Activities of Daily Living—the components of everyday activity.

Activity Limitation—the exclusion of certain activities, or restrictions in method of duration of performance.

Assistive/Adaptive Equipment—a special device which assists in the performance of occupations.

Board—the Louisiana State Board of Medical Examiners.

Client—a person, group, program, organization or community for whom the occupational therapy practitioner is providing service (American Occupational Therapy Association).

Client Care Conference—a meeting between the supervising occupational therapist, who must have previously evaluated and/or treated the client, and an occupational therapy assistant to discuss client progress or lack thereof, client issues, revision of goals, initiation, modification or termination of an individual program plan, assessment of utilization of additional resources, discharge and any other information which may affect a client's plan of care. Except when specifically required in this Chapter to be conducted by face to face conference, such meeting may be undertaken by telephone or other means of telecommunication which allows for simultaneous interactive discussion between the supervising occupational therapist and occupational therapy assistant.

Close Client Care Supervision—face to face observation of an occupational therapy assistant administering occupational therapy to a client, accompanied or followed in

a timely fashion by verbal discussion of client goals, the individual program plan and other matters which may affect the client's plan of care.

Cognitive Skills—actions or behaviors a client uses to plan and manage the performance of an activity.

Community Services, Programs, or Resources—vocational, social, religious, recreational, health, education, and transportation services or programs that may be available in the community.

Coordination—the ability to perform motions in a smooth concerted way.

Consultation—process of assisting a client, agency, or other provider by identifying and analyzing issues, providing information and advice and developing strategies for current and future actions.

Context—a variety of interrelated conditions within and surrounding the client that influences performance including, but not limited to, cultural, personal, temporal, virtual, physical and social.

Coping Skills—the ability to sublimate drives, find sources of need gratification, tolerate frustration and anxiety, experience gratification, and control impulses.

Documents—the written recording of information in the client's overall record/chart and/or in the occupational therapy record/chart.

Dyadic Interaction Skills—the ability in relationships to peers, subordinates, and authority figures to demonstrate trust, respect, and warmth; to perceive and respond to needs and feelings of others; to engage in and sustain interdependent relationships; and to communicate feelings.

Early Intervention Setting—a natural environment, such as a child's home, child care or other community setting in which children through 3 years of age (36 months) participate.

Education—an intervention process that involves the imparting of knowledge and information about occupation and activity. This does not include school based occupational therapy.

Evaluate/Evaluation—the process of collecting and interpreting data through direct observation, interview, record review, or testing of a client.

Environmental Adaptations—structural or positional changes designed to facilitate independent living and/or increase safety in the home, work, or treatment setting: i.e.,

the installation of ramps, bars; change in furniture heights; adjustments of traffic patterns.

Face to Face—direct communication between the occupational therapist supervising client care and an occupational therapy assistant, which is conducted in the physical presence of one another.

Facilitation Techniques—selection, grading, and modification of sensory input which attempts to encourage motion in a non-functioning muscle or muscle group.

Group Interaction Skills—abilities in performing tasks in the presence of others; sharing tasks with others; cooperating and competing with others; fulfilling a variety of group membership roles; exercising leadership skills; perceiving and responding to needs of group members.

Inhibition Techniques—selection, grading, and modification of sensory input which attempts to decrease muscle tone or excess motion that interferes with function.

Joint Protection/Preservation—the principles or techniques of minimizing stress on joints. It includes the use of proper body mechanics; avoidance of excessive weight-bearing, static, or deforming postures.

Kinetic Activities—those activities requiring motion. It can include activities of daily living and isometric, assistive, resistive exercises.

Louisiana Occupational Therapy Practice Act or the Act—R.S. 39:3001-3014 as hereafter amended or supplemented.

Mobility—moving from one place to another during the performance of everyday activities, including skills such as getting in/or out of bed, chair, wheelchair, vehicles, using transportation, functional ambulation and transporting objects.

Motor Skills—the level, quality, and/or degree of range of motion, gross muscle strength, muscle tone, endurance, fine motor skills, and functional use.

Object Manipulation—skills such as the handling of common objects such as telephone, keys, money, light switches, doorknobs.

Occupational Performance—the act of engaging in any occupation including activities of daily living (ADL), instrumental ADLs (IADL), rest and sleep, education, work, play, leisure, and social participation.

