Sunset Report

Alabama State Board of Occupational Therapy

Montgomery, Alabama

October 1, 2021 through September 30, 2025

ALABAMA DEPARTMENT OF
EXAMINERS of Public Accounts

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Rachel Laurie Riddle
Chief Examiner

August 12, 2026

Representative Margie Wilcox
Chairman, Sunset Committee
Alabama State House
Montgomery, Alabama 36130

Dear Representative Wilcox:

This report was prepared to provide information for use by the Sunset Committee in conducting its review and evaluation of the operations of the Alabama State Board of Occupational Therapy in accordance with the ***Code of Alabama 1975***, Section 41-20-9.

The report contains unaudited information obtained from the management, staff, and records of the Alabama State Board of Occupational Therapy in addition to information obtained from other sources.

Please contact me if you have any questions concerning this report.

Sincerely,

Rachel Laurie Riddle
Chief Examiner

Examiner
Karen McClure

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PROFILE

Purpose/Authority

The Alabama State Board of Occupational Therapy (the "Board") was created in 1990 by Act Number 1990-383, Acts of Alabama, to safeguard the public health, safety, and welfare, and to assure the availability of high-quality occupational therapy services to persons in need of such services. The Board reviews applicants' qualifications for examination and issues licenses to occupational therapists and occupational therapist assistants. The Board operates under the authority of the ***Code of Alabama 1975***, Sections 34-39-1 through 34-39-16 and Sections 34-39-30 through 34-39-44.

The following Act passed since the last sunset review has been codified in the current statutory authority.

Act Number 2022-93, Acts of Alabama, was passed to provide for and adopt the Occupational Therapy Licensure Compact to allow occupational therapists to practice among compact states in a limited manner; to provide eligibility requirements for occupational therapists to practice pursuant to the compact; to provide for a coordinated licensure information system, joint investigations, and disciplinary actions; to establish the Occupational Therapy Compact Commission and to provide for membership, powers, and rulemaking functions of the commission; and to provide for the oversight of the compact, enforcement of the compact, default procedures, dispute resolution, withdrawal of compact states, and amendment of the compact.

Characteristics	
Members and Selection	Five members appointed by the Governor. • Four members involved in the practice of Occupational Therapy, one of whom is an Occupational Therapy Assistant, appointed from a list of names submitted by the Alabama Occupational Therapy Association. The Association submits two or three names for each position on the Board to be filled. • One member of another health profession or a member of the public with an interest in the rights or the concerns of health services. Five members are currently serving. ***Code of Alabama 1975***, Section 34-39-6(a)
Term	Members serve three-year, staggered terms. Members cannot serve more than three consecutive terms. ***Code of Alabama 1975***, Section 34-39-6(a)

Qualifications	The Board members that are occupational therapists must be licensed at all times while serving and have been engaged in rendering services, teaching, or research in occupational therapy for at least 3 years. One member must be a licensed occupational therapy assistant who must be licensed at all times while serving and have been engaged in rendering services, teaching, or research in occupational therapy for at least 3 years. One member must be a member of another health profession or a member of the public with an interest in the rights or concerns of health services. Each member shall be a citizen of the state of Alabama. ***Code of Alabama 1975***, Section 34-39-6(a)
Consumer Representation	One member must be a member of another health profession or a member of the public with an interest in the rights or concerns of health services. One consumer member currently serving. ***Code of Alabama 1975***, Section 34-39-6(a)
Racial Representation	One of the three occupational therapists must be a minority. One minority occupational therapist member currently serving. ***Code of Alabama 1975***, Section 34-39-6(a)
Geographical Representation	No specific statutory requirement.
Other Representation	The association and the Governor, to the extent possible, shall select those persons whose appointments ensure that the membership of the board is inclusive and reflects the racial, gender, geographic, urban/rural, and economic diversity of the state. ***Code of Alabama 1975***, Section 34-39-6(a)
Compensation	Members may be reimbursed for all reasonable and necessary expenses actually incurred in the performance of their duties in accordance with the laws of the State of Alabama and regulations of the State Personnel Director. ***Code of Alabama 1975***, Section 34-39-6(a)

Attended Board Member Training	One staff member Executive Director Three current Board members Four prior Board members
Operations	
Administrator	The Board is currently searching for a new Executive Director. Amanda Smith served as the Board's Executive Director during the period covered by the Sunset Review. Her salary was $64,152.00. ***Code of Alabama 1975***, Section 34-39-7(j)
Location	770 Washington Avenue, Suite 420 Montgomery, AL 36104 Office hours: Monday – Friday 8 am – 5 pm.
Real Property Ownership	The Board does not own real property.
Employees	Two
Legal Counsel	Vania Hosea, an Assistant Attorney General with the Attorney General's Office, provides legal services to the Board.
Subpoena Power	Yes, the Board may issue subpoenas in connection with investigations concerning violations of the Board's statutes. ***Code of Alabama 1975***, Section 34-39-7(f)
Internet Presence	https://ot.alabama.gov/ The website contains the Board's contact information; forms for licensee applications and renewals; links to statutes, administrative rules and public record request forms. There are features to search for licensees and an online renewal process. The Board lists upcoming meetings, office holiday closures and proposals of rule changes under the News section. The minutes of the Board's meetings are not include on the website.

<table>
<tr><td colspan="2"><u>Financial</u></td></tr>
<tr><td>Source of Funds</td><td>Licensing fees, fines and penalties.</td></tr>
<tr><td>State Treasury</td><td>Yes, Special Revenue Fund 0637.

Code of Alabama 1975, Section 34-39-6(b)</td></tr>
<tr><td>Required Distributions</td><td>None</td></tr>
<tr><td>Unused Funds</td><td>The Board retains unused funds at fiscal year-end.</td></tr>
<tr><td colspan="2"><u>Licensure</u></td></tr>
<tr><td>Licensees</td><td>As of February 18, 2026:

<table>
<tr><th>Type of License</th><th>Number</th></tr>
<tr><td>Occupational Therapist</td><td>2,335</td></tr>
<tr><td>Occupational Therapist Assistant</td><td>1,106</td></tr>
<tr><td>Total Licenses</td><td>3,441</td></tr>
</table>
Source: Executive Director</td></tr>
<tr><td>Licensure Qualifications</td><td>Applicants for licensure must:
• Be a citizen of the United States or legally present.
• Present evidence of successful completion of an educational program in occupational therapy recognized by the Board and accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Incorporated.
• Pass the required examination.
• Provide letter of verification from the National Board of Occupational Therapy stating the applicant has met requirements for certification as an Occupational Therapist or an Occupational Therapy Assistant.

Code of Alabama 1975, Sections 34-39-8 and 34-39-9
Administrative Rule 625-X-1-.04</td></tr>
</table>

Examinations

The Occupational Therapist Registered Exam (OTR), and the Occupational Therapy Assistant Exam (COTA) are national examinations administered on demand by the National Board of Certification in Occupational Therapy (NBCOT).

Beginning in January 2024, the examinations are administered by Pearson VUE at Pearson Professional Centers located in Montgomery, Tuscaloosa, Birmingham (2), Auburn, Dothan, and Mobile.

Code of Alabama 1975, Section 34-39-8(2) and 34-39-9

Occupational Therapists – Doctorate Level % Passing

	2022	2023	2024	2025
University of Alabama-Birmingham			91%	94%
Faulkner University				100%

Occupational Therapists – Master Level % Passing

	2022	2023	2024	2025
Alabama State University	96%	100%	94%	81%
Tuskegee University	54%	29%	63%	75%
University of Alabama-Birmingham	95%	95%	100%	
University of South Alabama	100%	100%	100%	100%

Occupational Therapist Assistants % Passing

	2022	2023	2024	2025
Wallace State Community College	91%	92%	95%	89%

Source: Executive Director

Reciprocity	The Board 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 an occupational therapist assistant in another state, the District of Columbia, or territory of the United States which requires standards for licensure considered by the Board to be equivalent to the requirements for licensure in Alabama. ***Code of Alabama 1975***, Section 34-39-10(b) The Occupational Therapy Licensure Compact (the "OT Compact") is an interstate compact, or formal agreement, among states, that facilitates interstate practice of occupational therapy. Under the OT Compact, Occupational Therapists and Occupational Therapy Assistants who are licensed in good standing in a Compact member state will be eligible to practice in other Compact member states via a "compact privilege," which is equivalent to a license. The OT Compact is enacted in several states, meaning those states have passed legislation to be part of the compact. However, the OT Compact is not yet operationalized, meaning the process to apply for and receive Compact privileges is still developing. ***Code of Alabama 1975***, Sections 34-39-30 through 44
Renewals	Each license as issued by the Board must be annually/biennially renewed by the Board. See *Significant Issue 2026-001*. ***Code of Alabama 1975***, Section 34-39-13(a) ***Administrative Rules*** 625-X-5.01 and 625-X-6-.01 Between 97-98% of renewals were completed online in FY2025. ***Source***: Executive Director
Licensee Demographics	Data not collected by the Board. ***Source***: Executive Director
Continuing Education	Occupational Therapists – 30 hours biennially. Occupational Therapy Assistants – 20 hours biennially. ***Code of Alabama 1975***, Section 34-39-13(a) ***Administrative Rule*** 625-X-5-.02(b)

ORGANIZATION

PERSONNEL

Employees

Schedule of Employees By Merit System Classification/Sex/Race			
	Number	**White/ Female**	**Salary**
Unclassified/Exempt			
Executive Director*	1	1	$64,152.00
Administrative Assistant	1	1	$40,274.40
Total	**2**	**2**	

*The Board is currently searching for a new Executive Director. This is the salary of the previous Executive Director who served during the review period.

The Board does not own vehicles.

Legal Counsel

The Board has an agreement with the Attorney General's Office for Vania Hosea, Assistant Attorney General, to provide legal assistance for the day-to-day issues presented for review. The current agreement is effective January 1, 2025 through March 31, 2027. The pay rate is $150.00 per hour for attorneys and $50.00 per hour for paralegal services for all time spent providing legal services to or on behalf of the Board. The agreement also stipulates the Board agrees to compensate the Attorney General's Office for travel at the same rate as state employees.

PERFORMANCE CHARACTERISTICS

Number of Licensees per Employee (FY 2025) – 1,719

Number of Licensees for the Past Four Fiscal Years

	Fiscal Year			
Type of License	**2022**	**2023**	**2024**	**2025**
Occupational Therapist	2,015	2,119	2,186	2,320
Occupational Therapy Assistant	1,075	1,091	1,118	1,118
Total	**3,090**	**3,210**	**3,304**	**3,438**

Operating Disbursements per Licensee (FY 2025) – $66.21

Fines/Penalties as a Percentage of Operating Receipts

	FY 2022	**FY 2023**	**FY 2024**	**FY 2025**
Total Receipts	$231,960.00	$249,215.00	$253,986.60	$261,125.00
Fines	$0.00	$1,100.00	$3,100.00	$0.00
Percentage	**0.00%**	**0.44%**	**1.22%**	**0.00%**

Notification of Board Decisions to Amend Administrative Rules

The Board complied with notification procedures prescribed in the Administrative Procedure Act, which includes publication of proposed rules in the Administrative Monthly, and public hearings on proposed rules. Proposed rule changes are posted on the Board's website. The Board notifies licensees of proposed changes by email.

COMPLAINT HANDLING

The ***Code of Alabama 1975***, Section 34-39-16 and the Board's ***Administrative Rule*** 625-X-10 provide the procedures for documentation, receipt, and investigation of complaints against licensees.

Initial Contact/Documentation	Any person may file a complaint with the Board against any licensed occupational therapist or licensed occupational therapy assistant in the state. Complaints must be in writing and signed by the party or an attorney for the party, but notarization is not required. Complainants are notified of receipt of the complaint through mail or email.
Anonymous Complaints Accepted	No
Investigative Process / Probable Cause Determination	Except as otherwise provided by statute or administrative rule of the Board, the Executive Director, upon the lodging of a complaint, shall consult with the Board's attorney to determine whether probable cause exists for the issuance of a summons and complaint.
Negotiated Settlements	Yes
Notification of Resolution to the Complainant	The complainant is notified by mail of the resolution of the complaint.

