

**Title 15: Mississippi State Department of Health**

**Part 19: Bureau of Professional Licensure**

**Subpart 60: Professional Licensure**

**CHAPTER 8 REGULATIONS GOVERNING LICENSURE OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS**

**Subchapter 1: General**

Rule 8.1.1 **Purpose:** The purpose of these regulations is to safeguard the public's health, safety, and welfare by establishing minimum qualifications and creating exclusive titles corresponding to the level of qualifications for individuals who wish to offer occupational therapy services to the public. Further, in order to insure the highest degree of professional conduct by those engaged in offering occupational therapy services to the public, it is the purpose of these regulations to provide and impose disciplinary sanctions, be they civil or criminal, against persons who do not meet or adhere to the procedures, qualifications, and standards set out in these regulations.

*SOURCE: Miss. Code Ann. §73-24-13*

Rule 8.1.2 **Legal Authority:** The State Board of Health established and empowered by Section 41-3-1 et seq. of Mississippi Code of 1972, annotated, is authorized to establish and enforce these rules and procedures by virtue of "Mississippi Occupational Therapy Practice Law," Sections 73-24-1, et seq. of Mississippi Code of 1972, annotated.

*SOURCE: Miss. Code Ann. §73-24-13*

Rule 8.1.3 **Definitions:** The following terms shall have the meaning set forth below, unless the context otherwise requires:

1. **Board** shall mean the Mississippi State Board of Health.
2. **Council** shall mean the Mississippi Advisory Council in Occupational Therapy.
3. **License** shall mean the document of licensure issued by the Board.
4. **Act** shall mean the "Mississippi Occupational Therapy Practice Law" sections 73-24-1 et seq. of Mississippi Code of 1972, annotated.
5. **Examination** shall mean the examination approved by the Board.
6. **Department** shall mean the Mississippi State Department of Health.
7. **The Practice of Occupational therapy** means 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) and provide occupation-based interventions to address them. 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.

- a. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation, including 1. Context (environmental and personal factors) and occupational and activity demands that affect performance.
  - (i) Performance patterns including habits, routines, roles, and rituals;
  - (ii) Performance skills, including motor skills (e.g., moving oneself or moving and interacting with objects), process skills (e.g., actions related to selecting, interacting with, and using tangible task objects), and social interaction skills (e.g., using verbal and nonverbal skills to communicate);
  - (iii) Client factors, including body functions (e.g., neuromuscular, sensory, visual, mental, psychosocial, cognitive, pain factors), body structures (e.g., cardiovascular, digestive, nervous, integumentary, and genitourinary systems; structures related to movement), values, and spirituality;
- b. Methods or approaches to identify and select interventions, such as:
  - (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline;
  - (ii) Compensation, modification, or adaptation of occupations, activities, and contexts to improve or enhance performance;
  - (iii) Maintenance of capabilities to prevent decline in performance in everyday life occupations;

- (iv) Health promotion and wellness to enable or enhance performance in everyday life activities and quality of life;
  - (v) Prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention;
- c. Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation include but are not limited to:
- (i) Therapeutic use of occupations and activities;
  - (ii) Training in self-care, self-management, health management (e.g., medication management, health routines), home management, community/work integration, school activities, and work performance;
  - (iii) Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory–perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills;
  - (iv) Education and training of persons, including family members, caregivers, groups, populations, and others;
  - (v) Care coordination, case management, and transition services;
  - (vi) Consultative services to persons, groups, populations, programs, organizations, and communities;

- (vii) Virtual interventions (e.g., simulated, real-time, and near-time technologies, including telehealth and mobile technology);(viii) Modification of contexts (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles;
- (viii) Modification of contexts (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles;
- (ix) Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices;
- (x) Assessment, recommendation, and training in techniques to enhance functional mobility, including fitting and management of wheelchairs and other mobility devices;
- (xi) Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation;
- (xii) Remediation of and compensation for visual deficits, including low vision rehabilitation;
- (xiii) Driver rehabilitation and community mobility;
- (xiv) Management of feeding, eating, and swallowing to enable eating and feeding performance;
- (xv) Application of physical agent and mechanical modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, motor, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills;
- (xvi) Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes;
- (xvii) Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their everyday life occupations;

- (xviii) Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).

8. **Occupational therapy intervention** includes:

- a. remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes;
- b. adaptation of task, process or the environment, or the teaching of compensatory techniques in order to enhance functional performance;
- c. disability prevention methods and techniques which facilitate the development or safe application of functional performance skills; or
- d. health promotion strategies and practices which enhance functional performance abilities.

9. **Occupational therapy service** includes, but is not limited to:

- a. evaluating, developing, improving, sustaining or restoring skill in activities of daily living (ADLS), work or productive activities, including instrumental activities of daily living (IADLS), play and leisure activities;
- b. evaluating, developing, remediating or restoring physical, sensorimotor, cognitive or psycho social components of performance;
- c. designing, fabricating, applying or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices;
- d. adaptation of environments and processes, including the application of ergonomic principles, to enhance functional performance and safety in daily life roles;
- e. application of physical agent modalities as an adjunct to or in preparation for engagement in an occupation or functional activity;
- f. evaluating and providing intervention in collaboration with the client, family, caregiver or other person responsible for the client;
- g. educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions;
- h. consulting with groups, programs, organizations or communities to provide population-based services; or