Occupational Therapist—a person who is licensed to practice occupational therapy, as defined in this Chapter, and whose license is in good standing.

Occupational Therapy—the application of any activity in which one engages for the purposes of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorders, congenital or developmental disabilities, or the aging process, in order to achieve optimum functioning and prevention and health maintenance. The occupational therapist may enter a case for

the purposes of providing consultation and indirect services and evaluating an individual for the need of services. Prevention, wellness and education related services shall not require referral, however, in workers' compensation injuries preauthorization shall be required by the employer or workers' compensation insurer or provider. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician, dentist, podiatrist, advanced practice registered nurse, or optometrist licensed to practice in the state of Louisiana. Practice shall be in accordance with current standards of practice established by the American Occupational Therapy Association, Inc., and the essentials of accreditation established by the agencies recognized to accredit specific facilities and programs. Specific occupational therapy services include, but are not limited to, activities of daily living (ADL); the design, fabrication, and application of prescribed temporary splints; sensorimotor activities; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; pre-vocational evaluation and training and consultation concerning the adaptation of physical environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, and social systems.

Occupational Therapy Assistant—a person who is licensed to assist in the practice of occupational therapy under the supervision of, and in activity programs with the consultation of, an occupational therapist licensed under this Chapter.

Performance Skills—the abilities clients demonstrate in the actions they perform. The learned and developmental patterns of behavior which are the prerequisite foundations of occupation. The performance skills components include: motor skills, sensory perceptual skills, praxis skills, emotional regulation, communication and social/skills.

Periodically—occurring at regular intervals of time not less than every two weeks or the sixth visit, whichever comes first.

Play/Leisure Skills—those skills necessary to perform and engage in activities such as games, sports, and hobbies.

Positioning—the placing of body parts in proper alignment.

Practice-Experience—1600 hours of documented work as an occupational therapy practitioner is equivalent of one year of practice experience.

Psychological/Intrapersonal Skills—the level, quality, and/or degree of self-identity, self-concept, and coping skills.

Reality Orientation—the treatment approach aimed at reinforcement of reality; i.e., the use of simple structured activities for orientation to time, place, and person.

Re-Evaluate/Re-Evaluation—the process of periodically and systematically reviewing and interpreting the effectiveness and efficiency of client goals, the treatment

plan, intervention and any other aspect of an individual's occupational therapy program.

Self-Care Skills—activities that are oriented toward taking care of one's own body, including, but not limited to, skills such as bathing, showering, bowel and bladder management, dressing, eating, feeding, functional mobility, personal device care, hygiene/grooming, sexual activity, and toilet hygiene.

Self-Identity and Self-Concept—the ability to perceive self needs and expectations from those of others; identify areas of self-competency and limitations; accept responsibility for self; perceive sexuality of self; have self-respect; have appropriate body image; view self as being able to influence events.

Sensation—reception of stimuli, includes touch, pain, temperature, stereognosis, proprioception/kinesthesia, vestibular, taste, smell, vision, hearing.

Sensory Integration—the level, quality, or degree of development and integration of somatosensory functions, reflected in reflex and sensory status, posture, motor activity and praxis, form and space perception, body schema, and self-concept.

Service Competency—with respect to an occupational therapy assistant, means one who is appropriately trained and qualified to perform occupational therapy in accordance with the current standards of practice, as identified by the American Occupational Therapy Association.

Significant Others—persons who have an important relationship to the client. This could include the client's family, friends, employer, teacher, or other health care providers.

Social/Interpersonal Skills—the level, quality, and/or degree of dyadic and group interaction skills.

Splinting—the provision of temporary dynamic and/or static splints for the purpose of: relieving pain, maintaining joint alignment, protecting joint integrity, improving function, and/or decreasing deformity.

Structuring Environment—the organization of the client's time, activities, and/or physical environment in order to enhance performance (see *environmental adaptations*).

Supervising Occupational Therapist—an occupational therapist responsible to the client for occupational therapy who observes, directs, consults with and retains responsibility for the service competence and performance of an occupational therapy assistant in the administration of occupational therapy to such client.