Source: Executive Director

Complaint Data

Schedule of Complaints Resolved Fiscal Year 2022 through 2025						
Year/Number of Complaints Received	**Year/Number Resolved**					
	2022	**2023**	**2024**	**2025**	**2026**[1]	**Pending**
2022 / 4	1	3				
2023 / 6		3	3			
2024 / 5			4	1		
2025 / 3				2		1
2026 / 2[1]					1	1
(1) As of January 20, 2026 ***Source:*** Executive Director						

Average Time to Resolve Complaints – 123 business days.

Disposition of Resolved Complaints

Number of Complaints	Resolution
5	No Merit – No Action Taken
2	Cease and Desist Letter
2	Fine
2	Fine with Continuing Education Requirements
1	Fine and Probation
1	Consent Order, Fine, and Continuing Education Requirements
1	Consent Order, Fine, and Suspension
1	Dismissed
1	Licensed Revoked, Fine and Administrative Fees
1	Voluntary Surrender of License
1	Insufficient Evidence

REGULATION IN CONJUNCTION WITH OTHER ENTITIES

There is no direct overlap or regulation with other state or federal agencies.

FINANCIAL INFORMATION

Source of Funds

License fees and administrative penalties are deposited into the Alabama State Board of Occupational Therapy's Special Revenue Fund maintained in the State's Treasury.

Schedule of Fees

The fees amounts are set in the Board's ***Administrative Rule*** 625-X-7-.01.

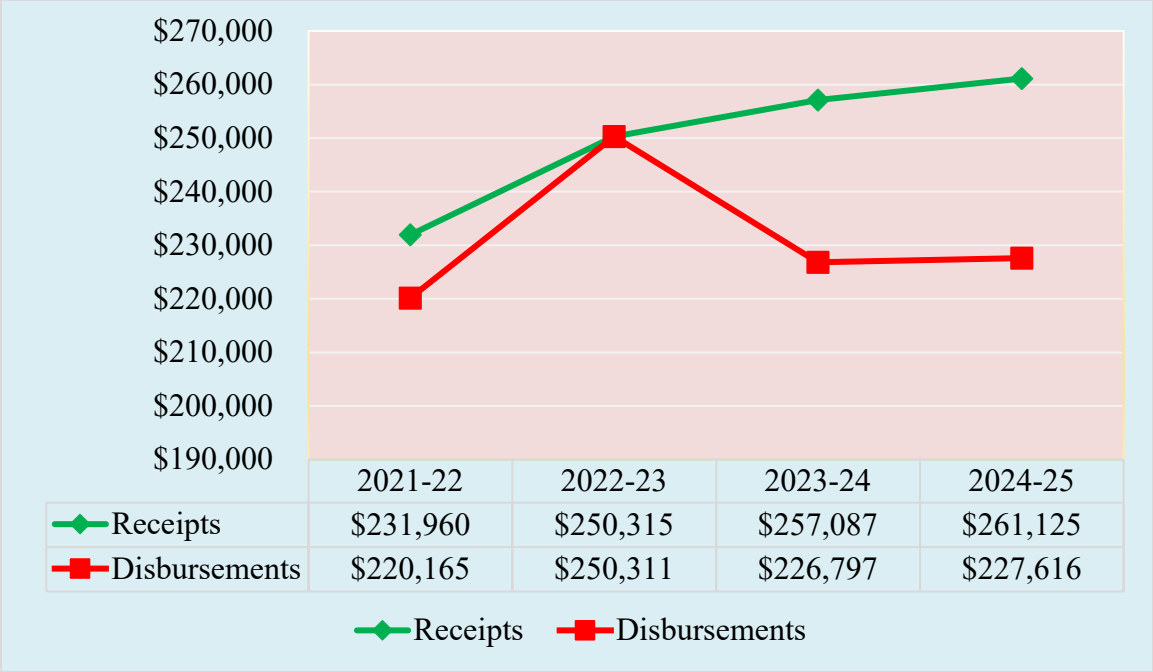
Fee Type/Purpose	Statutory Authority	Amount Authorized	Amount Collected
Initial Licensure			
Occupational Therapist	34-39-14(3)	Set by Board	$140.00
Occupational Therapy Assistant	34-39-14(3)	Set by Board	$115.00
Limited Permit Fee	34-39-14(2)	Set by Board	$ 25.00
Renewal Fees			
Occupational Therapist	34-39-14(4)	Set by Board	$140.00
Occupational Therapy Assistant	34-39-14(4)	Set by Board	$115.00
Late Renewal Fee	34-39-14(5)	Set by Board	$ 50.00

Schedule of Receipts, Disbursements and Balances

October 1, 2021 through September 30, 2025

	2021-2022	2022-2023	2023-2024	2024-2025
Receipts				
Licenses and Permits	$ 231,960.00	$ 249,215.00	$ 253,975.00	$ 261,125.00
Salvage Equipment Or Other Property			11.60	
Fines and Penalties		1,100.00	3,100.00	
Total	231,960.00	250,315.00	257,086.60	261,125.00
Disbursements				
Personnel Costs	118,564.00	125,362.24	114,450.01	101,993.40
Employee Benefits	48,222.48	49,767.42	46,790.46	47,681.81
Travel, In-State	4,156.67	9,725.49	5,007.29	10,877.49
Travel, Out-of-State		2,870.90		2,033.41
Repairs & Maintenance		210.00	375.00	150.00
Rentals & Leases	22,564.68	23,051.32	25,189.48	24,339.98
Utilities & Communications	5,542.05	5,310.15	6,615.09	4,982.46
Professional Services	16,487.92	21,988.13	16,793.02	26,779.49
Supplies, Materials, & Operating Expenses	4,627.48	12,025.42	11,576.87	8,777.73
Total	220,165.28	250,311.07	226,797.22	227,615.77
Excess of Receipts over Disbursements	11,794.72	3.93	30,289.38	33,509.23
Cash Balance at Beginning of Year	459,007.63	470,802.35	470,806.28	501,095.66
Cash Balance at End of Year	470,802.35	470,806.28	501,095.66	534,604.89
Reserved for Year-End Obligations	(12,256.00)	(7,254.33)	(9,428.89)	(26,830.46)
Unobligated Cash Balance at End of Year	$ 458,546.35	$ 463,551.95	$ 491,666.77	$ 507,774.43

Operating Receipts vs. Operating Disbursements

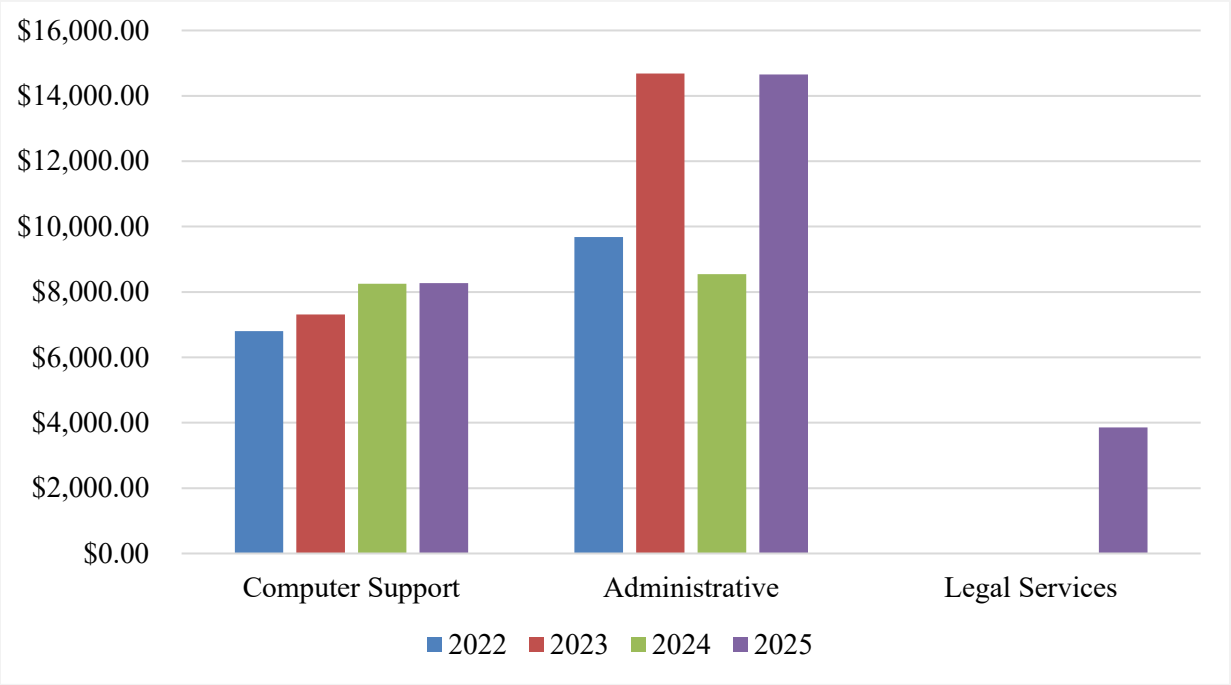


Summary Schedule of Professional Service Disbursements*

As of September 30th				
Type of Service	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**
Administrative Services	$ 9,681.85	$ 14,680.65	$ 8,540.36	$ 14,650.00
Data Processing	6,806.07	7,307.48	8,252.66	8,270.49
Legal Services				3,859.00
Total	**$ 16,487.92**	**$ 21,988.13**	**$ 16,793.02**	**$ 26,779.49**

*Detailed information presented in Appendix II of this report.

Professional Service Disbursements



SIGNIFICANT ISSUES

Significant Issue 2026-001: **The Board has not adopted a rule stating the initial renewal is annual while subsequent renewals are biennial.** The Board's rule does not specify that the initial renewal is annual and subsequent renewals are biennial.

The ***Code of Alabama 1975***, 34-39-13(a) states, "All licenses under this chapter shall be subject to renewal and shall expire unless renewed in the manner prescribed by the rules and regulations of the board upon the payment of a renewal fee."

Administrative Rule 625-X-5-.01 states, "In order to continue the practice of occupational therapy as an Occupational Therapist or an Occupational Therapy Assistant, each license as issued by the Board must be annually/biennially renewed by the Board."

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

All prior findings/significant issues have been resolved.

MATTERS OF CONCERN FROM QUESTIONNAIRES

Matter of Concern 2026-001: Three of the four (75%) Board members responding to our survey indicated the nationwide Occupational Therapy Compact as the most significant issue facing the Board. Act Number 2022-93, Acts of Alabama, codified in the ***Code of Alabama 1975***, Section 34-39-30 through 34-39-44, was passed to facilitate interstate practice of occupational therapy with the goal of improving public access to occupational therapy services. The OT Compact is not yet operationalized, meaning the process to apply for and receive Compact privileges is still developing.

Matter of Concern 2026-002: Five of the eight (63%) licensees who responded to our survey indicated insurance issues such as reimbursements, limiting the number of visits allowed, and decreased time allowed per patient as the most significant issue facing their profession. Additionally, three of the eight (38%) do not think they are adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws.

Matter of Concern 2026-003: Two of the four (50%) complainants who responded to our survey do not think the Board did everything it could to resolve their complaint.

QUESTIONNAIRES

Board Member Questionnaire

An email was sent to all five members of the Alabama State Board of Occupational Therapy requesting participation in our survey. Four participated in our survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) currently facing the Alabama State Board of Occupational Therapy and how is the Board addressing these issues?**

   Board Member #1 – "Currently, the board is considering the nationwide compact. This is a strenuous action that requires careful consideration that will impact not just the representative board, but Alabama OT practitioners, and practitioners from other states contracting into Alabama."
   Board Member #2 – "The enactment of the multiple license compact is big issue. The Board gets regular updates of the national compact boards recommendations with action required by the State is an every board meeting action item."
   Board Member #3 – "OT Compact Licensure requirements - the ED frequently attends meetings with the Executive Committee Addressing capstone requirements - the formation of a subcommittee and researching how other state boards are meeting this area Overall, the shortage of OT providers in rural/underserved populations - having the OTC in place could help attract more practitioners to AL"
   Board Member #4 – "The most significant issues facing the Alabama State Board of Occupational Therapy include:
   Protecting the public by enforcing robust licensing and professional standards, including supervision and ethical conduct — ensuring safe, competent care.
   Responding to regulatory advancements, such as participation in the Occupational Therapy Licensure Compact and adapting to changes in telehealth and interstate practice.
   Navigating state governance and reform pressures, as Alabama continues to review and sometimes restructure how occupational boards are managed statewide.
   We as an efficient board provide clear public information about licensure and rules, engaging in required legislative oversight processes, and staying aligned with national regulatory developments."