- i. participation in administration, education, and research, including both clinical and academic environments.
10. **Occupational Therapist** means a person licensed in this state to practice occupational therapy as defined in these regulations and whose license is in good standing.
  11. **Occupational Therapy Assistant** means a person licensed to assist in the practice of occupational therapy under the supervision of or with the consultation of a licensed occupational therapist and whose license is in good standing.
  12. **Occupational Therapy Aide** means a person who is not licensed in the field of occupational therapy and who assists occupational therapists and occupational therapy assistants in the practice of occupational therapy under direct supervision. The occupational therapy aides' activities require an understanding of occupational therapy.
  13. **Person** means any individual, partnership, unincorporated organization, or corporate body, except that only an individual may be licensed under this chapter.
  14. **Direct supervision** means the daily, direct, on-site contact at all times of a licensed occupational therapist or occupational therapy assistant when an occupational therapy aide assists in the delivery of patient care.
  15. **Association** shall mean the Mississippi Occupational Therapy Association.
  16. **Dry needling** shall mean a physical agent modality that aims to restore and/or optimize the neuro-muscular-skeletal systems. Dry needling involves the use and insertion of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction by increased blood flow, decreased banding, decreased spontaneous electrical activity, biomechanical and central nervous system changes.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.1.4 Requirements to Perform Dry Needling:** As with all other physical agent modalities in occupational therapy, dry needling is to be utilized in the therapeutic process in order to ultimately achieve improved function and therefore not to be applied as a stand-alone treatment. Dry needling does not include the stimulation of auricular or distal points. Dry needling is not part of an occupational therapist's academic or clinical preparation for entry-level practice; therefore, this rule establishes the minimum standards required for an occupational therapist to be deemed competent to perform dry needling.

1. Dry needling shall be performed only by an occupational therapist who is competent by education and training to perform dry needling as specified in this

regulation. Online/virtual/remote study and/or self-study for dry needling instruction shall not be considered appropriate training.

2. An occupational therapist must meet the following requirements in order to be deemed competent to perform dry needling:
  - a. A minimum of 3 years clinical experience as a licensed occupational therapist
  - b. Documented successful completion of dry needling course(s) of study approved by the Department that includes:
    - (i) A minimum of 50 hours face-to-face instruction; an online study is not allowed. Advanced dry needling (i.e., craniofacial, spine, abdominal, etc..) will require more advanced training than the minimum requirements. It is the responsibility of each occupational therapist to acquire specialty certification through additional training beyond the minimum requirements.
    - (ii) Each course shall specify which anatomical regions/structures are included in the certification and whether the instruction was introductory or advanced concepts in dry needling
    - (iii) Every course instructor must be a licensed healthcare provider and have a minimum of two years of experience performing dry needling
    - (iv) A practical examination and a written examination with a passing score
    - (v) Anatomical review for safety and effectiveness
    - (vi) Indications and contraindications for dry needling
    - (vii) Management of adverse effects
    - (vii) Evidence-based instructions on the theory of dry needling
    - (ix) Sterile needle procedures which shall include the standards of the U.S. centers for disease control or the U.S. occupational safety and health administration
  - c. An occupational therapist performing dry needling in his/her practice must have written informed consent for each patient that is maintained in the patient's chart/medical record. The patient must sign and receive a copy of an informed consent form created by the therapist. The consent form must, at a minimum, clearly state the following information:

- (i). Risks and benefits of dry needling
  - (ii). The occupational therapist’s level of education and training in dry needling
  - (iii). The occupational therapist will not dry needle any auricular or points distal to the identified treatment area
3. Each licensed occupational therapist performing dry needling must have a written physician’s order for dry needling or receive verbal authorization from the patient’s physician approving dry needling that is documented in the patient’s chart/medical record.
  4. 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.
  5. Dry needling shall not be delegated and must be performed only by a qualified, licensed occupational therapist who has met the minimum standards in this section.
  6. Dry needling is not to be performed by an occupational therapy assistant under any circumstances including certification training or supervision.
  7. After completion of the Department approved dry needling course, the occupational therapist will submit proof of certification. This will include confirmation of passing scores on written and practical exams. The Department must review and approve documents prior to beginning use of dry needling. This also includes any advanced courses that may follow.
  8. Failure of an occupational therapist who is performing dry needling to provide written documentation that confirms he/she has met the requirements of this section shall be evidence that the occupational therapist is not competent and not permitted to perform dry needling. An occupational therapist performing dry needling in violation of this section shall be subject to disciplinary action as specified in Rule 8.8.1(1), (2), (6), (20), and (21).

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.1.5 Telehealth:** A licensee may provide occupational therapy services to a client utilizing a telehealth visit if the occupational therapy services are provided in accordance with all requirements of this Act.

1. “Telehealth Visit” means the provision of occupational therapy services by a licensee to a client using technology where the licensee and client are not in the same physical location for the occupational therapy service.



2. A licensee engaged in a telehealth visit shall utilize technology that is secure and compliant with state and federal law.
3. A licensee engaged in a telehealth visit shall be held to the same standard of care as a licensee who provides in-person occupational therapy. A licensee shall not utilize a telehealth visit if the standard of care for the particular occupational therapy services cannot be met using technology.
  - a. If a licensee determines, either before or during the provision of occupational therapy services, that services cannot be provided through telehealth in a manner that is consistent with in-person standards of care, the licensee shall not provide or supervise services through telehealth. In making the determination of whether services should be performed in-person or via telehealth, the licensee shall consider at a minimum:
    - (i) The complexity of the patient’s condition;
    - (ii) The licensee’s knowledge, skills, and abilities;
    - (iii) The patient’s environment and resources;
    - (iv) The nature and complexity of the required intervention; and
    - (v) The capacity and quality of the technological interface available;
  - b. A licensee who determines that services cannot be provided through telehealth shall advise the client to obtain services in-person.
4. Telehealth services provided by the occupational therapist or occupational therapy assistant shall be provided synchronously unless it requires the use of services to be reviewed or utilized outside of a treatment session (i.e. home exercise program instructions, safety instructions), then it can be provided asynchronously.
  - a. “Synchronous” means real-time interactive technology.
  - b. “Asynchronous” means using transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded. Best practice is to consult payer policy directly to confirm availability of this service under the payer’s plan.
5. Supervision of Occupational Therapy Assistants, Aides, and students using telehealth technologies must follow existing state law and guidelines regarding supervision, regardless of the method of supervision.