Wellness—an active process through which individuals become aware of and make choices toward a more successful existence. Wellness is more than a lack of disease symptoms. It is a state of mental and physical balance and fitness.

Work Simplification—the streamlining of the performance of an activity in order to minimize energy output.

Work Skills—skills such as habits, workmanship, actual skills related to specific job tasks. The skills may refer to the work of the student, paid employee, retiree or volunteer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 28:1976 (September 2002), LR 30:424 (March 2004), LR 41:2140 (October 2015).

Subchapter B. Standards of Practice

§4905. Scope of Subchapter

A. This Subchapter provides the minimum standards for occupational therapy practice applicable to all persons licensed to practice occupational therapy in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health, Board of Medical Examiners LR 51:660 (May 2025).

§4907. Screening

A. Occupational therapy practitioners have the responsibility to identify clients who may present problems in occupational performance that would require further assessment.

B. Occupational therapy practitioners shall communicate screening results within the boundaries of client confidentiality and privacy regulations.

C. An occupational therapist is responsible for all aspects of the screening process: initiating, directing, using evidence-based tools, analyzing and synthesizing data, and recommending additional consultations or resources.

D. An occupational therapy assistant may contribute to the screening by administering delegated assessments of occupational performance and reporting results to the occupational therapist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2141 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:660 (May 2025).

§4909. Referral

A. Persons are appropriate for occupational therapy services when they demonstrate impairment, potential for impairment, or need for improvement in conducting or resuming daily life occupations that support function and health throughout the lifespan.

B. Clients shall be referred to occupational therapy for direct service intervention for their specific medical conditions by a licensed physician, dentist, podiatrist,

optometrist, physician's assistant, or advanced practice nurse practitioner.

C. The occupational therapist assumes full responsibility for the occupational therapy evaluation and consulting with the referring healthcare professional as needed.

D. Occupational therapists shall recommend additional consultations or refer clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.

E. Occupational therapy services that are not related to injury, disease, or illness that are performed in a wellness or community setting for the purposes of enhancing performance in everyday activities are exempt from this referral requirement.

F. Occupational therapy practitioners employed by a school system or contracted by a school system, who provide screening and rehabilitation services for the educationally related needs of the students, are exempt from this referral requirement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2141 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:660 (May 2025).

§4911. Evaluation

A. Occupational therapists shall evaluate the client's performance.

B. Initial occupational therapy evaluations shall consider the repertoire of occupations in which the client engages, the contexts influencing engagement, the performance patterns and skills the client uses, the demands of the occupation, and the client's body functions and structures.

C. All evaluation methods shall be appropriate to the client's age, education, cultural and ethnic background, medical status, and functional ability.

D. Occupational therapists shall communicate evaluation results within the boundaries of client confidentiality and privacy regulations.

E. If the results of the evaluation indicate areas that require intervention by other professionals, the occupational therapist should communicate this to the referring healthcare professional.

F. The occupational therapist is responsible for all aspects of the evaluation process, including, but not limited to:

1. completion of an occupational profile in collaboration with the client;
2. directing the evaluation process;
3. using evidence-based, standardized, and/or structured assessment tools and protocols;
4. analyzing and interpreting data; and

5. documenting and communicating the results.

G. An occupational therapy assistant may contribute to the evaluation process by administering delegated assessments, reporting assessment results to the occupational therapist, and contributing to the documentation of evaluation results.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2141 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:660 (May 2025).

§4913. Intervention Process

A. An occupational therapist has the overall responsibility for the development, documentation, implementation, modification, and review of the intervention plan, including ensuring the completed documentation is part of the client's record and accessible to the OTA prior to the OTA's first treatment session. When delegating aspects of the occupational therapy intervention process to the occupational therapy assistant, the occupational therapist is responsible for providing supervision as stated in §4925.

B. Intervention Plan Development. Intervention plan development shall utilize the evaluation, client goals and outcomes, best available evidence, and professional and clinical reasoning.

1. The intervention plan should include:

- a. Relevant and measurable client goals and related time frames

- b. Frequency and duration of service

- c. Types of interventions

2. An occupational therapist ensures that the intervention plan, and any modifications to the plan are documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, state and federal laws, and other regulatory and payer requirements sufficient to justify the services rendered.