2. **What, if any, changes to the Board's laws are needed?**

   Board Member #1 – "As issues arrive for review, the board carefully and respectfully measure accordingly. At this time, our policies, procedures, and governance is appropriate, in my opinion."
   Board Member #2 – "Those that help enact the multistate licensing compact."
   Board Member #3 – "Unknown"
   Board Member #4 – "While the Board's existing laws largely meet their intended purpose, limited updates could help modernize regulation. Clarifying statutes to align with evolving practice standards, supporting interstate licensure compacts, and allowing flexibility for telehealth and efficient licensing processes would help the Board continue to protect the public while meeting current workforce needs."

3. **Do you think the Board is adequately funded?**

Yes	**2**	**50%**
No	1	25%
Unknown	1	25%

4. **Do you think the Board is adequately staffed?**

Yes	**3**	**75%**
No	1	25%

5. **Does the Board receive regular reports on its operations from the Executive Director?**

Yes	**4**	**100%**

6. **Has the Board experienced any significant change to its operations?**

No	**4**	**100%**

7. **Does the Board plan to make any significant changes to its operations?**

No	1	25%
Unknown	**2**	**50%**
No Opinion	1	25%

8. **Do you have any additional comments you would like to make?**

Board Member #1 – "The only potential changes may come regarding the Compact."
Board Member #2 – "The OT board runs smoothly with high regard for State regulatory procedures."
Board Member #3 – "N/A"
Board Member #4 – "I appreciate the Board's ongoing commitment to public protection, transparency, and collaboration with licensees. Thank you for the opportunity to provide feedback. I support the Board's efforts to maintain high professional standards while adapting to changes in healthcare delivery and workforce needs."

Licensee Questionnaire

An email was sent to one hundred licensees requesting participation in our survey. Eight licensees participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "Insurance allowances, CEU certification process"
   Respondent #2 – "Insurance reimbursement"
   Respondent #3 – "Pay; Professional integrity ; Student preparation"
   Respondent #4 – "Low reimbursement from insurance companies and lack of covered OT services specifically for children."
   Respondent #5 – "There are Limited Training Programs, and limited opportunities for young students to have shadowing opportunities within specialized service lines.
   With only six OT programs statewide, educational capacity may not be keeping up with demand — especially for pediatric and specialized services such the the Neonatal Intensive Care Unit."
   Respondent #6 – "Low patient caseload"
   Respondent #7 – "Insurance reimbursement."
   Respondent #8 – "Definitely insurance. Insurances not providing enough visits or the decrease amount of time allowed for visits which is not allowing many pts. the chance for recovery with many forced to be discharged home before they are ready which most times results in re-hospitalization."

2. **Do you think regulation of your profession by the Alabama State Board of Occupational Therapy is necessary to protect the public's welfare?**

Yes	**8**	**100%**

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

No	3	37%
Unknown	**5**	**63%**

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**5**	**63%**
No	3	37%

5. **Do you consider mandatory continuing education necessary for the competent practice of your profession?**

Yes	**7**	**88%**
No	1	12%

6. **Does the Board respond to your inquiries in a timely manner?**

Yes	**5**	**63%**
No	1	12%
Unknown	2	25%

7. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**7**	**88%**
No	1	12%

8. **Do you have any additional comments you would like to make?**

Respondent #1 – "Having to utilize CE broker has been a burden in order to renew my license. CE broker is not able to verify my license to submit my CEUs and the board is not in contact with them the way they should be for this to be completed. There should be an alternative way to submit CEU completion for instances like this."
Respondent #2 – "No"
Respondent #3 – "Our profession in my opinion has strayed from its core. One example is moving to a Doctoral degree which does not change professional outcomes. Pay is not keeping pace with degree cost or inflation. A lot of the settings that OT is practicing in does not respect our skills or clinical judgment. I have been a practicing clinician for 36 years and have watched our professional practice erode. Also, student preparedness seems to be at an all time low due to more book work and not enough clinical training. I was always under the impression that part of our dues goes towards lobbying for our professional advancement. I am not seeing any positive results. Overall, I am not happy currently with the direction our profession is headed in."
Respondent #4 – "The AL OT board provides exceptional support in terms of responsiveness and professionalism. I have been licensed in 2 other states and never received the level of support as I do in AL."
Respondent #5 – "I would like more focus on the highly specialized practice areas such as the NICU."
Respondent #6 – "No"
Respondent #7 – "I feel like we could be better therapists if the insurance companies would allow us more time spent with each pt."
Respondent #8 – "The board does a good job with communication."

Complainant Questionnaire

A letter was sent to twenty complainants requesting participation in our survey. Four participated in the survey. The percentages are based on the number who responded to the question.

1. **Was the receipt of your complaint acknowledged by the Board?**

Yes	**3**	**75%**
Unknown	1	25%

2. **Approximately how long after filing your complaint did the Board contact you?**

Within 15 days	**3**	**75%**
More than 60 days	1	25%

3. **Did the Board communicate the results of its investigation into your complaint to you?**

Yes	**3**	**75%**
No	1	25%

4. **Do you think the Board did everything it could to resolve your complaint?**

Yes	1	25%
No	**2**	**50%**
Unknown	1	25%

5. **Do you have any additional comments you would like to make?**

Respondent #1 – "no"
Respondent #2 – "nothing additional"

Respondent #3 – "I was extremely disappointed about how my case was handled. I reported a HIPAA violation that was disclosed to me directly by the OT I was working with. She told me that she discussed the medical details of my case with her husband and proceeded to give his opinion like it was a normal thing to do. The information was extremely personal and sensitive. I felt humiliated and betrayed. I filed a complaint and gave details of my visit to the board. This is what I received back "Upon receipt of your complaint, the allegations were recorded, and the case was given a complaint number [redacted]. An Investigative Committee was assigned to gather evidence of the unprofessional conduct. The Board requested further information during the investigation, and statements were received from [redacted] and the staff at [redacted]. After review, the Investigative Committee ruled no action will be taken due to the lack of evidence that any practice rules/regulations nor HIPAA violations occurred. No derogatory remarks will be reflected on the license status for this occupational therapist." I was not looking for this OT to lose her license but could have been required to take a HIPPA course, at least. I don't think the investigation was fair and the end result invalidated everything I had disclosed. Why would I make that up? I am a licensed professional as well and know the importance of HIPAA and patient privacy. A year and a half later, I still hate thinking about that appointment. This is not easy for me to go back to in my mind. I don't know if sending these comments will make a difference either, but I am doing it to potentially help someone else from feeling the way I still do after this encounter. I would be happy to discuss my case further. [redacted] (formerly [redacted]) [redacted] [redacted]-[redacted]-[redacted] [redacted]@[redacted]."

Respondent #4 – "See [redacted] for the comments emailed to her that serve as the additional comments for my survey"

Emailed Response presented below:

"Below you will find the best I can tell for the short summary of the investigation the OT board did. My complaint was received [redacted] th [redacted] by [redacted] Executive Director after thorough discussion about that had happened with [redacted] in a letter dated [redacted] th [redacted] I received a letter stating everything met professional standards. She took the complaint under the agreement that she would return it to me when the investigation was done. Instead she chose to try to keep my complaint even telling me I had to contact their attorney at the attorney generals office if I wanted it back. After contacting him and relaying the story of the complaint and circumstances he had her mail it back to me. **I still have the voicemail on my phone as evidence from him stating this would happen on [redacted].** Shortly after my complaint the executive director "retired" which I'm smart enough to know is code for the attorney knew she screwed up given the details of the complaint and they needed to damage control the cover up she did on behalf of the company and practitioners reported. My son began therapy age 19 months at from referral made by [redacted] to [redacted] in [redacted]. He received OT and ST until October when therapy stopped due to lapse in insurance. He started again in [redacted] with a small delay due to Covid beginning. By this point his mother and I had divorced. Opting for 50/50 custody fully in terms of physical and medical. I took him to his first appointment on [redacted]. They explicitly didn't allow me into the building claiming Covid Precautions. **I have a degree as a respiratory therapist and have been licensed as one in the state of Alabama. I understand medical standards, protocols, ethics, codes of conduct.** Therapy went as usual for 2 and a half months until a meeting was requested with both myself and my ex wife. I called in via FaceTime and was shocked to see

my ex wife physical present given covid precautions stated above. They recommended he be further tested and I sat quietly as my ex wife and I had an agreement that we would privately discuss things before making decisions. From their notes they took it as being indifferent or not engaged I think. Below I will list in chronological order what I found in his files when I finally got them. The circumstances under which caused me to get them and how I obtained them.

[redacted]

First OT Evaluation ever performed on my son was electronically signed 3 months later. A practitioner is required per law to keep accurate records of all therapies performed and to do so in a timely manner where they can be relied on to be accurate. A medical chart is a legal document and every practitioner knows full well why medical records are done. **This wouldn't meet the standards of any medical profession for document keeping.**

From [redacted] to [redacted] He received OT and ST around 15-16 times each. During this era his therapies are electronically signed many of them multiple hours after therapy is done, even going up to 11 hours for one, 3 months for the evaluation above which all medical necessity is based on. There are even missing speech files. **This is a business owned and operated by an Occupational Therapist by my understanding.**

[redacted]

I brought him to his first appointment back and this is where things start getting really odd in terms of his files.

OT

Falsely claimed my son received PT previously, even goes into detail about stating they will make referral and recommendation for it. Also makes reference for they will recommend further testing. Neither of these are mentioned to the me as his father. **This is called laying the groundwork to justify doing PT with him later acting as if there is a medical necessity when there really isn't which results in medical fraud**

They openly also wrote falsely they asked about his medical and social histories to me which they didn't. They also wrote these exact words in their notes and comments. "Mom not available to give report on feeding habits though she did state on his intake form that he follows a typical diet". Also the following "Only Cognitive and physical development portions of the DAYC-2 completed during this evaluation secondary to mom not available to give report for social-emotional and adaptive portions". **This is medical language that says males aren't qualified to tell you if a child holds a spoon/eats with his hands or what his diet is, also that men lack the intellectual capacity to answer questions about social-emotional and adaptive.**

This strongly goes against every standard taught by every medical profession. As a medical practitioner you are required to seek information from whatever guardian or caregiver present to help give insight into how best to help your patient at the time of the medical help being given. Gender discrimination in that process is horrifyingly prohibited.

Medical chart was signed 6 days later, no chance of remembering fully and accurately by the therapist.

[redacted]

My father brought him to therapy this day. Like me he wasn't allowed into the building. Hand off is done in a parking lot in the back.

[redacted]
OT
Mother brought him and they make a recommendation to her that be be further tested. Without consulting me she declines crying saying she doesn't want him to carry a label. **This is a mother who is in negligent fashion just chose to make a medical decision based on how she thinks people will view him and not based on his medical needs.** [redacted] **makes no call or mention of this to me choosing instead to cover up the bad choice of another woman. In similar fashion that the OT Board executive director chose to try to cover for the therapy place.**
ST
Files produced show a ST Evaluation done on daily notes but no copy of ST Evaluation. **Evaluation must take place first to provide medical necessity.**
Over the course of the next 2 months per the notes they try to engage with mom to bring images for a PECS book without mom cooperating. There's also missing files for therapy that should've been performed.