*SOURCE: Miss. Code Ann. §73-24-13*

Rule 8.1.6 **Publication:** The Department shall publish, annually, a list of the names and addresses of all persons licensed by the department and a list of all persons whose licenses have been suspended, revoked, denied renewal, put on probationary status, censured, or reprimanded.

*SOURCE: Miss. Code Ann. §73-24-13*

#### **SUBCHAPTER 4: LICENSURE**

Rule 8.4.1 **Licensure Requirements:** An applicant for a regular license as an occupational therapist or occupational therapy assistant shall submit to the Department, verified by oath, written evidence in form and content satisfactory to the Department that the applicant:

1. is of good moral character;
2. has been awarded a degree from an education program recognized by the Board;
3. has successfully completed a supervised field experience;
  - a. for an occupational therapist, as reflected in the current accrediting standards;
  - b. for an occupational therapy assistant, as reflected in the current accrediting standards;
4. has passed an examination approved by the Department; and
5. has paid the required fee(s).
6. For an occupational therapist, the program shall be accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association or the board-recognized accrediting body.
7. For an occupational therapy assistant, the program shall be approved by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association or the board-recognized accrediting body.

*SOURCE: Miss. Code Ann. §73-24-13*

Rule 8.4.2 **Licensure By Endorsement:** An applicant for licensure by endorsement shall submit to the Department, verified by oath, written evidence in form and content satisfactory to the Department that:

1. the applicant is currently licensed to practice occupational therapy under the laws of another state, territory, or jurisdiction; and
2. the requirements for said license are equivalent to or greater than those required in this state as set forth in Rules 8.4.1 and 8.4.3 of these regulations; and

3. said license is in good standing, and is not, presently, suspended or revoked; and
4. certification from NBCOT has not been subject to disciplinary action.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.4.3 Foreign Trained Individuals:** An applicant for licensure who has been trained as an occupational therapist or an occupational therapy assistant in a foreign country, and desires to be licensed pursuant to the laws of the State of Mississippi, shall submit to the Department, verified by oath, in form and content satisfactory to the Department:

1. that the applicant is of good moral character; and
2. that the applicant has successfully completed an educational program and a supervised fieldwork experience program for occupational therapists or occupational therapy assistants; and
3. documentary evidence that the educational program and the supervised fieldwork experience are substantially equivalent to that required of a non-foreign trained applicant for licensure; and
4. that the applicant has passed an examination approved by the Department; and
5. demonstrable proficiency in the English language by passing all of the following English language examinations with scores to be determined by the Department:
  - a. Test of English as a Foreign Language (TOEFL); and
  - b. Test of Spoken English (TSE); and
  - c. Test of Written English (TWE).
6. An applicant who is a graduate of an accredited school of occupational therapy located in one of the following countries may request an exemption from the required English proficiency examinations:
  - a. England
  - b. Scotland
  - c. Ireland
  - d. Wales
  - e. Australia
  - f. New Zealand

- g. Canada (except the province of Quebec)
7. The department reserves the right to require a personal interview with any applicant from any of the above countries for final determination of the exemption request.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.4.4 Limited Permit:** A limited permit to practice as an occupational therapist or occupational therapy assistant may be granted to an applicant for licensure meeting the requirements of Rule 8.4.1 or 8.4.3 who has not taken the approved examination or has not received the results of the examination, subject to the conditions of Rule 8.4.5.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.4.5 Conditions of a Limited Permit:**

1. A limited permit shall be granted for a period not to exceed ninety (90) days.
2. A limited permit holder shall restrict his practice to the State of Mississippi.
3. Supervision of Limited Permit
  - a. An occupational therapist issued a limited permit shall practice under the supervision of or in consultation with an occupational therapist currently licensed in Mississippi. Supervision or in consultation with an occupational therapist for the purposes of this section means direct contact at least every 2 weeks at each treatment facility, with interim contact occurring by other methods, such as telephone or written communication.
  - b. An occupational therapy assistant issued a limited permit shall practice under the supervision of or in consultation with an occupational therapist currently licensed in Mississippi. Supervision or in consultation with for the purposes of this section means direct contact at least every week at each treatment facility, with interim supervision occurring by other methods, such as telephone or written communication.
  - c. An occupational therapist issued a limited permit may not supervise any licensed OT or OTA.
  - d. Direct contact for either an occupational therapist or an occupational therapy assistant should include:
    - (i) A review of activities with appropriate revision or termination of the plan of care

- (ii) An assessment of utilization of outside resources (whenever applicable)
  - (iii) Documentary evidence of such visit
  - (iv) Discharge planning as indicated
4. Documentation in form and substance acceptable to the Department that the conditions of Rule 8.4.5(3)(a)(b) have been met must be on file with the Department before a limited permit will be issued.
  5. The limited permit of a person who is required to take the approved examination and fails to take said examination will not be renewed.
  6. A limited permit may be renewed, at the discretion of the department, only one. The renewal period shall be for 90-days or until the exam results are made public. Please note the renewal must be submitted within 10 days of notification. If the renewal is not received within that timeframe the limited permit renewal will not be renewed.
  7. Any person who has taken but not passed the required examination in another jurisdiction shall not be eligible for a limited permit.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.4.6 Inactive License:**

