

# FINAL OT Draft Language

## Color Key:

Black= Current statute- no changes proposed

Highlighted yellow= proposed changes

38-2501. **Act, how cited.** Sections 38-2501 to 38-2531 shall be known and may be cited as the Occupational Therapy Practice Act. Source: Laws 1984, LB 761, § 29; Laws 2003, LB 242, § 138; Laws 2004, LB 1005, § 120; R.S.Supp.,2006, § 71- 6101; Laws 2007, LB463, § 841.  
No proposed changes

38-2502. **Purpose of act.** In order to (1) safeguard the public health, safety, and welfare, (2) protect the public from being misled by incompetent, unscrupulous, and unauthorized persons, (3) assure the highest degree of professional conduct on the part of occupational therapists and occupational therapy assistants, and (4) assure the availability of occupational therapy services of high quality to persons in need of such services, it is the purpose of the Occupational Therapy Practice Act to provide for the regulation of occupational therapists. Source: Laws 1984, LB 761, § 30; R.S.1943, (2003) § 71-6102; Laws 2007, LB463, § 842.

38-2503. **Definitions, where found.** For purposes of the Occupational Therapy Practice Act and elsewhere in the Uniform Credentialing Act, unless the context otherwise requires, the definitions found in sections 38-2504 to 38-2514 apply. Source: Laws 1984, LB 761, § 31; Laws 1993, LB 121, § 451; Laws 1996, LB 1044, § 757; Laws 2001, LB 346, § 1; Laws 2002, LB 1021, § 95; Laws 2004, LB 1005, § 121; R.S.Supp.,2006, § 71-6103; Laws 2007, LB296, § 651; Laws 2007, LB463, § 843.

38-2504. **Association, defined.** Association means a recognized national or state association for occupational therapy. Source: Laws 2007, LB463, § 844.

38-2505. **Board, defined.** Board means the Board of Occupational Therapy Practice. Source: Laws 2007, LB463, § 845.

### 38-2510. **Occupational therapy, defined.**

"The Practice of Occupational Therapy" means the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and diagnose occupational challenges (e.g., issues with client factors, performance patterns, and performance skills) and provide occupation-based interventions to address them. A license does not authorize a license holder to independently diagnose a medical condition or disease. Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical, and mental health disorders.

The practice of occupational therapy includes the following components:

1. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social

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- participation, including
  - a. Context (environmental and personal factors) and occupational and activity demands that affect performance
  - b. Performance patterns including habits, routines, roles, and rituals
  - c. Performance skills, including motor skills (e.g., moving oneself or moving and interacting with objects), process skills (e.g., actions related to selecting, interacting with, and using tangible task objects), and social interaction skills (e.g., using verbal and nonverbal skills to communicate)
  - d. Client factors, including body functions (e.g., neuromuscular, sensory, visual, mental, psychosocial, cognitive, pain factors), body structures (e.g., cardiovascular, digestive, nervous, integumentary, and genitourinary systems; structures related to movement), values, and spirituality.
- 2. Methods or approaches to identify and select interventions, such as
  - a. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline
  - b. Compensation, modification, or adaptation of occupations, activities, and contexts to improve or enhance performance
  - c. Maintenance of capabilities to prevent decline in performance in everyday life occupations
  - d. Health promotion and wellness to enable or enhance performance in everyday life activities and quality of life
  - e. Prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention
- 3. Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation, for example:
  - a. Therapeutic use of occupations and activities
  - b. Training in self-care, self-management, health management (e.g., medication management, health routines), home management, community/work integration, school activities, and work performance
  - c. Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills
  - d. Education and training of persons, including family members, caregivers, groups, populations, and others
  - e. Care coordination, case management, and transition services
  - f. Consultative services to persons, groups, populations, programs, organizations, and communities
  - g. Virtual interventions (e.g., simulated, real-time, and near-time technologies, including telehealth and mobile technology)
  - h. Modification of contexts (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles
  - i. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices
  - j. Assessment, recommendation, and training in techniques to enhance functional mobility, including fitting and management of wheelchairs and other mobility devices
  - k. Exercises, including tasks and methods to increase motion, strength, and endurance

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- for occupational participation
- l. Remediation of and compensation for visual deficits, including low vision rehabilitation
- m. Driver rehabilitation and community mobility
- n. Management of feeding, eating, and swallowing to enable eating and feeding performance
- o. Application of physical agent, instrument-assisted, and mechanical modalities (and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, motor, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
- p. Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes
- q. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their everyday life occupations
- r. Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).