[redacted]
They requested a meeting/conference with us both with me under the impression it would be a conference call. When I tune in via FaceTime I notice my ex wife there. They make the recommendation again for him to be further tested and I hear it but I don't agree as my ex wife and I had a agreement we would privately discuss things before giving answers. **They make no mention of the following during the call or their own notes. 1. The fact that this recommendation occurred 2 months before, or any mention of wanting to do physical therapy with him.**
Upon me getting off the phone my ex wife tells them she thinks our son is Autistic because he witnessed "trauma" in our marriage. Which was a slander to try to alienate me from these providers and deflect attention from her poor choice 2 months prior. Their own notes state this happened.
My ex wife sends me a text later stating they also recommended he be in daycare after I got off the call. I was fine with that so I began to arrange one. When he got into one she refused to pay for her half per our divorce agreement so she sabotaged it and said she would refuse to take him.
I classified this as hindering his medical progress so I met with a local attorney who told me to get a letter from [redacted] stating what recommendations they made on the call. I also asked him what if they refused?? He handed me a print out of the Alabama code that said they were legally required to provide it along with any part of his files if I wanted them. I verbally made the request to [redacted].
It took them a couple weeks to produce the letter I requested. They handed it to me at therapy pick up in the back parking lot [redacted]. **I have a digital copy of this letter,** it likewise makes no mention of physical therapy or their previous recommendation for further testing in May.
The next day on [redacted] I receive a threatening and intimidating fake cease and desist letter **I have a digital copy of this** from [redacted], their attorney out of Birmingham Falsely claiming I've been verbally abusive with the staff and don't call or set foot on the premises. I contacted a friend of mine who is a federal investigator for the dept of health and human services who informed me it wasn't valid and it was just an intimidation and baiting letter hoping I'll violate the instructions in it so they can have legitimate legal grounds. So I make it a point not to contact them again or take my son to therapy on my week opting instead to allow my father to do so.

[redacted]

They begin physical therapy with him without my knowledge, consent, or previous discussion on the matter per the notes of his files. Make note of the fact that after I got him out of this place both the next private therapy place and the school evaluations showed he didn't need physical therapy. Nor has it been done with him in the 5 following years since by either place despite being evaluated for it. He never needed it and this was medical fraud for the purpose of making money.

If you saw their notes for this day they are more excited in the language trying to portray more progress than usual because mom is present and they are now trying to work with mom to fabricate some sort of agenda.

I contact [redacted] and tell him what has happened. I even request his full file which they ignore via email. A law they were required to obey and chose to violate.

So I bypass them and call the pediatricians office and have them request it for me since none of these places operate without referrals and they would have a hard time justifying to them why they refuse it. They copy and hand deliver it to them within half a day. I drove immediately to get it across 2 counties and signed for it. **I have a digital copy of the release where I signed for it on [redacted].**

Investigation time

I begin going through the files and begin uncovering everything listed above. I tried to explain to my ex wife the things I had found but she didn't care. She only cared that she wasn't able to fool them into attacking me for her, she didn't prioritize our sons needs, she was just upset she wasn't able to create problematic situations she could paint me as the problem in.

[redacted]

Does OT not pay attention to what grown up human drops off the child to therapy?? ST notes it being his grandfather, yet OT notes his mother dropped him off. Are they just generically charting?? **A honest mistake is something that can be regarded as happening just once, however this anomaly occurs on dates [redacted].** I would personally consider staff not being capable of discerning the difference between 36 yr old female and 70 yr old male 7 total times a pretty big deficient in how much attention is being paid to what's going on, or how accurately what is observed is charted. This is them trying to be a girls girl and portray a fellow woman as being much more involved than she is knowing full well she committed negligence 5 months prior that was so bad they had to bring in the dad to try to correct.

[redacted]

I reach out to a friend I went to high school with who has been doing Physical Therapy in the schools for a number of years for advise. She tells me he can get an IEP at school at age 3 so I reach out to the school to begin that. The same therapists will come to the school for free on top of the classroom time kids are entitled to get in early intervention. I also asked her to make a recommendation for a different private therapy place. **I have a digital screenshot of this reach out**

[redacted]

I met with the pediatrician to request a different private therapy place, disclose what I had found in his files. My ex wife was present. The pediatrician made the referral for a new place.

[redacted]
I get a second and even more threatening/intimidating cease and desist letter from [redacted]. Except this one claiming they contacted local police demanding I immediately retract what I told the pediatrician. I know my ex wife had to have told them, the pediatrician wouldn't have violated the confidence of the visit. **I have a digital copy of this letter.** I never contacted the attorney again or [redacted]
I made a phone call and spoke to the assistant chief of police [redacted] and asked if anyone at the dept had spoken to this attorney and he confirmed no and no complaint had been filed.
[redacted]
I requested the remaining part of his file from Sept. to December after my son is accepted as a patient at [redacted]. I signed for it also from [redacted] **I have a digital copy of the signed release** The only way I was willing to have [redacted] have him as a patient is they had to agree to scan and email myself and his mother the pages after each session that would go in his file for transparency purposes. **I was better at protecting her parental rights despite that she tried to deny me mine.**
What I've learned in the aftermath years of these events. All Children are entitled to free services from birth through the state through the individuals with disabilities in education act. Places like this have popped up all over the country due to local school officials failing to uphold their duty under their various child find programs. My county alone has 5-6 of these facilities. All of them filled with parents whom the only reason their kids are there is because the state school officials aren't educating pediatricians anymore so they can make proper referrals for parents to the state/schools. Which is why the average age is Kindergarden for what age kids are for when they begin getting their first service Pages 2,3, and 15 of this study which is based on a 3 year average of government data https://www.autismspeaks.org/sites/default/file/ABN/_Report_2023.pdf None of the practitioners or lawyers involved can claim ignorance of this law as it has been in place for 50 years and was the entire creation of special education in America. https://www.alabamaachieves.org/wp-content/uploads/2021/03/Print-friendly-Parent-Partners-in-Education-Feb-2016.pdf This is federal law and it is the civil rights of all of these children. In instances like my son he is worth $300 an hour for something he will only get at best 45 hours a year of in a private market. But it's something he will get over 1100 hours of in a school for free as it relayed it to the director of special education and did the math for her in email. She likewise was silent to the math.
This is an excerpt from the email I sent the director of special education for the state after doing the math comparison of private therapy vs school. I have a digital image of the email.
"The 23-24 Calendar shows 171 days of school, if you were to add in summer camp add another 30 days so 201 total possible.
Normal school day with the same therapists doing the same therapy more or less in private therapy is 35 hours a week, if extended day my son is usually picked up at 4:30 so 45 hours a week.
Normal hours per year 7 hours x 171 = 1,197 hours
With Extended day 9 hours x 171 = 1,539 hours
Extended day + Camp 9 hours x (171 + 30) days = 1,809 hours"

ALL OF WHICH IS FREE AND THE CIVIL RIGHT OF A CHILD

Conclusions

This place violated the law, codes of conduct, ethics etc. in so many ways its incredible.

1. Unnecessary treatment being performed is medical fraud/insurance fraud
2. Basing on whether you ask someone information based on their gender when doing so would allow you insight into how to help a patient violates every ethic and code of conduct taught to every medical professional.
3. Withholding medical recommendations from one parent for an extended period of time delays time that can't be recovered for the benefit of the child/patient.
4. Refusing to provide medical files when requested by a guardian
5. Most parents and stop taking their kids to private therapy once they hit Kindergarten because its the first time they find out about what services their kids get. These practitioners knowingly sit back silent not ever telling parents about early intervention for financial gain.
6. Every ounce of therapy administered to a child with the exception of mental health has to be filtered through the duty and responsibility of the IDEA Act as it is the only one not covered by it. A federal law that has been in place for 50 years that every state has a duty to make sure they have boards, practitioners, school officials etc. all of whom operate in a manner that doesn't steal or take away from the services the children are entitled as they have a legal obligation to ensure the children get them even having programs designed to and legally required to locate children so the parents can take advantage of them.

The OT state board along with the ST, PT and other medical boards covered under the IDEA are and have been complicit accomplices in the financial exploitation of children like my son for a very long time in order to create things of this magnitude. **They failed to protect people like me and my son who were just exercising their rights under the law.**

It is self gain at the expense of those you are paid to serve and protect.

In doing so they reduce these children not as human beings with dignity but as just mechanisms for financial selfish gain.

This is a culture built upon what the court systems know as "A **conspiracy of silence**, or **culture of silence**, describes the behavior of a group of people that by unspoken consensus does not mention, discuss, or acknowledge a given subject. The practice may be motivated by positive interest in group solidarity or by negative impulses such as fear of political repercussion or social ostracism. "

I would advise you digest this entire document thoroughly if you wish to act in accordance with the law and have the ability to accurately report if those you investigate are as well. https://bpb-us-e2.wpmucdn.com/sites.ua.edu.dist/a/74/files/2025/02/Special-Education-ARightNotAFavorFinal.pdf

I have also in the years since encountered mental health place whom local school officials knew weren't doing the proper evaluation to diagnose autism and didn't report them. I caught it when I took my son, called the other place he was on the wait list for, had them describe for me the real evaluation, informed the pediatrician who ceased sending referrals to the place I encountered.

At the time of the OT Board investigation they had full copies of his medical files, copies of all legal and communication correspondence between [redacted], myself, their attorney, etc. They had the full picture. **There is absolutely no grounds on which they could claim ignorance of the law or what was happening."**

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APPENDICES

Appendix I: Applicable Statutes

Section 34-39-1 Short title.
This chapter shall be known and may be cited as the "Alabama State Occupational Therapy Practice Act."
(Acts 1990, No. 90-383, p. 515, §1.)

Section 34-39-2 Purpose.
The Alabama State Occupational Therapy Practice Act is enacted to safeguard the public health, safety, and welfare, and to assure the availability of high quality occupational therapy services to persons in need of such services. It is the purpose of this chapter to provide for the regulation of persons offering themselves as occupational therapists or as occupational therapy assistants.
(Acts 1990, No. 90-383, p. 515, §2.)

Section 34-39-3 Definitions.
In this chapter, the following terms shall have the respective meanings provided in this section unless the context clearly requires a different meaning:
(1) ASSOCIATION. The Alabama Occupational Therapy Association.
(2) BOARD. The Alabama State Board of Occupational Therapy.
(3) IMPAIRED. The inability of an occupational therapist or occupational therapy assistant to practice occupational therapy with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances, or as a result of any physical or mental condition.
(4) LICENSE. A valid and current certificate of registration issued by the board.
(5) OCCUPATIONAL THERAPY.
a. The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The practice of occupational therapy includes:
1. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation including all of the following:
(i) Client factors, including body functions, such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors; body structures such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement; values, beliefs, and spirituality.
(ii) Habits, routines, roles, rituals, and behavior patterns.

(iii) Physical and social environments, cultural, personal, temporal, and virtual contexts, and activity demands that affect performance.
(iv) Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills.
2. Methods or approaches selected to direct the process of 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 activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions.
(iii) Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.
(iv) Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
(v) Prevention of barriers to performance and participation, including injury and disability prevention.
3. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation including all of the following:
(i) Therapeutic use of occupations, exercises, and activities.
(ii) Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.
(iii) Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
(iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
(v) Education and training of individuals, including family members, caregivers, groups, populations, and others.
(vi) Care coordination, case management, and transition services.
(vii) Consultative services to groups, programs, organizations, or communities.
(viii) Modification of environments, including home, work, school, or 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, training in the use of prosthetic devices, orthotic devices, and the design, fabrication, and application of selected splints or orthotics.
(x) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
(xi) Low vision rehabilitation when the patient or client is referred by a licensed optometrist, a licensed ophthalmologist, a licensed physician, a licensed assistant to physician acting pursuant to a valid supervisory agreement, or a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician.
(xii) Driver rehabilitation and community mobility.
(xiii) Management of feeding, eating, and swallowing to enable eating and feeding performance.
(xiv) Application of physical agent modalities, and use of a range of specific therapeutic procedures such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy, all to enhance performance skills.