1. A licensee may be granted inactive status upon filing a written request in form and content satisfactory to the department and upon payment of the required fee. A licensee granted inactive status shall not practice as an occupational therapist or an occupational therapy assistant or hold himself or herself out as an occupational therapist or occupational therapy assistant and is not responsible for accruing the continuing education requirements.
2. A licensee granted inactive status for five (5) licensure years must successfully complete the following reentry requirements before resuming practice:
  - a. An American Occupational Therapy Association recognized reentry course
  - b. Practice under the supervision of a currently licensed occupational therapist for a period of ninety (90) calendar days.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.4.7 Conditions of a Universal Occupational License:**

1. Notwithstanding any other provision of law, the Department shall issue a license as an occupational therapist or occupational therapy assistant at the same practice level

to a person who establishes residence in this state if, upon application to the Department:

- a. The applicant holds a current and valid license in good standing in another state in an occupation with a similar scope of practice, as determined by the Department, and has held this license from the occupational licensing board in the other state for at least one (1) year; and
  - b. There were minimum education requirements and, if applicable, work experience, examination, and clinical supervision requirements in effect, and the other state verifies that the applicant met those requirements in order to be licensed in that state; and
  - c. The applicant has not committed any act in the other state that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed, and the applicant does not have a disqualifying criminal record as determined by the Department under Mississippi law; and
  - d. The applicant did not surrender a license because of negligence or intentional misconduct related to the applicant's work in the occupation in another state; and
  - e. The applicant does not have a complaint, allegation, or investigation pending before an occupational licensing board or other board in another state that relates to unprofessional conduct or an alleged crime. If the applicant has a complaint, allegation, or investigation pending, the Department shall not issue or deny a license to the applicant until the complaint, allegation, or investigation is resolved, or the applicant otherwise satisfies the criteria for licensure in Mississippi to the satisfaction of the Department; and
  - f. The applicant pays all applicable fees in Mississippi.
2. Notwithstanding any other law, the Department shall issue a license to an applicant in occupational therapy and at the same practice level, as determined by the Department, to a person who establishes residence in this state based on work experience in another state, if all the following apply:
- a. The applicant worked in a state that does not use a license to regulate a lawful occupation, but Mississippi uses a license to regulate a lawful occupation with a similar scope of practice, as determined by the Department;
  - b. The applicant worked for at least three (3) years in the lawful occupation; and
  - c. The applicant satisfies the provisions of paragraphs (c) through (f) of Rule 8.4.7(1).

3. The Department may require an applicant to pass a jurisprudential examination specific to relevant state laws in Mississippi that regulate occupational therapy if the issuance of a license in Mississippi requires an applicant to pass a jurisprudential examination specific to relevant state statutes and administrative rules in Mississippi that regulate occupational therapy.
4. The Department may require proof of residency. Residence may be established by demonstrating proof of a state-issued identification card or one (1) of the following:
  - a. Current Mississippi residential utility bill with the applicant's name and address;
  - b. Documentation of the applicant's current ownership, or current lease of a residence in Mississippi;
  - c. Documentation of current in-state employment or a notarized letter of the promise of employment of the applicant or his or her spouse; or
  - d. Any verifiable documentation demonstrating Mississippi residency.
5. A license issued under this section is valid only in this state and does not make the person eligible to be part of an interstate compact.
6. The Department shall issue or deny the license to the applicant within one hundred twenty (120) days after receiving an application.
7. If the application requires longer than two (2) weeks to process, the Department shall issue a temporary practice permit within thirty (30) days after receiving the application if the applicant submits an affidavit, under penalties of perjury, affirming that he or she satisfies the provisions of Rule 8.4.7(3) or Rule 8.4.7(4) and pays all applicable fees as required by Rule 8.4.7(1)(f).
  - a. The applicant may practice under the temporary permit until a license is granted, or until a notice to deny the license is issued, in accordance with rules adopted by the Department. A temporary license will expire in three hundred sixty-five (365) days after its issuance if the applicant fails to satisfy the requirement for licensure in Rule 8.4.7(1) through Rule 8.4.7(3), as applicable.
8. The Department shall grant a license to any person certified prior to July 1, 1988, as an Occupational Therapist Registered (OTR) or a Certified Occupational Therapy Assistant (COTA) by the American Occupational Therapy Association (AOTA). The Department may waive the examination, education, or experience requirements and grant a license to any person certified by AOTA after July 1, 1988, if the Department determines the requirements for such certification are equivalent to the requirements for licensure in these Regulations.
9. The Department may waive the examination, education, or experience requirements and grant a license to any applicant who shall present proof of current licensure as

an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or territory of the United States which requires standards for licensure considered by the Department to be equivalent to the requirements for licensure of this chapter. The issuance of a license by reciprocity to a military-trained applicant, military spouse, or person who establishes residence in this state shall be subject to the provisions of Section §73-50-1 or §73-50-2 of the Mississippi Code of 1972, as applicable.