3. An OTP collaborates with the client to develop and implement the intervention plan based on the client's needs and priorities and informs the client of potential benefits and harms of the interventions.

C. Intervention Plan Review and Modification. An occupational therapist reviews and modifies the intervention plan throughout the intervention process, assessing effectiveness of delivery, and documenting changes in the client's needs, goals, and performance.

1. When modifying the intervention plan, the OTP selects, implements, and makes modifications to interventions consistent with demonstrated competence levels and client goals. All interventions are used to facilitate engagement in occupation.

2. An occupational therapy assistant contributes to the modification of the intervention plan by ongoing communication and providing documentation about the client's responses to intervention.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health, Board of Medical Examiners LR 51:661 (May 2025).

§4915. Individual Program Implementation

A. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician, dentist, podiatrist, optometrist or advanced practice registered nurse licensed to practice in the state of Louisiana.

B. Occupational therapists shall implement the program according to the program plan. Occupational therapy assistants may assist in program implementation under the supervision of and in consultation with a supervising occupational therapist, as prescribed by §§4919 and 4925.

C. Occupational therapists shall formulate and implement program modifications consistent with changes in the client's occupational performance and performance skills.

D. Occupational therapists shall periodically re-evaluate and document the client's occupational performance and performance skills.

E. Occupational therapists shall promptly document the occupational therapy services provided and the frequency of the services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 28:1977 (September 2002), LR 41:2141 (October 2015).

§4917. Discontinuation of Services

A. Occupational therapists shall discontinue services when the client has achieved the identified goals, has achieved maximum benefit from occupational therapy, or has requested discontinuation of services.

B. Occupational therapists, in collaboration with the OTA, shall prepare a discharge plan that is consistent with the goals of occupational therapy, the client, the family, and the interdisciplinary team. Consideration should be given to appropriate community resources for referral and environmental factors or barriers that may need modification to allow for continuity of care.

C. Occupational therapists shall collaborate with the client, allowing sufficient time for the coordination and the effective implementation of the discharge plan.

D. Occupational therapists shall document outcomes of service delivery and recommendations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended, by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2141 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:661 (May 2025).

§4919. Quality Assurance and Service Competency

A. The occupational therapist shall periodically and systematically review all aspects of individual occupational therapy programs for effectiveness and efficiency.

B. Occupational therapists shall periodically and systematically review the quality and appropriateness of total services delivered, using predetermined criteria that reflect professional consensus and recent development in research and theory.

C. Any occupational therapist supervising an occupational therapy assistant must have performed and documented a service competency on the occupational therapy assistant. The occupational therapist must have previously evaluated and/or treated any client being seen by an occupational therapy assistant he or she is supervising. In addition:

1. initial service competency. Following acceptance of responsibility to supervise an occupational therapy assistant, but prior to utilization of such assistant in the implementation of any client program plan or other administration of occupational therapy to a client, the supervising occupational therapist shall initially evaluate and document the occupational therapy assistant's service competency to administer all occupational therapy services which are to be performed under his or her supervision and direction. The service competency is designed to document the occupational therapy assistant's skill set;

2. annual service competency. Following such an initial evaluation the supervising occupational therapist shall thereafter annually conduct and document a service competency to determine the occupational therapy assistant's skill set;

3. documentation of service competency. Documentation of initial and annual competency shall include the date the evaluation was performed, a description of the tasks evaluated, and the name, signature and Louisiana license number of the supervising occupational therapist conducting the service competency evaluation;

4. in practice settings where an occupational therapy assistant is supervised by more than one occupational therapist, service competencies (initial and/or annual) performed by one supervising occupational therapist will satisfy the requirements of this Section for all occupational therapists supervising the occupational therapy assistant in the performance of the same services, provided that their name, signature and Louisiana license number appears on the evaluation;

5. a supervising occupational therapist shall insure such documentation is maintained by the occupational therapy assistant and at each clinic, facility or home health agency where the occupational therapy assistant practices under his or her supervision.

D. A supervising occupational therapist is responsible for and must be capable of demonstrating compliance with the requirements of this Chapter and AOTA supervision guidelines respecting supervision of occupational therapy assistants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 28:1977 (September 2002), LR 41:2142 (October 2015).

§4923. Reserved.