38-2528. **Referrals.** (1) An occupational therapist may accept a referral from a licensed health care professional for the purpose of evaluation and rehabilitative treatment which may include, but not be limited to, consultation, rehabilitation, screening, prevention, and patient education services. (2) Referrals may be for an individual case or may be for an established treatment program that includes occupational therapy services. If programmatic, the individual shall meet the criteria for admission to the program and protocol for the treatment program shall be established by the treatment team members. (3) Referrals shall be in writing, except that oral referrals may be accepted if they are followed by a written and signed request of the person making the referral within thirty days after the day on which the patient consults with the occupational therapist. Source: Laws 2004, LB 1005, § 126; R.S.Supp.,2006, § 71-6120; Laws 2007, LB463, § 868.

38-2529. **Direct access to services.** The public may have direct access to occupational therapy services. Source: Laws 2004, LB 1005, § 127; R.S.Supp.,2006, § 71-6121; Laws 2007, LB463, § 869.

### 38-2526. Occupational therapist and occupational therapy assistant; services authorized.

An occupational therapy professional may perform any services as identified in section 38-2510 for which they are competent to perform based on their entry level training or continued professional development. Occupational therapy professionals may pursue specialization, training, or professional development in specific modalities, procedures, and techniques. It is the responsibility of the practitioner to be proficient and document proficiency in the specific modality he/she is practicing. See 38-2530 regarding physical agent and instrument-assisted modalities utilization.

### 38-2512. Occupational therapy assistant, defined.

“Occupational Therapy Assistant” means a person licensed to assist in the practice of Occupational Therapy under this Act and who shall work under the appropriate supervision of and in partnership with an Occupational Therapist.

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38-2527. **Occupational therapy assistant; supervision required.** An occupational therapy assistant may deliver occupational therapy services enumerated in section 38-2526 in collaboration with and under the supervision of an occupational therapist. Source: Laws 2004, LB 1005, § 125; R.S.Supp.,2006, § 71-6119; Laws 2007, LB463, § 867.

### **NEW: Proposal to add detailed definition of supervision.**

“Supervision” means a collaborative process for responsible, periodic review and inspection of all aspects of occupational therapy services. The occupational therapist is accountable for occupational therapy services provided by the occupational therapy assistant and the aide. In addition, the occupational therapy assistant is accountable for occupational therapy services they provide. Within the scope of occupational therapy practice, supervision is aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.

### **38-2511. Occupational therapy aide, defined**

“Aide” means a person who is not licensed by the Board and who provides supportive services to Occupational Therapists and Occupational Therapy Assistants. An Aide shall function only under the guidance, responsibility, and supervision of the licensed Occupational Therapist or an Occupational Therapy Assistant who is appropriately supervised by an Occupational Therapist. An aide does not provide occupational therapy services. An aide must first demonstrate competence before performing assigned, delegated client related and non-client related tasks.

Positions that provide supportive services for therapy may also be titled rehabilitation aide, rehabilitation technician or other designation as a non-licensed, supportive professional.

38-2525. **Occupational therapy aide; supervision requirements.** An occupational therapy aide shall function under the guidance and responsibility of an occupational therapist and may be supervised by an occupational therapist or an occupational therapy assistant for specifically selected routine tasks for which the aide has been trained and has demonstrated competence. The aide shall comply with supervision requirements developed by the board. The board shall develop supervision requirements for aides which are consistent with prevailing professional standards. Source: Laws 2004, LB 1005, § 123; R.S.Supp.,2006, § 71-6117; Laws 2007, LB463, § 865.