(xv) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

b. An occupational therapist or occupational therapy assistant is qualified to perform the above activities for which they have received training and any other activities for which appropriate training or education, or both, has been received. Notwithstanding any other provision of this chapter, no occupational therapy treatment programs to be rendered by an occupational therapist, occupational therapy assistant, or occupational therapy aide shall be initiated without the referral of a licensed physician, a licensed chiropractor, a licensed optometrist, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician, a licensed psychologist, or a licensed dentist who shall establish a diagnosis of the condition for which the individual will receive occupational therapy services. In cases of long-term or chronic disease, disability, or dysfunction, or any combination of the foregoing, requiring continued occupational therapy services, the person receiving occupational therapy services shall be reevaluated by a licensed physician, a licensed chiropractor, a licensed optometrist, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, a licensed certified registered nurse practitioner in a collaborative practice agreement with a licensed physician, a licensed psychologist, or a licensed dentist at least annually for confirmation or modification of the diagnosis. Occupational therapists performing 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. Occupational therapists employed by state agencies and those employed by the public schools and colleges of this state who provide screening and rehabilitation services for the educationally related needs of the students are exempt from this referral requirement.

c. Nothing in this chapter shall be construed as giving occupational therapists the authority to examine or diagnose patients or clients for departures from the normal of human eyes, visual systems or their adjacent structures, or to prescribe or modify ophthalmic materials including, but not limited to, spectacles, contacts, or spectacle-mounted low vision devices.

(6) OCCUPATIONAL THERAPIST. A person licensed to practice occupational therapy whose license is in good standing.

(7) OCCUPATIONAL THERAPY ASSISTANT. A person licensed to assist in the practices of occupational therapy under the supervision of, or with the consultation of, a licensed occupational therapist whose license is in good standing.

(8) OCCUPATIONAL THERAPY AIDE. A person who assists in the delivery of occupational therapy, who works under direct on-site supervision of an occupational therapist or occupational therapy assistant, or both, and whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy. No activity listed under paragraph (5)a. may be performed by an occupational therapy aide.

(9) PERSON. A human person only, not a legal entity.

(10) WITH THE CONSULTATION OF. The collaboration of two or more persons on a regularly scheduled basis for the purpose of planning, review, or evaluation of occupational therapy services.

(Acts 1990, No. 90-383, p. 515, §3; Acts 1995, No. 95-279, p. 502, §3; Act 99-92, p. 108, §3; Act 2003-62, p. 96, §3; Act 2013-309, p. 1041, §1; Act 2021-516, §1.)

Section 34-39-4 Representation of self as occupational therapist or therapy assistant without license prohibited.

(a) No person may present himself or herself as an occupational therapist or an occupational therapy assistant in this state unless he or she is licensed in accordance with this chapter. No firm, partnership, association, or corporation may advertise or otherwise offer to provide or convey the impression that it is providing occupational therapy unless an individual holding a current valid license or limited permit under this chapter is or will at the appropriate time be rendering the occupational therapy services to which reference is made.

(b) It is unlawful for any person not licensed as an occupational therapist or an occupational therapy assistant or whose license has been suspended or revoked to use in connection with his or her name or place of business the words "occupational therapist," "licensed occupational therapist," "occupational therapy assistant," "licensed occupational therapy assistant," or the letters "O.T.," "L.O.T.," "O.T.R./L.," "O.T.A.," "L.O.T.A.," "C.O.T.A./L.," thereby indicating or implying that he or she is qualified to practice in this state as a licensed occupational therapist or a licensed occupational therapy assistant. At the discretion of the licensee, academic credentials including MS, OTR/L to indicate a master's degree, and OTD to indicate a clinical doctorate, may also be used in conjunction with the licensure acronyms. It is unlawful also for any person not licensed under this chapter to show in any other way, orally, in writing, in print, or by sign, directly or by implication that he or she is engaged in performing occupational therapy services.

(Acts 1990, No. 90-383, p. 515, §4; Act 2013-309, p. 1041, §1.)

Section 34-39-5 Exceptions.

Nothing in this chapter shall be construed as preventing or restricting the practice, services, or activities of any of the following persons:

(1) Any person licensed under any other law of the state from engaging in the profession for which he or she is licensed.

(2) Any person employed as an occupational therapist or an occupational therapy assistant by the government of the United States, if the person provides occupational therapy solely under the direction or control of the organization by which he or she is employed.

(3) Any person pursuing a course of study leading to a degree in occupational therapy at an accredited or approved educational program if the activities and services constitute a part of a supervised course of study, if the person is designated by a title which clearly indicates his or her status as a student or trainee.

(4) Any person fulfilling the supervised fieldwork experience requirements of subdivision (2) of Section 34-39-8.

(Acts 1990, No. 90-383, p. 515, §5; Acts 1995, No. 95-279, p. 502, §3; Act 2013-309, p. 1041, §1.)

Section 34-39-6 Board of Occupational Therapy established; composition; fund created.

(a) There is established the Alabama State Board of Occupational Therapy.

(1) The board shall consist of five members, four of whom shall be involved in the practice of occupational therapy, of which one shall be an occupational therapy assistant. The remaining member shall be a member of another health profession or a member of the public with an interest in the rights or the concerns of health services. Each member of the board shall be a citizen of this state. The occupational therapy board members shall be appointed by the Governor from a list submitted by the Alabama Occupational Therapy Association. In appointing members to the board, the association and the Governor, to the extent possible, shall select those persons whose appointments ensure that the membership of the board is inclusive and reflects the racial, gender, geographic, urban/rural, and economic diversity of the state. Those board members who are occupational therapists, of which one shall be a minority, and occupational therapy assistants shall have been engaged in rendering services to the public, teaching, or research in occupational therapy for at least three years, and shall at all times be holders of valid licenses for the practice of occupational therapy in Alabama. Except for the members in the initial board, all members who are occupational therapists and occupational therapy assistants shall fulfill the requirements for licensure pursuant to this chapter. Terms of appointment for the initial board members shall be as follows: Two members shall serve a one-year term; two members shall serve a two-year term; and one member shall serve a three-year term.

(2) The board shall, within 90 days after April 17, 1990, be selected as provided in subdivision (1). At the expiration of the initial terms, board members shall be appointed in the same manner as initial appointments, each for a period of three years. No person shall be appointed to serve more than three consecutive terms.

(3) Terms shall begin on the first day of the calendar year and end on the last day of the calendar year, or until successors are appointed, except for the initial members who shall serve through the last calendar day of the year in which they are appointed before the commencement of the terms prescribed by subdivision (1).

(4) Within 45 days after April 17, 1990, and annually thereafter, the association shall submit two or three names for each position on the board to be filled. In the event of a midterm vacancy in one of the positions on the board, the Governor shall appoint a member to fill the unexpired term from a list submitted by the association in the same manner as provided in subdivision (1).

(5) The Governor, after notice and opportunity for hearing by the board, may remove any member of the board for neglect of duty, incompetence, revocation or suspension of the license of the member, or other dishonorable conduct. After removal, the Governor shall appoint a successor to the unexpired term from a list of two or three names submitted by the association.

(6) The board shall elect from its membership a chairperson, a secretary, and a treasurer. A majority of the members of the board shall constitute a quorum. The board shall meet during the first month of the calendar year to select officers. No board member may hold the same position as an officer of the board for more than two consecutive years. At least one additional meeting shall be held before the end of the calendar year. Further meetings may be convened at the call of the chairperson, or on the request of any three board members.

(7) Members may be reimbursed for all reasonable and necessary expenses actually incurred in the performance of their duties in accordance with the laws of the State of Alabama and regulations of the State Personnel Director.

(b) There is established a separate special revenue fund in the State Treasury known as the Alabama State Board of Occupational Therapy Fund. All receipts collected by the board pursuant to this chapter shall be deposited in this fund and used only to carry out the provisions of this chapter. Receipts shall be disbursed only by warrant of the state Comptroller upon the State Treasurer, upon itemized vouchers approved by the chairperson. No funds shall be withdrawn or expended except as budgeted and allotted according to the provisions of Sections 41-4-80 to 41-4-96, inclusive, and Sections 41-19-1 to 41-19-12, inclusive, and only in amounts as stipulated in the general appropriations bill or other appropriation bills.
(Acts 1990, No. 90-383, p. 515, §6; Act 2003-62, p. 96, §3; Act 2011-168, p. 321, §3; Act 2013-309, p. 1041, §1.)

Section 34-39-7 Duties of board; joint approval of rules with Board of Medical Examiners.
(a) The board shall administer, coordinate, and enforce this chapter.
(b) The board, within 90 days of the time at which it is appointed, shall notify all current practitioners of occupational therapy in the state, as identified by the American Occupational Therapy Certification Board, of the enactment of this chapter and its otherwise becoming a law.
(c) The board shall adopt and publish rules relating to the professional conduct to carry out the policies of this chapter, including, but not limited to, rules relating to professional licensure, registration, and the establishment of ethical standards of practice. The State Board of Medical Examiners and the Alabama State Board of Occupational Therapy shall jointly approve any rule or policy that interprets, explains, or enumerates the permissible acts, functions, or services rendered by an occupational therapist, occupational therapy assistant, or occupational therapy aide as those acts, functions, and services are defined in Section 34-39-3. Any rule or policy adopted in violation of this requirement is invalid.
(d) The board shall evaluate the qualifications of all applicants for licensure under this chapter and shall maintain a register of all persons holding a license and a record of all inspections made.
(e) The board shall approve all examinations of applicants for licensure at least twice a year, shall determine the qualifications and authorize the issuance of licenses to qualified occupational therapists and occupational therapy assistants, and shall renew, suspend, or revoke the licenses in the manner provided.
(f) The board may investigate complaints and allegations concerning the violation of this chapter and may examine witnesses, issue subpoenas, and administer oaths in connection with these investigations. Hearings may be conducted, provided reasonable public notice is given and records and minutes are kept in accordance with the rules of the board.
(g) The board shall make an annual report to the Governor which shall contain an account of duties performed, actions taken, and appropriate recommendations.
(h) The board shall establish a budget in accordance with the requirements of the state.
(i) The board may establish and publish reasonable fees as established in Section 34-39-14.
(j) The board may employ and discharge an executive director and any officers and employees as may be necessary, and shall determine their duties and fix their compensation in accordance with applicable state statutes. The board shall hire and establish the responsibilities and salary of all employees.
(k) The board shall establish an impaired practitioner program beginning January 1, 2022, pursuant to Section 34-39-12.1.
(Acts 1990, No. 90-383, p. 515, §7; Acts 1995, No. 95-279, p. 502, §3; Act 2013-309, p. 1041, §1; Act 2021-516, §1.)

Section 34-39-8 Application for license; requirements.

An applicant for licensure as an occupational therapist or as an occupational therapy assistant shall be a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government, and shall file a written application on forms provided by the board, showing to the satisfaction of the board fulfillment of all of the following requirements:

(1) Applicant shall present evidence satisfactory to the board of having successfully completed all of the academic requirements for degree or certificate conferral from an educational program in occupational therapy recognized by the board. The program shall be accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Incorporated.

(2) Applicant shall pass an examination as provided for in Section 34-39-9.

(Acts 1990, No. 90-383, p. 515, §8; Acts 1995, No. 95-279, p. 502, §3; Act 2011-168, p. 321, §3; Act 2013-309, p. 1041, §1.)

Section 34-39-9 Examinations and reexamination; foreign trained applicants.

(a) A person applying for licensure under this chapter shall demonstrate his/her eligibility in accordance with the requirements of Section 34-39-8, and shall make application for examination upon a form and in such a manner as the board shall prescribe. A person who fails an examination may make reapplication for reexamination accompanied by the established fee.

(b) Each applicant for licensure under this chapter shall be examined by written examination to test his or her knowledge of the basic clinical sciences relating to occupational therapy, and occupational therapy theory and practice, the applicant's professional skills and judgment in the utilization of occupational therapy techniques and methods, and such other subjects as the board may deem useful to determine the applicant's fitness to practice. The board shall establish standards for acceptable performance by the applicant.

(c) Applicants for licensure shall be examined at a time and place and under such supervision as the board may require. Examinations shall be given at least twice each year at such places as the board may determine. The board shall give reasonable public notice of these examinations in accordance with its rules and regulations.

(d) Applicants may obtain their examination scores in accordance with such rules and regulations as the board may establish.