§4925. Supervision of Occupational Therapy Assistants

A. The rules of this Section, together with those specified in §4915 and §4919, govern supervision of an occupational therapy assistant by a supervising occupational therapist in any setting.

B. The supervising OT shall have a legal and ethical responsibility to provide supervision, and the OTA shall have a legal and ethical responsibility to obtain supervision.

C. Supervision by the OT of the services provided by the OTA shall always be required, even when the OTA is experienced and highly skilled in a particular area.

D. Occupational therapists and occupational therapy assistants are equally responsible for developing a collaborative plan for supervision. It is the responsibility of the occupational therapist and the occupational therapy assistant to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.

E. At all times during which an occupational therapy assistant assists in program plan implementation, the supervising occupational therapist and the occupational therapy assistant must have the capability to be in contact with each other by telephone or other telecommunication which allows for simultaneous interactive discussion between the supervising occupational therapist and occupational therapy assistant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 19:340 (March 1993), amended LR 28:1977 (September 2002), LR 41:2142 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:661 (May 2025).

§4926. Types of Supervision

A. General supervision is required for all occupational therapy assistants by an occupational therapist. General supervision shall consist of a client care conference at least

monthly for each individual client. This is considered to be a minimum standard of client care conference frequency and it is the responsibility of both the OT and OTA to determine when more frequent meetings are indicated. The client care conference can be conducted using a variety of types and methods of supervision and may include:

1. observation;
2. modeling;
3. co-treatment;
4. discussions;
5. teaching;
6. instruction;
7. phone conversations;
8. video conferencing; and
9. other secure telecommunication technology.

B. The specific frequency, methods, and content of supervision may vary by practice setting and is dependent upon the:

1. complexity of clients' needs;
2. number and diversity of clients;
3. skills of the occupational therapist and the occupational therapy assistant;
4. type of practice setting;
5. service delivery approach;
6. requirements of the practice setting; and
7. federal and state regulatory requirements.

C. More frequent supervision may be necessary when:

1. the needs of the client and the occupational therapy process are complex and changing;
2. the practice setting provides occupational therapy services to a large number of clients with diverse needs; or
3. the occupational therapist and occupational therapy assistant determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.

D. A variety of levels and methods of supervision may be used.

E. All methods of supervision must be compliant with HIPAA and confidentiality requirements of government agencies, facilities, employers, or other appropriate bodies.

F. An occupational therapy assistant shall not administer occupational therapy to any client whose physical, cognitive, functional or mental status differs substantially from that identified by the supervising occupational therapist's individual program plan in the absence of re-evaluation by, or an immediate prior client care conference with, the supervising occupational therapist.

G. An occupational therapist is responsible for determining the number of appropriate occupational therapy assistants to be supervised depending on the experience of the occupational therapist, the experience of the occupational therapy assistant(s), the complexity of the client, and the setting of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners LR 51:662 (May 2025).

§4927. Occupational Therapy Assistant Service Competency and Supervision Documentation

A. Occupational Therapy Assistant Service Competency

1. Any occupational therapist supervising an occupational therapy assistant must have documented service competency on the occupational therapy assistant. Service competency assessment is a continuous process which should be completed for an OTA new to a setting (initial competency), annually (annual competency), and when a new modality, intervention, assessment tool, or piece of therapeutic equipment is introduced to the setting.

a. Initial service competency. Following acceptance of responsibility to supervise an occupational therapy assistant, but prior to utilization of such assistant in the implementation of any client program plan or other administration of occupational therapy to a client, the supervising occupational therapist shall ensure that the occupational therapy assistant's competency to administer all occupational therapy services which are to be performed under their supervision and direction has been assessed and documented. If not, the OT must assess and document the competency of the OTA. The service competency is designed to document the occupational therapy assistant's ongoing skill set.

b. Current and annual service competency. Service competency assessment of the OTA should be ongoing, assessing new skills that are needed as they arise, and reassessed at least annually.

c. Documentation of service competency. All competency documentation shall include the date the competency assessment was performed, a description of the tasks assessed, and the name, signature and Louisiana license number of the assessing occupational therapist conducting the service competency; a service competency sample is provided on the LSBME website.