10. Foreign-trained occupational therapists and occupational therapy assistants shall satisfy the examination requirements of Miss. Code Ann. §73-24-19. The Department shall require foreign-trained applicants to furnish proof of good moral character and completion of educational and supervised fieldwork requirements substantially equal to those contained in Miss. Code Ann. §73-24-19 before taking the examination.
11. Denial of Universal License
  - a. The applicant may appeal any of the following decisions of the Department to a court of general jurisdiction:
    - (i) Denial of a license;
    - (ii) Determination of the occupation;
    - (iii) Determination of the similarity of the scope of practice of the license issued; or
    - (iv) Other determinations under this section.
  - b. The court shall determine all questions of law, including the interpretation of a constitutional or statutory provision or a rule adopted by the Department, without regard to any previous determination that may have been made on the question in any action before the Department.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.4.8 Abandonment:** An application shall be deemed abandoned by the Department if, after six (6) months from the date of filing, the requirements for licensing have not been completed and submitted to the Department.

*SOURCE: Miss. Code Ann. §73-24-13*

## **Subchapter 5: Professional Identification**

**Rule 8.5.1 Titles and Abbreviations:** It is unlawful for any person who is not licensed under these regulations as an occupational therapist or as an occupational therapy assistant, or whose license has been suspended or revoked, to in any manner represent



himself as someone who provides occupational therapy services, or use , in connection with his name or place of business the words "occupational therapist," "licensed occupational therapy assistant," or the letters "O.T.," "O.T.L.," "L.O.T.," "O.T.R.," "O.T.A." or O.T.A.L. "C.O.T.A." or any other words, letters, abbreviations or insignia indicating or implying that he is an occupational therapist or an occupational therapy assistant or that he provides occupational therapy services; or to show in any way, orally, in writing, in print or by sign, directly or by implication, or to represent himself as an occupational therapist or an occupational therapy assistant, or someone who provides occupational therapy services.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.5.2 Production and Display of License:** A person licensed to practice occupational therapy in Mississippi shall be issued a "Certificate of Licensure" and "License Identification Card." The licensee shall prominently display the "Certificate of Licensure" or copy thereof at their place(s) of employment.

*SOURCE: Miss. Code Ann. §73-24-13*

## **Subchapter 6: Renewal of License**

### **Rule 8.6.1 General Provisions:**

1. The Board shall issue licenses which shall be subject to renewal biennially.
2. The licensure period shall be construed as May 1 through April 30 of even numbered years.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.6.2 Procedure for Renewal of License:** The Department shall email renewal notices, approximately sixty (60) days prior to the end of the licensure period, to the last email address registered with the Department, to the persons to whom licenses were issued or renewed during the preceding licensure period. The licensee shall:

1. complete the online renewal form(s);
2. submit proof of continuing education credit as detailed in Subchapter 7 of these regulations;
3. pay the renewal fee online; and
4. file the above with the Department prior to the end of the licensure period.

*SOURCE: Miss. Code Ann. §73-24-13*

### **Rule 8.6.3 Failure to Renew:**

1. A licensee who does not file, with the Department, his renewal application prior to the end of the licensure period will be deemed to have allowed his license to lapse. Said license may be reinstated by the Department, in its discretion, by the payment of the renewal fee, the late renewal/reinstatement fee, and the required continuing education hours provided said application for renewal is made within two (2) years after its last expiration date.
2. A license may not be reinstated after having lapsed for two (2) consecutive years. A new application must be made and the licensure regulations in effect at that time must be met.

*SOURCE: Miss. Code Ann. §73-24-13*

### **Subchapter 7: Continuing Education (CE)**

**Rule 8.7.1 Definition and philosophy:** Each individual licensed as an occupational therapist or occupational therapy assistant is responsible for optimum service to the consumer and is accountable to the consumer, the employer, and the profession for evidence of maintaining high levels of skill and knowledge. Continuing education is defined as education beyond the basic preparation required for entry into the profession, directly related to the performance and practice of occupational therapy.

*SOURCE: Miss. Code Ann. §73-24-13*

#### **Rule 8.7.2 Requirements:**

1. Regulations set the requirement of 20 contact hours (CH) or 2 Continuing Education Units (CEU) to be accrued during the licensure period. No carryover of continuing education hours from one licensure period to another shall be allowed. Minimum requirements shall be:
  - a. Thirteen (13) hours are required to be live face-to-face training (i.e., no non-live internet training, video training, television training, etc.) Live webinars will be accepted, but the certificate must specify the CEU was provided in a live format. At least six (6) of the thirteen (13) required CEU live face-to-face training hours must be directly related to the clinical practice of occupational therapy.
  - b. Two (2) contact hours of an ethics course(s) related to the practice of occupational therapy shall be required during each licensure period. Ethics training may be live face-to-face or non-live training. The hours awarded shall be included in the hours allowed for the type of training selected. If received in a non-live format, this will count as 2 of the 7 allowed non-live total hours. If received in a live face-to-face format, this will count as 2 of the 13 required live hours. If the NBCOT certificate is submitted, the ethics 2-hour requirement must be submitted in addition to the NBCOT certificate.