38-2513. **Physical agent and instrument assisted modalities, defined.** Physical agent and instrument-assisted modalities means modalities that produce a biophysiological response through the use of water, temperature, sound, electricity, or mechanical devices. Source: Laws 2007, LB463, § 853.

### **38-2507. Electrotherapeutic agent modalities, defined.**

Modalities that use electrotherapeutic currents and waveforms to facilitate physiologic changes in tissues to increase circulation, facilitate tissue healing, and modulate pain. Examples include, but are not limited to, high-voltage galvanic stimulation for tissue and wound repair (ESTR) and high voltage pulsed current (HVPC). They also facilitate neuromuscular or sensory activity to improve muscle strength, reeducate muscle function, or modulate pain response. Examples include, but are not limited to, neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), and interferential current (Bracciano, 2019, as

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cited in AOTA, 2018c).

**38-2508. Mechanical devices, defined.** The therapeutic use of mechanical devices to apply force, such as compression, distraction, vibration, or controlled mobilization, to modify biomechanical properties and functions of tissues. Mechanical devices does not include devices to perform spinal traction. The scope of practice of occupational therapists does not include the use of joint manipulation, grade V mobilization/manipulation, thrust joint manipulation, high-velocity/low-amplitude thrust, nor any other procedure intended to result in joint cavitation. Joint manipulation commences where grades one through four mobilization ends. Source: Laws 2007, LB463, § 848.

**38-2514. Superficial thermal agent modalities, defined.**

Modalities such as hydrotherapy, whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies. (ACOTE, 2023).

**38-2506 Deep thermal agents, defined.** Modalities such as therapeutic ultrasound, phonophoresis, and other commercially available technologies.

**NEW: Instrument-assisted modalities, defined:** Instrument-assisted modalities refers to the therapeutic use of an instrument or tool that is manually applied by a trained practitioner to target specific tissues like skin, fascia, and other connective tissues or muscle. These modalities include but are not limited to dry needling and cupping.

**NEW: Electromagnetic modalities, defined:** Electromagnetic modalities use electromagnetic waves such as radio waves, microwaves, and light waves to transport electrical and magnetic energy through space to effect changes in body structures (Post & Nolan, 2016). b. Low-level laser (light) therapy (LLLT): Low-intensity, nonthermal (cold) lasers use light energy to cause a photochemical reaction in body tissue that can influence tissue repair, inflammation, and pain (Baktir et al., 2018).

**38-2530. Physical agent and instrument-assisted modalities; certification required**

If the licensee's occupational therapy educational program included education on superficial thermal, deep thermal, electrotherapeutic, and mechanical devices or the therapist is certified by the Hand Therapy Certification commission or other equivalent entity recognized by the board, nothing further is needed to utilize these techniques in Nebraska practice. If these techniques were not part of the licensee's educational program, the licensee must request approval to utilize them in Nebraska practice. (refer to Regulations here where the detail would be included. An occupational therapist may perform dry needling only in accordance with the level of education and training successfully completed. Education and training must have been approved by the (State Board of Occupational Therapy) and includes clinical instruction and application on the performance of dry needling. Diathermy: Diathermy uses short-wave frequencies to affect healing tissue or higher frequencies that cause tissue heating. An occupational therapist may not use diathermy.

**NEW: Oxygen management:** Occupational therapy professionals are allowed to complete insertion and removal of cannulas for oxygen and adjustment of the rate of flow per physician order."

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## **NEW: Occupational therapy assistant; physical agent and instrument-assisted modalities.**

In order to apply physical agent modalities, an occupational therapy assistant may administer a physical agent modality if the occupational therapy assistant (a) Has successfully completed a training course approved by the board and passed an examination approved by the board on the physical agent modality; (b) is appropriately supervised by an occupational therapist who is approved to utilize physical agent modalities in NE. and (c) shall not complete evaluation, re-evaluation, treatment planning, or treatment goals related to physical agent modality use. An occupational therapy assistant may not utilize the instrument-assisted modality of dry needling or diathermy.