2. In practice settings where an occupational therapy assistant is supervised by more than one occupational therapist, all documented service competencies performed by one occupational therapist will satisfy the requirements of this Section for all occupational therapists supervising the occupational therapy assistant in the performance of the same services, provided that the assessing occupational therapist's name, signature and Louisiana license number appears on the competency documentation;

3. Service competency documentation is maintained by the occupational therapy assistant and made accessible to all

supervising occupational therapists upon request at each site or agency where the assistant is employed. A supervising occupational therapist is responsible for and must be capable of demonstrating compliance with the requirements of this Chapter and AOTA supervision guidelines regarding supervision of occupational therapy assistants.

B. Documentation of OT Supervision of an OTA

1. In each intervention note, the occupational therapy assistant must include the name of an occupational therapist who is readily available to answer questions about the client's intervention at the time of the provision of services. Co-signing of OTA documentation is not required. The occupational therapist in the intervention note may be different from the occupational therapist who wrote the plan of care. The occupational therapy assistant may not provide services unless this requirement is met.

2. Documentation of the client care conference will be recorded by the OT in the client's medical record.

3. Mutual Obligations and Responsibilities. A supervising occupational therapist and occupational therapy assistant shall bear equal reciprocal obligations to ensure strict compliance with the obligations, responsibilities and provisions set forth in this.

4. The administration of occupational therapy other than in accordance with the provisions of this Section and §4919 shall be deemed a violation of these rules, subjecting the occupational therapist and/or an occupational therapy assistant to suspension or revocation of licensure pursuant to §4921.B.18.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 19:340 (March 1993), amended LR 28:1977 (September 2002), LR 41:2142 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:662 (May 2025).

§4928. Supervision of Unlicensed Personnel and Volunteers

A. The rules of this Section govern supervision of all unlicensed personnel or volunteers that are supervised by an occupational therapy practitioner in any setting.

B. The supervising occupational therapist shall at all times be responsible for all services provided by unlicensed personnel or volunteers.

C. The supervising occupational therapy practitioner has a continuing responsibility to follow the progress of each client, provide direct care to the client, and assure that the unlicensed personnel do not function autonomously.

D. An OTA, under the direction of the occupational therapist, is permitted to supervise unlicensed personnel or volunteers.

E. Unlicensed personnel or volunteers may only be delegated to perform non-skilled tasks.

F. Direct supervision is required for all unlicensed personnel and volunteers when completing client-related tasks at all times. The occupational therapy practitioner must be in the visual range of the client and the unlicensed personnel or volunteer and available for immediate physical intervention. Videoconferencing is not allowed for direct supervision.

G. Non-client-related tasks include clerical activities and preparation of the work area or equipment.

H. Client-related tasks are routine tasks during which the unlicensed personnel or volunteer may interact with the client. The following factors must be present when an OTP delegates a selected client-related task to the unlicensed personnel and volunteers:

1. The outcome anticipated for the delegated task is predictable.
2. The client's condition and the environment are stable and will not require that judgment, interpretations, or adaptations be made by the aide.
3. The client has demonstrated previous performance ability in executing the task.
4. The task routine and process have been clearly established.

I. When delegating client-related tasks, the supervisor must ensure that the unlicensed personnel or volunteer:

1. Is trained and able to demonstrate competence in carrying out the selected task and using related equipment, if appropriate;
2. Has been instructed on how specifically to carry out the delegated task with the specific client;
3. Knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the OTP; and
4. Is not used to perform billable functions that are prohibited by the payment source of the client being served.

J. The competence of the unlicensed personnel or volunteer needs to be documented for all client-related tasks (e.g., orientation checklist, performance review, skills checklist, in-service participation).

AUTHORITY NOTE:Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE:Promulgated by the Department of Health, Board of Medical Examiners LR 51:663 (May 2025).

§4929. Supervision of OT and OTA Students

A. Occupational therapy and occupational therapy assistant students completing their clinical education will be supervised as per current best practices.

B. Documentation by OT or OTA students must be co-signed by the supervising OTP.

AUTHORITY NOTE:Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE:Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 19:340 (March 1993), amended LR 28:1977 (September 2002), LR 41:2142 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:663 (May 2025).