- i. Ethics course include those that involve: moral philosophy, bias, professional conduct, integrity in practice, moral decision making, practice standards, value-based practice, professional responsibility, standards of practice, etc.
  - c. Of the remaining required CEU hours, seven (7) may be non-live face-to-face training or non-live training may include home study courses, video, internet, non-live webinars, etc. Two (2) contact hours of an ethics course specifically related to the practice of occupational therapy shall be required during each licensure period. Ethics training may be live face-to-face training or non-live training. The hours awarded shall be included in the hours allowed for the type of training selected.
  - d. All training shall be from approved sources as listed in Rule 8.74.
2. Individuals may choose to renew licensure by submitting proof of the National Board for Certification in Occupational Therapy (NBCOT)'s certification in lieu of continuing education certificates with the exception of the 2 hours of ethic requirement. NBCOT certification must be current and active at the time of licensure renewal. All NBCOT hours can be obtained online as approved by NBCOT.
  3. Individuals applying for initial licensure within a licensing term must accrue continuing education hours on a prorated scale. Written notification of required hours will be sent to the applicant at the time of licensure.
  4. Persons who fail to accrue the required continuing education hours shall be issued a CE probationary license for the licensure term. Failure to accrue the required hours during the CE probationary period will result in the revocation of the license. Hours accrued are first credited for the delinquent hours lacking from the previous licensure period, and then applied to the current (CE probationary) licensing period.
  5. CE probationary licenses will be issued for one licensure term only. No ensuing license may be CE probationary as a result of not meeting continuing education requirements.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.7.3 Content Criteria:** The content must apply to the field of occupational therapy and performance and must be designed to meet one of the following goals:

1. Update knowledge and skills required for competent performance beyond entry level as described in current legislation and regulations.
2. Allow the licensee to enhance his knowledge and skills.

3. Provide opportunities for interdisciplinary learning.
4. Extend limits of professional capabilities and opportunities.
5. Facilitate personal contributions to the advancement of the profession.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.7.4 Sources of Continuing Education:** Continuing education hours may be accrued from the following sources, when the content of the programs relates to the profession of occupational therapy:

1. Attendance at educational programs:
  - a. Attendance at educational programs where continuing education credit is given and approved by the Mississippi Occupational Therapy Association (MSOTA).
  - b. Attendance at educational programs where continuing education credit is given and approved by the American Occupational Therapy Association (AOTA), including other state association educational programs.
  - c. Attendance at educational programs where continuing education credit is given and/or approved by the National Board for Certification in Occupational Therapy (NBCOT).
  - d. Attendance at educational programs where continuing education credit is given and approved by the American Medical Association (AMA) and its components.
  - e. Attendance at other programs approved for continuing education credit by AOTA, AMA, APTA, ASHA, or their components.
  - f. Attendance at educational programs where continuing education credit is given and approved by accredited universities or colleges.
  - g. Attendance at educational programs where continuing education credit is given and approved by a licensure authority of any jurisdiction in the United States for occupational therapy.
  - h. Attendance at educational programs where continuing education credit is given and approved by the American Physical Therapy Association (APTA), including other state association educational programs.
  - i. Attendance at educational programs where continuing education credit is given and approved by the American Speech and Hearing Association (ASHA), including other state association educational programs.

- j. A course/provider not approved by one of the organizations listed in Rule 8.7.4(1) will not be accepted as continuing education for licensure renewal purposes. A course not approved by an organization listed in this section of the regulations may be reviewed by the department. Contact the department for information.
- 2. Presentations made before recognized groups of occupational therapists, medical practitioners, or other health related professionals and directly related to the profession of occupational therapy. To be considered for continuing education credit, material outline and a synopsis must be submitted to the Department prior to the presentation date. Notice of approval or disapproval will be sent following a review by the Department. For approved presentations, the presenter may accrue one (1) hour of continuing education credit for each hour of the actual presentation, and one (1) hour of preparation time, for a total of (2) two hours. Presenter credit is given one (1) time only, even though the session may be presented multiple times. No more than 30% of total required hours may be accrued through presentations.
- 3. Academic course work:
  - a. Academic course work taken for credit from a regionally accredited college or university. The courses must relate to the profession of occupational therapy. One academic semester hour shall be equivalent to fifteen (15) clock hours for continuing education credit. No more than fifty percent (50%) of total required hours may be accrued through academic course work. Undergraduate level courses are acceptable only when they can be demonstrated to update or enhance competency in licensee's specific practice field, and documented that course work has not been taken previously, to the satisfaction of the department. Graduate level courses are acceptable for occupational therapists. Undergraduate courses are acceptable for occupational therapy assistants.
  - b. Academic course work taken by an OT/OTA for credit toward an advanced degree in occupational therapy may be counted as meeting the full continuing education requirements.
- 4. Home Study Courses approved by the department.
- 5. Professional publications where the licensee is an author. To be considered for continuing education credit, a reprint of the published article must be submitted to the department. Notice of approval or disapproval will be sent out after review by the department. A maximum of 3 contact hours may be accrued through professional publication.
- 6. Supervision of Level I and Level II occupational therapy and occupational therapy assistant students by a Mississippi licensed occupational therapy practitioner may not exceed 12 hours during a licensure period. Supervision of

Doctoral Capstone occupational therapist students by a Mississippi licensed occupational therapist may not exceed 14 hours during a licensure period. Level I and Level II student supervision hours may not be combined with Doctoral Capstone supervision hours. To be considered for continuing education credit, full direct supervision of a student must be performed for a complete clinical rotation. The educational institution must provide written documentation of the supervision.

- a. Supervision of Level I occupational therapy and occupational therapy assistant students. One continuing education hour per student supervised will be awarded for the full supervision. No more than a maximum of twelve (12) hours may be accrued under this provision during a licensure period. Only the primary supervisor is eligible to receive continuing education credit under this provision.
- b. Supervision of Level II occupational therapy and occupational therapy assistant students. One continuing education hour per week of supervision per student supervised will be awarded for the full supervision. The supervising OT(s) shall record dates and times of supervision provided to each student. No more than a maximum of twelve (12) hours may be accrued under this provision during a licensure period.
- c. Supervision of Doctoral Capstone occupational therapist students. One continuing education hour per week of supervision per student supervised will be awarded for full supervision. The supervising OT shall record dates and times of supervision provided to each student. No more than a maximum of fourteen (14) hours may be accrued under this provision during a licensure period.