38-2515. **Board; members; qualifications.** The board shall consist of at least four members appointed pursuant to section 38-158. Three of the persons appointed shall have been engaged in rendering services to the public, teaching, or research in occupational therapy for at least five years immediately preceding their appointments. Two of the persons appointed shall be occupational therapists and one shall be either an occupational therapist or an occupational therapy assistant and all shall be holders of active licenses issued under the Occupational Therapy Practice Act during their terms. One of the persons appointed shall be a public member who meets the requirements of section 38-165. Source: Laws 1984, LB 761, § 43; Laws 1987, LB 473, § 62; Laws 1988, LB 1100, § 178; Laws 2001, LB 346, § 3; Laws 2002, LB 1021, § 97; Laws 2004, LB 1005, § 131; R.S.Supp.,2006, § 71-6115; Laws 2007, LB463, § 855.

38-2516. **Occupational therapist; OCCUPATIONAL therapy assistant; licensure required; activities and services not prohibited.** (1) No person may represent ~~himself or herself themselves~~ to be a licensed occupational therapist or occupational therapy assistant unless the person is licensed in accordance with the Occupational Therapy Practice Act or has a compact privilege to practice in accordance with the Occupational Therapy Practice Interstate Compact. (2) Nothing in the Occupational Therapy Practice Act shall be construed to prevent: (a) Any person licensed in this state pursuant to the Uniform Credentialing Act from engaging in the profession or occupation for which he or she is licensed; (b) The activities and services of any person employed as an occupational therapist or occupational therapy assistant who serves in the armed forces of the United States or the United States Public Health Service or who is employed by the United States Department of Veterans Affairs or other federal agencies, if their practice is limited to that service or employment; (c) The activities and services of any person pursuing an accredited course of study leading to a degree or certificate in occupational therapy if such activities and services constitute a part of a supervised course of study and if such a person is designated by a title which clearly indicates his or her status as a student or trainee; (d) The activities and services of any person fulfilling the supervised fieldwork experience requirements of sections 38-2518 and 38-2519 if such activities and services constitute a part of the experience necessary to meet the requirements of such sections; or (e) Qualified members of other professions or occupations, including, but not limited to, recreation specialists or therapists, special education teachers, independent living specialists, work adjustment trainers, caseworkers, and persons pursuing courses of study leading to a degree or certification in such fields, from doing work similar to occupational therapy which is consistent with their training if they do not represent themselves by any title or description to be occupational therapists or occupational therapy assistants. Source: Laws 1984, LB 761, § 32; Laws 1991, LB 2, § 14; Laws 2004, LB 1005, § 122; R.S.Supp.,2006, § 71- 6104; Laws 2007, LB463, § 856; Laws 2022, LB752, § 22. Effective Date: July 21, 2022 Cross



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References 3 • Occupational Therapy Practice Interstate Compact, see section 38-4301.

**38-2517. Occupational therapist; therapy assistant; temporary license; applicability of section.** (1) Any person who has applied to take the examination under section 38-2518 or 38-2519 and who has completed the education and experience requirements of the Occupational Therapy Practice Act may be granted a temporary license to practice as an occupational therapist or an occupational therapy assistant.

(c) A temporary permit expires the earlier of:

- (1) the date the person holding the permit is issued a permanent license under this article;
- (2) the date the Board disapproves the person's license application; or
- (3) one hundred eighty (180) days after the date the permit is issued.
- (4) the date the applicant is notified of a failure of the licensure examination.