(e) Foreign trained occupational therapists and occupational therapy assistants shall satisfy the examination requirements of Section 34-39-8(3). The board shall require foreign trained applicants to complete educational and supervised fieldwork requirements, substantially equal to those contained in Section 34-39-8, before taking the examination.

(Acts 1990, No. 90-383, p. 515, §9.)

Section 34-39-10 Waiver of license requirements; reciprocity; notification procedure.

(a) The board shall grant a license to any person certified prior to April 17, 1990, as an occupational therapist registered (OTR) or as a certified occupational therapy assistant (COTA) by the American Occupational Therapy Association, Inc. The board may waive the examination, education, or experience and grant a license to any person certified after April 17, 1990, by a national occupational therapy certification board, if the board considers the requirements for certification to be equivalent to the requirements under the terms of this chapter.

(b) The board 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 an occupational therapy assistant in another state, the District of Columbia, or 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.

(c) The board shall cause notification to be sent to all occupational therapists and occupational therapy assistants presently employed or practicing occupational therapy in this state. The notification shall summarize the requirements of this chapter and provide information on procedures for obtaining a license.

(Acts 1990, No. 90-383, p. 515, §10; Acts 1995, No. 95-279, p. 502, §3.)

Section 34-39-11 Issuance of license; limited permit; permitted representations.

(a) The board shall issue a license to any person who meets the requirements of this chapter upon payment of the license fee as described in Section 34-39-14.

(b) The board shall issue a limited permit to persons who have completed the educational and fieldwork experience requirements of this chapter. This permit shall allow the person to practice occupational therapy under the supervision of an occupational therapist who holds a current license in this state and shall be valid until the date on which the results of the qualifying examination have been made public. This limited permit shall not be renewed if the applicant has failed the examination. Failure of the examination shall result in revocation of an active limited permit.

(c) 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," "occupational therapist registered," or may use the letters "O.T.," "L.O.T.," or "O.T.R./L." in connection with his/her name or place of business to denote registration hereunder.

(d) 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," "certified occupational therapy assistant," or may use the letters "O.T.A.," "L.O.T.A.," or "C.O.T.A./L." in connection with his or her name or place of business to denote registration hereunder.

(Acts 1990, No. 90-383, p. 515, §11; Act 2013-309, p. 1041, §1.)

Section 34-39-12 Denial or suspension of license; probationary conditions; hearing; reinstatement.

(a) The board shall, after notice and opportunity for hearing, have the power to deny or refuse to renew a license, or may suspend or revoke a license, or may impose probationary conditions, where 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. Such unprofessional conduct includes:

(1) Obtaining or attempting to obtain a license by fraud, misrepresentation, or concealment of material facts;

(2) Being guilty of unprofessional conduct as defined by the rules established by the board;

(3) Violating any lawful order, rule, or regulation rendered or adopted by the board;

(4) Being convicted of a crime other than minor offenses defined as "minor misdemeanors," "violations," or "offenses" in any court if the acts for which he or she was convicted are found by the board to have a direct bearing on whether he or she should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant;

(5) Violating any provision of this chapter.

(b) Such denial, refusal to renew, suspension, revocation, or imposition of probationary conditions upon a license may be ordered by the board in a decision made after a hearing in the manner provided by the rules and regulations adopted by the board. One year from 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 and may, but shall not be required to, hold a hearing to consider such reinstatement.

(Acts 1990, No. 90-383, p. 515, §12.)

Section 34-39-12.1 Alabama Occupational Therapy Wellness Committee; impaired practitioner program.

(a) The board shall promote the early identification, intervention, treatment, and rehabilitation of occupational therapists or occupational therapy assistants who may be impaired.

(b) To accomplish this obligation, the board may contract with any nonprofit corporation or medical professional association to create, support, and maintain an Alabama Occupational Therapy Wellness Committee. The committee shall be selected in a manner prescribed by the board. The board may expend available funds as necessary to adequately provide for the operational expenses of the committee including, but not limited to, the actual cost of travel, office overhead, and personnel expense. The expenditure of funds provided by the board for operating expenses of the committee are not subject to state competitive bid laws.

(c) The board may enter into an agreement with a nonprofit corporation or medical professional association for the committee to undertake those functions and responsibilities specified in the agreement, which may include any or all of the following:

(1) Contracting with providers of treatment programs.

(2) Receiving and evaluating reports of suspected impairment from any source.

(3) Intervening in cases of verified impairment.

(4) Referring impaired occupational therapists or occupational therapy assistants to treatment programs.

(5) Monitoring the treatment and rehabilitation of impaired occupational therapists or occupational therapy assistants.

(6) Providing post-treatment monitoring and support of rehabilitated impaired occupational therapists or occupational therapy assistants.
(7) Performing other activities as agreed by the board and the committee.
(d) The committee shall develop procedures in consultation with the board for all of the following:
(1) Periodic reporting of statistical information regarding impaired practitioner program activity.
(2) Periodic disclosure and joint review of all information the board deems appropriate regarding reports received, contracts or investigations made, and the disposition of each report. The committee may not disclose any personally identifiable information except as otherwise provided in this chapter.
(e) Any person appointed to serve as a member of the committee and any auxiliary personnel, consultant, attorney, or other volunteer or employee of the committee taking any action authorized by this chapter, engaging in the performance of any duties on behalf of the committee, or participating in any administrative or judicial proceeding resulting therefrom, in the performance and operation thereof, shall be immune from any liability, civil or criminal, that might otherwise be incurred or imposed. Any nonprofit corporation or medical professional association or other entity that contracts with or receives funds from the board for the creation, support, and operation of the committee, in so doing, shall be immune from any liability, civil or criminal, that might otherwise be incurred or imposed.
(f) All information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the committee and any findings, conclusions, recommendations, or reports resulting from any investigation, intervention, treatment, or rehabilitation, or other proceeding of the committee is privileged and confidential. All records and proceedings of the committee pertaining to an impaired occupational therapist or occupational therapy assistant are confidential and shall be used by the committee and the members of the committee only in the exercise of the proper function of the committee and shall not be public record nor available for court subpoena or for discovery proceedings. In the event of a breach of contract between the committee and the impaired occupational therapist or occupational therapy assistant, all records pertaining to the conduct determined to cause the breach of contract shall be disclosed to the board upon its request for disciplinary purposes only. Nothing contained in this subsection shall apply to records made in the regular course of business of an occupational therapist or occupational therapy assistant and any information, document, or record otherwise available from an original source may not be construed as immune from discovery or use in any civil proceeding merely because it is presented or considered during proceedings of the committee.
(g) The committee shall render an annual report to the board concerning the operations and proceedings of the committee for the preceding year. The committee shall report to the board any occupational therapist or occupational therapy assistant who the committee determines is impaired, when it appears that the occupational therapist or occupational therapy assistant is currently in need of intervention, treatment, or rehabilitation and the occupational therapist or occupational therapy assistant has failed or refused to participate in any program of treatment or rehabilitation recommended by the committee. A report to the committee shall be deemed a report to the board for the purposes of any mandated reporting of occupational therapy licensee impairment or occupational therapy assistance licensee impairment otherwise provided for by law.
(h) If the board has reasonable cause to believe that an occupational therapist or occupational therapy assistant is impaired, the board may cause an evaluation of the occupational therapist or occupational therapy assistant to be conducted by the committee for the purpose of determining if there is an impairment. The committee shall report the findings of its evaluation to the board.
(Act 2021-516, §2.)

Section 34-39-13 Expiration and renewal of licenses; fee; continuing education; late fee.
(a) All licenses under this chapter shall be subject to renewal and shall expire unless renewed in the manner prescribed by the rules and regulations of the board upon the payment of a renewal fee. The board may set a required number of continuing education units for license renewal. The board may provide for a late renewal of license upon payment of a late renewal fee. Any license which has not been restored within three years following its expiration may not be renewed, restored, or reissued thereafter. The holder of such an expired license may apply for and obtain a valid license only upon compliance with all relevant requirements for issuance of a new license.
(b) A suspended license is subject to expiration and may be renewed as provided in this section, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity or in other conduct or activity in violation of the license revoked on disciplinary grounds is reinstated, the licensee, as a condition of reinstatement, shall pay the reorder or judgment by which the license was suspended. If a license revoked on disciplinary grounds is reinstated, the licensee, as a condition of reinstatement, shall pay the renewal fee and any late fee that may be applicable.
(Acts 1990, No. 90-383, p. 515, §13.)

Section 34-39-14 Fees authorized.
The board is empowered to establish, publish, and collect reasonable fees and costs in amounts determined by the board for the following purposes:
(1) Application for examination;
(2) Limited permit fee;
(3) Initial license fee;
(4) Renewal of license fee;
(5) Late renewal fee; and
(6) The costs of conducting a hearing of any person whose license or certificate of qualification is suspended, revoked, or refused as a result of such hearing.
(Acts 1990, No. 90-383, p. 515, §14; Acts 1991, No. 91-165, p. 221, §3.)

Section 34-39-15 Violation as misdemeanor; penalty; forfeiture and revocation of license.
Any person who violates any provision of this chapter as set forth in Sections 34-39-4 and 34-39-13, shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not less than $250 and not more than $1,000, or imprisonment for a period not exceeding six months, or both. A license held by any person convicted under this section shall be forfeited and revoked forthwith for one year from the date of such conviction.
(Acts 1990, No. 90-383, p. 515, §15.).

Section 34-39-16 Complaints; notice and hearing; judicial review.

(a) Any person may file a complaint with the board against any licensed occupational therapist or licensed occupational therapy assistant in the state charging the person with having violated this chapter. The complaint shall set forth specifications of charges in sufficient detail so as to disclose to the accused fully and completely the alleged acts of misconduct for which he or she is charged. When a complaint is filed, the secretary of the board, or the executive director at the request of the secretary, shall mail a copy thereof to the accused by return receipt mail at his or her address of record, with a written notice of the time and place of hearing thereof, advising him or her that he or she may be present in person and by counsel if he or she so desires, to offer evidence and be heard in his or her defense.

(b) At the time and place fixed for the hearing, the board shall receive evidence upon the subject matter under consideration and shall accord the person against whom charges are preferred a full and fair opportunity to be heard in his or her defense. The board shall be bound by the rules of evidence in contested cases under Section 41-22-13 of the Alabama Administrative Procedure Act and all oral testimony considered by the board shall be under oath. If the board finds that the licensed occupational therapist or the licensed occupational therapy assistant has violated this chapter, the board may suspend or revoke his or her licensure, levy a reasonable fine not to exceed one thousand dollars ($1,000) per violation, or restrict his or her license and require the licensee to report regularly to the board on matters related to the reasons for the restricted license, or any combination of these.

(c) The action of the board in suspending, revoking, or refusing to issue a license may be appealed to the Circuit Court of Montgomery County accompanied by a bond to be approved by the court. The notice of appeal shall be filed within 30 days from the receipt of such order or ruling. Appeals shall be governed by the judicial review provisions of Section 41-22-20 of the Alabama Administrative Procedure Act, except that the review procedure provided therein shall not suspend the action of the board nor stay the enforcement of any order in the suspension, revocation, or refusal of a license.

(Acts 1990, No. 90-383, p. 515, §16; Acts 1991, No. 91-165, p. 221, §3; Act 2013-309, p. 1041, §1.)

Section 34-39-30 Purpose.

(a) The purpose of this compact is to facilitate interstate practice of occupational therapy with the goal of improving public access to occupational therapy services. The practice of occupational therapy occurs in the state where the patient/client is located at the time of the patient/client encounter. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

(b) This compact is designed to achieve the following objectives:

(1) Increase public access to occupational therapy services by providing for the mutual recognition of other member state licenses.

(2) Enhance the states' ability to protect the public's health and safety.

(3) Encourage the cooperation of member states in regulating multi-state occupational therapy practice.

(4) Support spouses of relocating military members.

(5) Enhance the exchange of licensure, investigative, and disciplinary information between member states.

(6) Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

(7) Facilitate the use of telehealth technology in order to increase access to occupational therapy services.

(Act 2022-93, §1.)

Section 34-39-31 Definitions.