7. Specific **UNACCEPTABLE** activities include:

- a. All in-service programs not approved under Rule 8.7.4(1) of these regulations.
- b. Orientation to specific work-site programs dealing with organizational structures, processes, or procedures.
- c. Meetings for purposes of policy decision.
- d. Non-educational meetings at annual conferences, chapter, or organizational meetings.
- e. Entertainment or recreational meetings or activities.
- f. Committee meetings, holding of office, serving as an organizational delegate.
- g. CPR education.

- h. Self-directed studies other than those previously outlined.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.7.5 Reporting Procedures for Continuing Education:** It is the responsibility of the licensee to insure that the following criteria are met with respect to continuing education credit:

1. Attendance at seminars, workshops, presentations, etc., approved by an organization listed in Rule 8.7.4(1) is automatically accepted for credit unless sessions are duplicated. Verification of attendance may be made by submitting a continuing education certificate (must include source, number of continuing education hours and date of attendance) and proof of approval for the program/provider.
2. Credit for presentations: Submit a copy of the Department's approval letter.
3. Academic course work credits must meet the content criteria in Rule 8.7.3, and must be accompanied by a course description from the college or university catalog and a copy of the transcript or final grade report. A minimum course grade of "C" is required for CE credit.
4. Home Study Course: A certificate of completion must be submitted to receive continuing education credit.
5. Publication: A letter of approval from the department.

*SOURCE: Miss. Code Ann. §73-24-13*

## **Subchapter 9: Exceptions and Exemptions**

**Rule 8.9.1 Exceptions:** Nothing in this chapter shall be construed as preventing or restricting the practice, services or activities of:

1. Any person, licensed in this state by any other law, from engaging in the profession or occupation for which he or she is licensed;
2. Any person who is employed as an occupational therapist or occupational therapy assistant by the United States armed services, the U.S. Public Health Service, the Veteran's Administration or other federal agencies, if such person provides occupational therapy solely under the director or control of the organization by which he is employed;
3. Any person pursuing a course of study leading to a degree or certificate in occupational therapy in an accredited, recognized or approved educational program, or advanced training in a specialty area, if such activities and services

constitute a part of the supervised course of study, and if such person is designated by a title which clearly indicates his status as a trainee or student;

4. Any person fulfilling the supervised fieldwork experience requirements of Section 73-24-19, if such activities and services constitute a part of the experience necessary to meet the requirements of that section;
5. Any person employed as an occupational therapy aide or who works under the supervision of a licensed occupational therapist; or
6. Any person performing occupational therapy services in the state, if these services are performed for no more than thirty (30) days in a calendar year under the supervision of an occupational therapist licensed under this chapter, if:
  - a. The person is licensed under the law of another state which has licensure requirements at least as stringent as the requirements of this chapter, or
  - b. The person is certified as an Occupational Therapist Registered (OTR) or a Certified Occupational Therapy Assistant (COTA), established by the National Board for Certification in Occupational Therapy (NBCOT) or its successor organization.
7. Any licensee who will supervise a person performing occupational therapy services in the state shall ensure that the following information is on file and satisfactory with the department prior to the person performing occupational therapy services:
  - a. Proof that the person meets one or both of the requirements in subsection 6(a)(b) of this section of the regulations; and
  - b. A schedule indicating when the person will be performing occupational therapy services; and
  - c. The name(s) of the facility(ies) where the person will perform occupational therapy services.
8. Any person certified by the American Board of Certification in Orthotics and Prosthetics as a Certified Orthotist, C.O., Certified Prosthetist, C.P., Certified Prosthetist/Orthotist, C.P.O., or anyone working under their direct supervision.

*SOURCE: Miss. Code Ann. §73-24-13*

## **Subchapter 10: Occupational Therapy Assistant**

**Rule 8.10.1 Definition:** An occupational therapy assistant (OTA), shall be defined as an individual who meets the qualifications and requirements as set forth in Subchapter 4 of



these regulations, and has been issued a license by the Department. The roles and responsibilities of an OTA are:

1. To practice only under the supervision of, or in consultation with, an occupational therapist licensed to practice in Mississippi.
2. To assist with but not perform total patient evaluations.
3. To perform treatment procedures as delegated by the occupational therapist.
4. To supervise other supportive personnel as charged by the occupational therapist.
5. To notify the occupational therapist of changes in the patient's status, including all untoward patient responses.
6. To discontinue immediately any treatment procedures which in their judgment appear to be harmful to the patient.
7. To refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

*SOURCE: Miss. Code Ann. §73-24-13*

#### **Rule 8.10.2 Supervision or Consultation:**

Supervision is defined as aid, direction, and instruction provided by an occupational therapist to adequately ensure the safety, welfare, and best treatment practices of clients during the course of occupational therapy treatment.

1. An occupational therapy assistant issued a limited permit (see Rule 8.4.5).
2. An occupational therapy assistant issued a regular license. To maintain compliance with supervision regulations, the occupational therapist will select from any of the two tiers of guidelines based on need of the patient/client and skill level of occupational therapy assistant.
  - i. **Direct Supervision:** Supervision I which the occupational therapist, the occupational therapy assistant, and patient/client are present face-to-face for immediate availability within the treatment area to give aid direction, and instruction when occupational therapy procedures or activities are performed. The occupational therapist must provide written documentation of the supervisory visit at least once every seven (7) therapy visits or twenty-one (21) calendar days whichever comes first.
  - ii. **Indirect Supervision:** The supervising occupational therapist has faced-to-face contact with the patient/client once every seven (7) therapy visits or twenty-one (21) calendar days whichever comes first and

communicates with the occupational therapy assistant by verbal communication as well as documented evidence of the communication.

