

Appendix C
American Occupational Therapy Association Criteria and Guidelines

5. **Disclosure:** The Provider discloses in advance of the activity the Provider's and any instructor's financial and non-financial interest in any product, instrument, device, service, or material discussed during the activity and the source of any compensation related to the presentation (if indicated).
7. **Needs Identification:** Program development and learning activities are planned in response to identified needs relevant to the practice of occupational therapy. The Provider defines the potential learners/target audience, educational level, and any prerequisites for each continuing education activity and includes this information in promotional efforts.
9. **Evidence & Relevance to OT:** Content is relevant to the profession of occupational therapy, falls within the scope of practice of occupational therapy, is consistent with AOTA official documents, reflects best practices, is supported by best available evidence, and can be reflected in the AOTA Classification Codes for Continuing Education Activities.

A continuing education activity is relevant to OT when it falls into one or more of the following types of courses (note that course examples are not inclusive of all possibilities):

- a. **Professional issues courses** must be reflective of current, relevant occupational therapy practice—including management, education, or research—and support the learner's role. *These courses fall under Category 3 (Professional Issues) in the AOTA Classification Codes.*

Acceptable topic examples: Interprofessional practice, primary care, documentation, leadership development, ethics, reimbursement, cultural sensitivity/awareness

Unacceptable topic examples: CPR, Microsoft Office training, project management certification, successful negotiating

- b. **General practice/health/medical related courses** that target multidisciplinary audiences must be supported by best available evidence and relevant to the roles of OT learners. General health or medical topics are acceptable for AOTA CEUs when they pertain to diagnoses or conditions encountered by OT practitioners and provide medical information, background, or context relevant to occupational therapy. *These courses generally fall under Category 1 of the AOTA Classification Codes (Domain of OT), but may include other Codes.*

Acceptable topic examples: Diagnosis-specific conferences or courses, anatomy and physiology, low vision, home modification/universal design

Unacceptable topic examples: Courses clearly and primarily focused on a target audience other than OT (e.g. dentistry, applied behavior analysis, nursing, dietetics)

- c. **Service delivery–focused courses** must be supported by best available evidence and consistent with evidence-based practice³ (EBP) and occupation-based practice⁴. Courses focused solely on exercise, manual therapies, or complementary and alternative medicine (CAM) interventions must be supported by scientific studies and demonstrate an explicit connection to occupation-based practice, which includes client ability to participate in desired activities of daily living in context. *These courses fall under Categories 1 (Domain of OT) and 2 (Occupational Therapy Process) of the AOTA Classification Codes.*

Acceptable topic examples: Interventions such as yoga or select physical agent modalities (PAMs) that are explicitly identified as preparatory techniques for occupation-based practice; constraint induced movement treatment; wheelchair assessment; incontinence management; Canadian Occupational Performance Measure (COPM); pain management

Unacceptable topic examples: Primary course content that is clearly associated with another profession and does not have applicability to occupation-based practice (e.g. reflexology, dry needling, invasive pelvic floor assessment/intervention), PAMs courses that are not explicitly identified as preparatory techniques for occupation-based practice, interventions with evidence of harm or that contradict effectiveness, interventions that have been refuted by a profession in white papers or official documents

- 10. Learning Outcomes:** The Provider has clear, specific, and measurable written statements of intended learning outcomes for each continuing education activity that are based on identified needs and communicated to learners prior to registration and during the activity.
- 12. Instructional Methods:** Instructional methods are congruent with the identified learning outcomes of each activity and are appropriate for the selected delivery format.
- 13. Learning Environment & Support Systems:** Learning facilities, resource or reference materials, and instructional aids and equipment are consistent with the purpose, design, and intended learning outcomes of the learning activity. The learning environment will accommodate teaching strategies for and the environmental comfort of the learner in a supportive and non-threatening atmosphere, as well as the accessibility needs of learners with disabilities.
- 14. Post Evaluation:** Each learning activity is evaluated.