As used in this compact, and except as otherwise provided, the following definitions shall have the following meanings:

(1) ACTIVE DUTY MILITARY. A full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapter 1209 and 10 U.S.C. Chapter 1211.

(2) ADVERSE ACTION. Any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an occupational therapist or occupational therapy assistant, including actions against an individual's license or compact privilege such as censure, revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

(3) ALTERNATIVE PROGRAM. A non-disciplinary monitoring process approved by an occupational therapy licensing board.

(4) COMPACT PRIVILEGE. The authorization, which is equivalent to a license, granted by a remote state to allow a licensee from another member state to practice as an occupational therapist or practice as an occupational therapy assistant in the remote state under its laws and rules. The practice of occupational therapy occurs in the member state where the patient/client is located at the time of the patient/client encounter.

(5) CONTINUING COMPETENCE/EDUCATION. A requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.

(6) CURRENT SIGNIFICANT INVESTIGATIVE INFORMATION. Investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the occupational therapist or occupational therapy assistant to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.

(7) DATA SYSTEM. A repository of information about licensees, including, but not limited to, license status, investigative information, compact privileges, and adverse actions.

(8) ENCUMBERED LICENSE. A license in which an adverse action restricts the practice of occupational therapy by the licensee or the adverse action has been reported to the National Practitioners Data Bank (NPDB).

(9) EXECUTIVE COMMITTEE. A group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

(10) HOME STATE. The member state that is the licensee's primary state of residence.

(11) IMPAIRED PRACTITIONER. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions.

(12) INVESTIGATIVE INFORMATION. Information, records, and/or documents received or generated by an occupational therapy licensing board pursuant to an investigation.

(13) JURISPRUDENCE REQUIREMENT. The assessment of an individual's knowledge of the laws and rules governing the practice of occupational therapy in a state.

(14) LICENSEE. An individual who currently holds an authorization from the state to practice as an occupational therapist or as an occupational therapy assistant.

(15) MEMBER STATE. A state that has enacted the compact.

(16) OCCUPATIONAL THERAPIST. An individual who is licensed by a state to practice occupational therapy.

(17) OCCUPATIONAL THERAPY ASSISTANT. An individual who is licensed by a state to assist in the practice of occupational therapy.

(18) OCCUPATIONAL THERAPY COMPACT COMMISSION or COMMISSION. The national administrative body whose membership consists of all states that have enacted the compact.
(19) OCCUPATIONAL THERAPY LICENSING BOARD or LICENSING BOARD. The agency of a state that is authorized to license and regulate occupational therapists and occupational therapy assistants.
(20) OCCUPATIONAL THERAPY, OCCUPATIONAL THERAPY PRACTICE, and PRACTICE OF OCCUPATIONAL THERAPY. The care and services provided by an occupational therapist or an occupational therapy assistant as set forth in the member state's statutes and rules.
(21) PRIMARY STATE OF RESIDENCE. The state (also known as the home state) in which an occupational therapist or occupational therapy assistant who is not active duty military declares a primary residence for legal purposes as verified by: driver license, federal income tax return, lease, deed, mortgage, or voter registration, or other verifying documentation as further defined by commission rules.
(22) REMOTE STATE. A member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege.
(23) RULE. A regulation adopted by the commission that has the force of law.
(24) SINGLE STATE LICENSE. An occupational therapist or occupational therapy assistant license issued by a member state that authorizes practice only within the issuing state and does not include a compact privilege in any other member state.
(25) STATE. Any state, commonwealth, district, or territory of the United States that regulates the practice of occupational therapy.
(26) TELEHEALTH. The application of telecommunication technology to deliver occupational therapy services for assessment, intervention, and/or consultation.
(Act 2022-93, §2.)

Section 34-39-32 State Participation in the Compact.
(a) To participate in the compact, a member state shall:
(1) License occupational therapists and occupational therapy assistants.
(2) Participate fully in the commission's data system, including, but not limited to, using the commission's unique identifier as defined in rules of the commission.
(3) Have a mechanism in place for receiving and investigating complaints about licensees.
(4) Notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee.
(5) Implement or utilize procedures for considering the criminal history records of applicants for an initial compact privilege. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation (FBI) and the agency responsible for retaining that state's criminal records.
a. A member state shall, within a time frame established by the commission, require a criminal background check for a licensee seeking or applying for a compact privilege whose primary state of residence is that member state, by receiving the results of the FBI criminal record search, and shall use the results in making licensure decisions.
b. Communication between a member state, the commission, and among member states regarding the verification of eligibility for licensure through the compact shall not include any information received from the FBI relating to a federal criminal records check performed by a member state under Public Law 92-544.

(6) Comply with the rules of the commission.
(7) Utilize only a recognized national examination as a requirement for licensure pursuant to the rules of the commission.
(8) Have continuing competence and education requirements as a condition for license renewal.
(b) A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules.
(c) Member states may charge a fee for granting a compact privilege.
(d) A member state shall provide for the state's delegate to attend all occupational therapy compact commission meetings.
(e) Individuals not residing in a member state shall continue to be able to apply for a member state's single-state license as provided under the laws of each member state. However, the single state license granted to these individuals shall not be recognized as granting the compact privilege in any other member state.
(f) Nothing in this compact shall affect the requirements established by a member state for the issuance of a single-state license.
(Act 2022-93, §3.)

Section 34-39-33 Compact Privilege.
(a) To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:
(1) Hold a license in the home state;
(2) Have a valid United States Social Security number or National Practitioner Identification number;
(3) Have no encumbrance on any state license;
(4) Be eligible for a compact privilege in any member state in accordance with subsections (d), (f), (g), and (h);
(5) Have paid all fines and completed all requirements resulting from any adverse action against any license or compact privilege, and two years have elapsed from the date of such completion;
(6) Notify the commission that the licensee is seeking the compact privilege within a remote state or states;
(7) Pay any applicable fees, including any state fee, for the compact privilege;
(8) Complete a criminal background check in accordance with Section 34-39-32(a)(5). The licensee shall be responsible for the payment of any fee associated with the completion of a criminal background check;
(9) Meet any jurisprudence requirements established by the remote state or states in which the licensee is seeking a compact privilege; and
(10) Report to the commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.
(b) The compact privilege is valid until the expiration date of the home state license. The licensee must comply with the requirements of subsection (a) to maintain the compact privilege in the remote state.
(c) A licensee providing occupational therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.
(d) Occupational therapy assistants practicing in a remote state shall be supervised by an occupational therapist licensed or holding a compact privilege in that remote state.

(e) A licensee providing occupational therapy in a remote state is subject to that state's regulatory authority. A remote state, in accordance with due process and that state's laws, may remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its residents. The licensee may be ineligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.
(f) If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until both of the following occur:
(1) The home state license is no longer encumbered.
(2) Two years have elapsed from the date on which the home state license is no longer encumbered in accordance with subdivision (1).
(g) Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of subsection (a) to obtain a compact privilege in any remote state.
(h) If a licensee's compact privilege in any remote state is removed, the individual may lose the compact privilege in any other remote state until all of the following occur:
(1) The specific period of time for which the compact privilege was removed has ended.
(2) All fines have been paid and all conditions have been met.
(3) Two years have elapsed from the date of completing requirements for subdivision (1) and (2).
(4) The compact privileges are reinstated by the commission, and the compact data system is updated to reflect reinstatement.
(i) If a licensee's compact privilege in any remote state is removed due to an erroneous charge, privileges shall be restored through the compact data system.
(j) Once the requirements of subsection (h) have been met, the licensee must meet the requirements in subsection (a) to obtain a compact privilege in a remote state.
(Act 2022-93, §4.)

Section 34-39-34 Obtaining a New Home State License by Virtue of Compact Privilege.
(a) An occupational therapist or occupational therapy assistant may hold a home state license, which allows for compact privileges in member states, in only one member state at a time.
(b) If an occupational therapist or occupational therapy assistant changes primary state of residence by moving between two member states:
(1) The occupational therapist or occupational therapy assistant shall file an application for obtaining a new home state license by virtue of a compact privilege, pay all applicable fees, and notify the current and new home state in accordance with applicable rules adopted by the commission.
(2) Upon receipt of an application for obtaining a new home state license by virtue of compact privilege, the new home state shall verify that the occupational therapist or occupational therapy assistant meets the pertinent criteria outlined in Section 34-39-33 via the data system, without need for primary source verification except for:
a. An FBI fingerprint based criminal background check if not previously performed or updated pursuant to applicable rules adopted by the commission in accordance with Public Law 92-544;
b. Other criminal background check as required by the new home state; and
c. Submission of any requisite jurisprudence requirements of the new home state.

(3) The former home state shall convert the former home state license into a compact privilege once the new home state has activated the new home state license in accordance with applicable rules adopted by the commission.
(4) Notwithstanding any other provision of this compact, if the occupational therapist or occupational therapy assistant cannot meet the criteria in Section 34-39-33, the new home state shall apply its requirements for issuing a new single-state license.
(5) The occupational therapist or the occupational therapy assistant shall pay all applicable fees to the new home state in order to be issued a new home state license.
(c) If an occupational therapist or occupational therapy assistant changes primary state of residence by moving from a member state to a non-member state, or from a non-member state to a member state, the state criteria shall apply for issuance of a single-state license in the new state.
(d) Nothing in this compact shall interfere with a licensee's ability to hold a single-state license in multiple states; however, for the purposes of this compact, a licensee shall have only one home state license.
(e) Nothing in this compact shall affect the requirements established by a member state for the issuance of a single-state license.
(Act 2022-93, §5.)

Section 34-39-35 Active Duty Military Personnel or Their Spouses.
Active duty military personnel, or their spouses, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change his or her home state through application for licensure in the new state, or through the process outlined in Section 34-39-34.
(Act 2022-93, §6.)

Section 34-39-36 Adverse Actions.
(a) A home state shall have exclusive power to impose adverse action against an occupational therapist's or occupational therapy assistant's license issued by the home state.
(b) In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:
(1) Take adverse action against a licensed occupational therapist's or occupational therapy assistant's compact privilege within that member state.
(2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.
(c) For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

(d) The home state shall complete any pending investigations of an occupational therapist or occupational therapy assistant who changes primary state of residence during the course of the investigations. The home state, where the investigations were initiated, shall also have the authority to take appropriate action or actions and shall promptly report the conclusions of the investigations to the Occupational Therapy Compact Commission data system. The Occupational Therapy Compact Commission data system administrator shall promptly notify the new home state of any adverse actions.
(e) A member state, if otherwise permitted by state law, may recover from the affected occupational therapist or occupational therapy assistant the costs of investigations and disposition of cases resulting from any adverse action taken against that occupational therapist or occupational therapy assistant.
(f) A member state may take adverse action based on the factual findings of the remote state, provided that the member state follows its own procedures for taking the adverse action.
(g) Joint Investigations:
(1) In addition to the authority granted to a member state by its respective state occupational therapy laws and rules or other applicable state law, any member state may participate with other member states in joint investigations of licensees.
(2) Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.
(h) If an adverse action is taken by the home state against an occupational therapist's or occupational therapy assistant's license, the occupational therapist's or occupational therapy assistant's compact privilege in all other member states shall be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against an occupational therapist's or occupational therapy assistant's license shall include a statement that the occupational therapist's or occupational therapy assistant's compact privilege is deactivated in all member states during the pendency of the order.
(i) If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state of any adverse actions by remote states.
(j) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.
(Act 2022-93, §7.)

Section 34-39-37 Establishment of the Occupational Therapy Compact Commission.
(a) The compact member states hereby create and establish a joint public agency known as the Occupational Therapy Compact Commission.
(1) The commission is an instrumentality of the compact states.
(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.
(b) Membership, voting, and meetings.
(1) Each member state shall have and be limited to one delegate selected by that member state's licensing board.