- b. Supervision or consultation which means face-to-face meetings of supervisor and supervisee (OT and OTA) to review and evaluate treatment and progress at the work site, and regular interim communication between the supervisor and supervisee. A face-to-face meeting is held at least once every seventh treatment day or 21 calendar days, whichever comes first.
  - c. The supervising occupational therapist must be accessible by telecommunications to the occupational therapy assistant on a daily basis while the occupational therapy assistant is treating patients.
  - d. Regardless of the practice setting, the following requirements must be observed when the occupational therapist is supervising or consulting with the occupational therapy assistant:
    - i. The initial visit for evaluation of the patient and establishment of a plan of care must be made by the supervising or consulting occupational therapist.
    - ii. A joint supervisory visit must be made by the supervising occupational therapist and the occupational therapy assistant with the patient present at the patient's residence or treatment setting once every 7 treatment days or every 21 days, whichever comes first.
    - iii. A supervisory visit should include:
      - 1. A review of activities with appropriate revision or termination of the plan of care;
      - 2. An assessment of utilization of outside resources (whenever applicable);
      - 3. Documentary evidence of such visit;
      - 4. Discharge planning as indicated.
    - iv. An occupational therapist may not supervise/consult with more than two (2) occupational therapy assistants except in school settings, or settings where maintenance or tertiary type services are provided, such as the regional treatment centers under the direction of the Department of Mental Health.
3. Occupational therapy aides:
- a. An occupational therapy aide is an unlicensed person who assists an occupational therapist or occupational therapy assistant as defined in Rule

8.1.3 of these regulations. An occupational therapy aide is a worker who is trained on the job.

- b. Duties assigned to an occupational therapy aide must be determined and directly supervised by a licensed occupational therapist or occupational therapy assistant and must not exceed the level of specific training, knowledge, skill and competence of the individual being supervised.
  - c. The supervising occupational therapist or occupational therapy assistant is professionally responsible for the acts or actions performed by any occupational therapy aide supervised by the licensee in the occupational therapy setting.
  - d. Documentation of all training specific to the aide's duties must be in the aide's file.
  - e. Duties or functions which occupational therapy aides shall not perform include the following:
    - i. Interpreting referrals or prescriptions for occupational therapy services;
    - ii. Performing evaluative procedures;
    - iii. Developing, planning, adjusting, or modifying treatment procedures;
    - iv. Preparing written documentation of patient treatment or progress; and
    - v. Act independently without the direct supervision of a licensed occupational therapist or occupational therapy assistant during patient therapy sessions.
4. The supervising occupational therapist must be accessible by telecommunications to the occupational therapy assistant daily while treating patients.
5. Regardless of the practice setting, the following requirements must be observed when the occupational therapist is supervising or consulting with the occupational therapy assistant:
- a. The initial visit for evaluation of the patient and establishment of a plan of care must be made by the supervising or consulting occupational therapist.
  - b. A supervisory visit should include:
    - i. A review of activities with appropriate revision or termination of the plan of care;
    - ii. An assessment of utilization of outside resources (whenever applicable);

- iii. Documentary evidence of such visit which includes the date, time, and the names of individuals involved;
  - iv. Discharge planning as indicated.
- c. An occupational therapist may not supervise/consult with more than two (2) occupational therapy assistants except I school settings, or settings where maintenance or tertiary type services are provided, such as the regional treatment centers

*SOURCE: Miss. Code Ann. §73-24-13*

**Subchapter 11: Criminal Offenses and Punishment**

**Rule 8.11.1 Criminal Offenses and Punishment**

- 1. Any person who violates any provision of Subchapter 5 of these regulations, upon conviction, shall be guilty of a misdemeanor and shall be fined not more than One Thousand Dollars (\$1,000.00) for each violation.
- 2. Any person who knowingly shall make a material false statement in his application for license under these regulations or in response to any inquiry by the department or the board shall be fined not less than One Hundred Dollars (\$100.00) nor more than Five Hundred Dollars (\$500.00) or imprisoned for not less than ten (10) days nor more than sixty (60) days, or both such fine and imprisonment.

*SOURCE: Miss. Code Ann. §73-24-13*

**Subchapter 12: Fees**

**Rule 8.12.1 Method of Payment** In accordance with the Act, the following non-refundable fees, where applicable, are payable to the Mississippi State Department of Health by check or money order.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.12.2 Schedule of Fees:**

- 1. Application Fee .....\$100.00
- 2. Initial Licensure fee
  - a. Occupational Therapist .....\$150.00
  - b. Occupational Therapy Assistant .....\$100.00
- 3. Renewal Fee

- a. Occupational Therapist .....\$150.00
- b. Occupational Therapy Assistant .....\$100.00
- 4. Late Renewal/Reinstatement Fee.....\$125.00
- 5. License Verification Fee .....\$ 25.00
- 6. Inactive License Fee .....\$ 50.00
- 7. Examination Fee:
  - a. Occupational Therapist ..... \*\*
  - b. Occupational Therapy Assistant ..... \*\*

\*\*Contact the examination administrant for current examination fees.

*SOURCE: Miss. Code Ann. §73-24-13*

**Rule 8.12.3 Examination Fee:** Fees for the examination are to be paid to the appropriate examination administrant.

*SOURCE: Miss. Code Ann. §73-24-13*