§4930. Dry Needling

A. Dry Needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular, and connective tissues for the management of neuromusculoskeletal conditions, pain, and movement impairments. As with all other physical agent modalities in occupational therapy, dry needling is to be utilized in the therapeutic process to ultimately achieve improved function and therefore must not be applied as a stand-alone treatment.

1. In order to perform dry needling, an occupational therapist must obtain all of the educational instruction described in Paragraphs (2)(a) and (2)(b) herein. The majority of the educational instruction must be obtained in person, allowing for self-study and partial online instruction.

2. **Mandatory Training.** Before performing dry needling to the upper limb, a practitioner must complete educational requirements in each of the following areas:

- a. Instruction in each of the four areas listed herein, from a LOTA, AOTA or NBCOT approved continuing education provider:
 - i. musculoskeletal and neuromuscular systems;
 - ii. anatomical basis of pain mechanisms, chronic pain, and referred pain;
 - iii. trigger points; and
 - iv. universal precautions.
- b. A minimum of 24 hours of dry needling instruction must include specific instruction on the upper limb defined as hand, wrist, elbow, and shoulder girdle.
 - i. The 24 hours must include instruction in each of the following six areas:
 - (a). dry needling technique;
 - (b). dry needling indications and contraindications;
 - (c). documentation of dry needling;
 - (d). management of adverse effects;
 - (e). practical psychomotor competency; and
 - (f). Occupational Safety and Health Administration's Bloodborne Pathogens Protocol.

3. Each instructional course shall also specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling; contain a practical examination and a written examination with a passing score; include an anatomical review for safety and effectiveness, and evidence-based instructions on the theory of dry needling.

4. Advanced dry needling (i.e., craniofacial, spine, abdominal, etc.) will require more advanced training than the minimum requirements outlined above. It is the responsibility of each occupational therapist to acquire specialty certification through additional training beyond the minimum requirements.

5. Any occupational therapist who obtained the requisite hours of instruction to meet another state's requirements for dry needling must provide the documentation to the LSBME that demonstrates compliance with Louisiana's minimum instructional requirements as outlined in Paragraphs 2(a), (b), and (c).

6. Dry needling may only be performed by a licensed occupational therapist and may not be delegated to an occupational therapy assistant or support personnel.

7. Dry needling may only be performed with an order from a physician or otherwise authorized prescriber or provider for dry needling.

8. An occupational therapist practicing dry needling must supply written documentation, upon request by the board, that substantiates appropriate training as required by this Rule.

9. An occupational therapist performing dry needling in their practice must have informed consent for each patient that is maintained in the patient's chart/medical record. The patient must sign an informed consent form created by the therapist. The consent form must, at a minimum, clearly state the following information:

- a. risks and benefits of dry needling;
- b. the occupational therapist's level of education and training in dry needling; and
- c. potential side effects of dry needling.

10. When dry needling is performed, the occupational therapist must document in the patient's daily encounter/procedure note. The note shall indicate how the patient tolerated the intervention as well as the outcome of the intervention, including any adverse reactions/events that occurred, if any.

11. When dry needling is performed, the clinic or facility must have a written plan in place for management of major complications in a prompt and effective manner.

12. Practicing dry needling without compliance with this requirement constitutes unprofessional conduct and subjects a licensee to appropriate discipline by the Board and its agents.

AUTHORITY NOTE:Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE:Promulgated by the Department of Health, Board of Medical Examiners, LR 51:663 (May 2025).

Subchapter C. Unauthorized Practice, Prohibitions and Causes for Administrative Action

§4931. Unauthorized Practice [Formerly §4927]

A. No individual shall engage in the practice of occupational therapy in this state in the absence of a current license or permit duly issued by the Board

AUTHORITY NOTE:Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE:Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2143 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:664 (May 2025).

§4932. False Representation of Licensure Prohibited [Formerly §1955 and §4929]

A. No person who is not licensed under this Chapter as an OTP, or whose license has been suspended or revoked, shall use, in connection with their name or place of business, the words "occupational therapist," "licensed occupational therapist," "occupational therapy assistant," "licensed occupational therapy assistant," or the letters, "OT," "LOT," "OTA," "LOTA," or any other words, letters, abbreviations, or insignia indicating or implying that they are an occupational therapist or an occupational therapy assistant, or in any way, orally, in writing, in print, or by sign, directly or by implication, represent themselves as an occupational therapist or an occupational therapy assistant.