(2) The delegate shall be either:
a. A current member of the licensing board, who is an occupational therapist, occupational therapy assistant, or public member; or
b. An administrator of the licensing board.
(3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.
(4) The member state licensing board shall fill any vacancy occurring on the commission within 90 days.
(5) Each delegate shall be entitled to one vote with regard to the adoption of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
(6) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
(7) The commission shall establish by rule a term of office for delegates.
(c) The commission shall have the following powers and duties:
(1) Establish a code of ethics for the commission;
(2) Establish the fiscal year of the commission;
(3) Establish bylaws;
(4) Maintain its financial records in accordance with the bylaws;
(5) Meet and take such actions as are consistent with the provisions of this compact and the bylaws;
(6) Adopt uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;
(7) Bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state occupational therapy licensing board to sue or be sued under applicable law shall not be affected;
(8) Purchase and maintain insurance and bonds;
(9) Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
(10) Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
(11) Accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same; provided, that at all times the commission shall avoid any appearance of impropriety and/or conflict of interest;
(12) Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve, or use, any property, real, personal, or mixed; provided, that at all times the commission shall avoid any appearance of impropriety;
(13) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;
(14) Establish a budget and make expenditures;
(15) Borrow money;

(16) Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
(17) Provide and receive information from, and cooperate with, law enforcement agencies;
(18) Establish and elect an executive committee; and
(19) Perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of occupational therapy licensure and practice.
(d) The executive committee.
(1) The executive committee shall have the power to act on behalf of the commission according to the terms of this compact.
(2) The executive committee shall be composed of up to nine members:
a. Seven voting members who are elected by the commission from the current membership of the commission;
b. One ex-officio, nonvoting member from a recognized national occupational therapy professional association; and
c. One ex-officio, nonvoting member from a recognized national occupational therapy certification organization.
d. The ex-officio members will be selected by their respective organizations.
(3) The commission may remove any member of the executive committee as provided in bylaws.
(4) The executive committee shall meet at least annually.
(5) The executive committee shall have the following duties and responsibilities:
a. Recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues, and any commission compact fees charged to licensees for the privilege to practice within the compact;
b. Ensure compact administration services are appropriately provided, contractual or otherwise;
c. Prepare and recommend the budget;
d. Maintain financial records on behalf of the commission;
e. Monitor compact compliance of member states and provide compliance reports to the commission;
f. Establish additional committees as necessary; and
g. Perform other duties as provided in rules or bylaws.
(e) Meetings of the commission.
(1) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section 34-39-39.
(2) The commission or the executive committee or other committees of the commission may convene in a closed, non-public meeting if the commission or executive committee or other committees of the commission must discuss:
a. Non-compliance of a member state with its obligations under the compact;
b. The employment, compensation, discipline or other matters, practices, or procedures related to specific employees, or other matters related to the commission’s internal personnel practices and procedures;
c. Current, threatened, or reasonably anticipated litigation;
d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
e. Accusing any person of a crime or formally censuring any person;
f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
h. Disclosure of investigative records compiled for law enforcement purposes;
i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
j. Matters specifically exempted from disclosure by federal or member state statute.
(3) If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.
(4) The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in the minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.
(f) Financing of the commission.
(1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
(2) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
(3) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall adopt a rule binding upon all member states.
(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.
(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.
(g) Qualified immunity, defense, and indemnification.
(1) The members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities; provided, that nothing in this subdivision shall be construed to protect any person from suit, liability, or both, for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.
(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.
(Act 2022-93, §8.)

Section 34-39-38 Data System.
(a) The commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.
(b) A member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable (utilizing a unique identifier) as required by the rules of the commission, including:
(1) Identifying information;
(2) Licensure data;
(3) Adverse actions against a license or privilege within the compact to practice;
(4) Non-confidential information related to alternative program participation;
(5) Any denial of application for licensure, and the reason or reasons for the denial;
(6) Other information that may facilitate the administration of this compact, as determined by the rules of the commission; and
(7) Current significant investigative information.
(c) Current significant investigative information and other investigative information pertaining to a licensee in any member state will only be available to other member states.
(d) The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.
(e) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.
(f) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.
(Act 2022-93, §9.)

Section 34-39-39 Rulemaking.

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) The commission shall adopt reasonable rules in order to effectively and efficiently achieve the purposes of the compact. Notwithstanding the foregoing, in the event the commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the compact, or the powers granted hereunder, then such an action by the commission shall be invalid and have no force and effect.

(c) If a majority of the Legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then the rule shall have no further force and effect in any member state.

(d) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(e) Prior to promulgation and adoption of a final rule or rules by the commission, and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking as follows:

(1) On the website of the commission or other publicly accessible platform.

(2) On the website of each member state occupational therapy counseling licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(f) The notice of proposed rulemaking shall include:

(1) The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(2) The text of the proposed rule or amendment and the reason for the proposed rule;

(3) A request for comments on the proposed rule from any interested person; and

(4) The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and submit any written comments.

(g) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(h) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) At least 25 persons;

(2) A state or federal governmental subdivision or agency; or

(3) An association having at least 25 members.

(i) If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings will be recorded. A copy of the recording will be made available on request.
(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.
(j) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.
(k) If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with adoption of the proposed rule without a public hearing.
(l) The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
(m) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
(1) Meet an imminent threat to public health, safety, or welfare;
(2) Prevent a loss of commission or member state funds;
(3) Meet a deadline for the adoption of an administrative rule that is established by federal law or rule; or
(4) Protect public health and safety.
(n) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revision shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.
(Act 2022-93, §10.)

Section 34-39-40 Oversight, Dispute Resolution, and Enforcement.
(a) Oversight.
(1) The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules adopted hereunder shall have standing as statutory law.
(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission.
(3) The commission shall be entitled to receive service of process in any proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or adopted rules.
(b) Default, technical assistance, and termination.

(1) If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the adopted rules, the commission shall:
a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission; and
b. Provide remedial training and specific technical assistance regarding the default.
(2) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the Governor, the majority and minority leaders of the defaulting state's Legislature, and each of the member states.
(4) A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
(5) The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.
(6) The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.
(c) Dispute Resolution.
(1) Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and non-member states.
(2) The commission shall adopt a rule providing for both mediation and binding dispute resolution for disputes as appropriate.
(d) Enforcement.
(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.
(2) By majority vote, the commission may initiate legal action in the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its adopted rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney fees.
(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.
(Act 2022-93, §11.)

Section 34-39-41 Date of Implementation of the Interstate Commission for Occupational Therapy Practice and Associated Rules, Withdrawal, and Amendment.

(a) The compact shall come into effect on the date on which the compact statute is enacted into law in the 10th member state. The provisions which become effective at that time shall be limited to the powers granted to the commission relating to assembly and the adoption of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(b) Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

(c) Any member state may withdraw from this compact by enacting a statute repealing the same.

(1) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's occupational therapy licensing board to comply with the investigative and adverse action reporting requirements of this compact prior to the effective date of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any occupational therapy licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this compact.

(e) This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

(Act 2022-93, §12.)

Section 34-39-42 Construction and Severability.

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable, and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any member state, the compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

(Act 2022-93, §13.)

Section 34-39-43 Binding Effect of Compact and Other Laws.

(a) A licensee providing occupational therapy services in a remote state under the compact privilege shall function within the laws and rules of the remote state.

(b) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the compact.

(c) Any laws in a member state in conflict with the compact are superseded to the extent of the conflict.

(d) Any lawful actions of the commission, including all rules and bylaws properly adopted by the commission, are binding upon the member states.

(e) All agreements between the commission and the member states are binding in accordance with their terms.

(f) In the event any provision of the compact exceeds the constitutional limits imposed on the Legislature of any member state, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

(Act 2022-93, §14.)

Section 34-39-44 Judicial Proceedings by Individuals.

Except as to judicial proceedings for the enforcement of this compact among member states, individuals may pursue judicial proceedings related to this compact in any Alabama state or federal court that would otherwise have competent jurisdiction.

(Act 2022-93, §15.)

Appendix II: Professional Services by Vendor

	FY 2022	FY 2023	FY 2024	FY 2025
Administrative Services				
Personnel Department Services				
State Personnel Department	$ 817.00	$ 836.00	$ 885.00	$ 900.00
Mailing				
Department of Finance	114.85	94.65	155.36	
Medical Consulting				
Michael Clay Garver	8,750.00	13,750.00	7,500.00	13,750.00
Total Administrative Services	**9,681.85**	**14,680.65**	**8,540.36**	**14,650.00**
Data Processing				
Data Processing				
Office of Information Technology	2,761.17	2,892.23	3,241.74	3,816.66
State Business Systems (SBS)				
Department of Finance	2,473.42	2,705.97	3,268.08	2,486.15
Finance and IT Planning Oversight				
Office of Information Technology	137.28	137.28	125.84	171.68
Comptroller Services				
Department of Finance	1,434.20	1,572.00	1,617.00	1,796.00
Total Data Processing	**6,806.07**	**7,307.48**	**8,252.66**	**8,270.49**
Legal Services				
Legal - Professional Services				
Attorney General's Office				3,030.00
Court Reporter Services				
Boggs Reporting & Video LLC				829.00
Total Legal Services				**3,859.00**
Total Professional Services	**$ 16,487.92**	**$ 21,988.13**	**$ 16,793.02**	**$ 26,779.49**

Appendix III: Board Members

Alabama State Board of Occupational Therapy
P.O. Box 304510 334-353-4466 Montgomery, AL 36130-4510

February 18, 2026

Karen McClure
Examiners of Public Accounts
P.O. Box 302251
Montgomery, AL 36130-2251

Dear Ms. McClure:

The appointed board members currently serve on the Alabama State Board of Occupational Therapy as follows:

OCCUPATIONAL THERAPIST (MINORITY)	
Antonius Dewayne Hamilton, OT	Appointed: January 11, 2024
Hoover, AL	Expiration: December 31, 2026
OCCUPATIONAL THERAPIST	
Haley McKinley Veloz, OT	Appointed: April 4, 2025
Hoover, AL	Expiration: December 31, 2028
OCCUPATIONAL THERAPIST	
Rodney James Higginbotham, OT	Appointed: January 14, 2025
Gulf Shores, AL	Expiration: December 31, 2027
OCCUPATIONAL THERAPY ASSISTANT	
Felicia Gamble Sanders, OTA	Appointed: January 14, 2025
Birmingham, AL	Expiration: December 31, 2027
PUBLIC (CONSUMER) MEMBER	
Marcia Oberman, RN BSN	Appointed: January 11, 2024
Huntsville, AL	Expiration: December 31, 2026

The information listed above is true and correct as of today's date, January 30, 2026.

Sincerely,

Amanda Smith

Amanda Smith
Executive Director

Appendix IV: Board's Response

Alabama State Board of Occupational Therapy
P O Box 304510 334-353-4466 Montgomery, AL 36130-4510

ASBOT Audit Response

Significant Issue 2026-01

The Board will clarify Administrative rule 625-X-5-.01 and adopt language that reflects initial licensees will renew annually and all subsequent renewals will be biennial.

Questionnaire Concerns
Matter of Concern 2026-001: The Board has a subcommittee that is assigned with developing the Board's process for licensees to join the OTCC. The process is ongoing.

Matter of Concern 2026-002: ASBOT is not allowed to lobby however, we do pass any information that is of consequence to the discipline of occupational therapy to the Alabama Occupational Therapy Association (ALOTA) for consideration. ASBOT does ensure that practitioners retain the freedoms to practice within the guidelines of the Alabama Occupational Therapy Practice Act.

ASBOT complies with the Alabama Open Meetings Act 2005-40 which requires that all meetings held by a government body be open to the public with certain exceptions: to provide for civil penalties: and to repeal Section 13A-14-2, Code of Alabama 1975, prohibiting certain agencies and other governmental bodies from meeting in executive session of secret sessions.

All Board meetings are posted and the minutes are made available to the general public: including occupational therapy practitioners.

Matter of Concern 2026-003: Specifics to the respondents complaints are not known however, the Board tasked all complaints, correspondence, and concerns received seriously and is thorough in its attempts at resolution to include: contacting complainants in all listed avenues of communication within a reasonable amount of time to allow for articulation of all parties involved; the Board reviewing obtained information regarding the complaint for further action; should the complaint warrant it, the Board will schedule a hearing to allow for complainants to further present information pertaining to their complaint.