B. No person who is not licensed under this Chapter as an occupational therapist or an occupational therapy assistant, or whose license has been suspended or revoked, who is not currently certified or registered by and in good standing with the NBCOT shall use, in connection with their name or place of business, the words "occupational therapist registered," "licensed occupational therapist registered," "certified occupational therapy assistant," or "licensed certified occupational therapy assistant" or the letters, "OTR," "LOTR," or "COTA," or "LCOTA" or any other words, letters, abbreviations, or insignia indicating or implying that they are an occupational therapist registered or a certified occupational therapy assistant, or in any way, orally, in writing, in print, or by sign, directly or by implication, represent themselves as such.

C. Whoever violates the provisions of this Section shall be fined an amount designated by the board or be imprisoned for not more than six months, or both.

AUTHORITY NOTE:Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6).

HISTORICAL NOTE:Promulgated by the Department of Health, Board of Medical Examiners LR 51:664 (May 2025).

§4933. Suspension and Revocation of License; Refusal to Issue or Renew; Unprofessional Conduct [Formerly §4921 and §4931]

A. The board may refuse to issue or renew, may suspend or revoke, or may impose probationary conditions on any OTP license, if the licensee or applicant for license has

been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public.

B. As used herein and R.S. 37:3011, unprofessional conduct by an occupational therapist or occupational therapy assistant shall mean:

1. conviction of a crime or entry of a plea of guilty or nolo contendere to a criminal charge constituting a felony under the laws of Louisiana, of the United States, or of the state in which such conviction or plea was entered;
2. conviction of a crime or entry of a plea of guilty or nolo contendere to any criminal charge arising out of or in connection with the practice of occupational therapy;
3. perjury, fraud, deceit, misrepresentation, or concealment of material facts in obtaining a license to practice occupational therapy;
4. providing false testimony before the board or providing false sworn information to the board;
5. habitual or recurring abuse of drugs, including alcohol, which affect the central nervous system and which are capable of inducing physiological or psychological dependence;
6. solicitation of client's or self-promotion through advertising or communication, public or private, which is fraudulent, false, deceptive, or misleading;
7. making or submitting false, deceptive, or unfounded claims, reports, or opinions to any client's insurance company, or indemnity association, company, individual, or governmental authority for the purpose of obtaining anything of economic value;
8. cognitive or clinical incompetency;
9. continuing or recurring practice which fails to satisfy the prevailing and usually accepted standards of occupational therapy practice in this state;
10. knowingly performing any act which in any way assists an unlicensed person to practice occupational therapy, or having professional connection with or lending one's name to an illegal practitioner;
11. paying or giving anything of economic value to another person, firm, or corporation to induce the referral of

client's to the occupational therapist or occupational therapy assistant;

12. interdiction by due process of law;

13. inability to practice occupational therapy with reasonable competence, skill, or safety to client's because of mental or physical illness, condition or deficiency, including but not limited to deterioration through the aging process and excessive use or abuse of drugs, including alcohol;

14. refusal to submit to examination an inquiry by an examining committee of physicians appointed by the board to inquire into the licensee's physical and/or mental fitness and ability to practice occupational therapy with reasonable skill or safety to clients;

15. practicing or otherwise engaging in any conduct or functions beyond the scope of occupational therapy as defined by the Act or these rules;

16. the refusal of the licensing authority of another state to issue or renew a license, permit, or Compact Privilege to practice occupational therapy in that state, or the revocation, suspension, or other restriction imposed on a license, permit, or Compact Privilege issued by such licensing authority which prevents, restricts, or conditions practice in that state, or the surrender of a license, permit, or Compact Privilege issued by another state when criminal or administrative charges are pending or threatened against the holder of such license, permit, or Compact Privilege; or

17. violation of any rules and regulations of the board, or any provisions of the Act, as amended, R.S. 37:3001-3014.

C. Denial, refusal to renew, suspension, revocation, or imposition of probationary conditions upon a licensee may be ordered by the board in a decision made after a hearing in accordance with the Administrative Procedure Act and the applicable rules and regulations of the board. One year after the date of the revocation of a license, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement but shall hold a hearing to consider such reinstatement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3011.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners LR 51:665 (May 2025)