**38-2518. Occupational therapist; license; application; requirements.** (1) An applicant applying for a license as an occupational therapist shall show to the satisfaction of the department that ~~he or she:~~ **they:** (a) ~~Has~~ **have** successfully completed the academic requirements of an educational program in occupational therapy recognized by the department and accredited by a nationally recognized medical association or nationally recognized occupational therapy association; (b) ~~Has~~ **have** successfully completed a period of supervised fieldwork experience at an educational institution approved by the department and where the applicant's academic work was completed or which is part of a training program approved by such educational institution. A minimum of six months of supervised fieldwork experience shall be required for an occupational therapist; and (c) ~~Has~~ **have** passed an examination as provided in section 38-2520. (2) In the case of an applicant who has been trained as an occupational therapist in a foreign country, the applicant shall: (a) Present documentation of completion of an educational program in occupational therapy that is substantially equivalent to an approved program accredited by the Accreditation Council for Occupational Therapy Education or by an equivalent accrediting agency as determined by the board; (b) Present proof of proficiency in the English language; and (c) Have passed an examination as provided in section 38-2520. (3) Residency in this state shall not be a requirement of licensure. A corporation, partnership, limited liability company, or association shall not be licensed as an occupational therapist pursuant to the Occupational Therapy Practice Act. Source: Laws 1984, LB 761, § 34; Laws 1989, LB 344, § 33; Laws 1993, LB 121, § 452; Laws 1997, LB 752, § 194; Laws 2003, LB 242, § 139; R.S.1943, (2003), § 71-6106; Laws 2007, LB463, § 858; Laws 2018, LB1034, § 40. Cross References • Credentialing, general requirements and issuance procedures, see section 38-121 et seq.

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**38-2519. Occupational therapy assistant; license; application; requirements; term.** (1) An applicant applying for a license as an occupational therapy assistant shall show to the satisfaction of the department that he or she: (a) Has successfully completed the academic requirements of an educational program in occupational therapy recognized by the department and accredited by a nationally recognized medical association or nationally recognized occupational therapy association; (b) Has successfully completed a period of supervised fieldwork experience at an educational institution approved by the department and where the applicant's academic work was completed or which is part of a training program approved by such educational institution. A minimum of two months of supervised fieldwork experience shall be required for an occupational therapy assistant; and (c) Has passed an examination as provided in section 38-2520. (2) In the case of an applicant who has been trained as an occupational therapy assistant in a foreign country, the applicant shall: (a) Present documentation of completion of an educational program for occupational therapy assistants that is substantially equivalent to an approved program accredited by the Accreditation Council for Occupational Therapy Education or by an equivalent accrediting agency as determined by the board; (b) Present proof of proficiency in the English language; and (c) Have passed an examination as provided in section 38-2520. (3) Residency in this state shall not be a requirement of licensure as an occupational therapy assistant. A corporation, partnership, limited liability company, or association shall not be licensed as an occupational therapy assistant pursuant to the Occupational Therapy Practice Act. Source: Laws 1984, LB 761, § 35; Laws 1989, LB 344, § 34; Laws 1993, LB 121, § 453; Laws 2003, LB 242, § 140; R.S.1943, (2003), § 71-6107; Laws 2007, LB463, § 859; Laws 2018, LB1034, § 41 Cross References • Credentialing, general requirements and issuance procedures, see section 38-121 et seq.

**38-2520. Examination; requirements.** (1) Each applicant for licensure pursuant to the Occupational Therapy Practice Act shall be examined by a ~~written~~ examination which tests his or her knowledge of the basic and clinical sciences relating to occupational therapy and occupational therapy theory and practice including, but not limited to, professional skills and judgment in the utilization of occupational therapy techniques and methods and such other subjects as identified by the entity administering the national licensure examination. (2) Applicants shall follow the rules as outlined by the entity administering the national licensure examination and meet the minimum requirements for the examination. Results of the examination should be sent to the Board for verification of entry-level competency. ~~as the board may deem useful to determine the applicant's fitness to practice. The board shall approve the examination and establish standards for acceptable performance. The board may choose a nationally standardized occupational therapist and occupational therapy assistant entry-level examination.~~ (2) Applicants for licensure shall be examined at a time and place and under such supervision as the board may determine. Source: Laws 1984, LB 761, § 36; Laws 1985, LB 250, § 18; Laws 1987, LB 473, § 61; R.S.1943, (2003), § 71- 6108; Laws 2007, LB463, § 860.

**38-2521. Continuing competency requirements; waiver.** The department, with the recommendation of the board, may waive continuing competency requirements, in part or in total, for any two-year licensing period when a licensee submits documentation that circumstances beyond his or her control prevented completion of such requirements as provided in section 38-146. In addition to circumstances determined by the department to be beyond the licensee's control pursuant to such section, such circumstances shall include situations in which: (1) The licensee holds a Nebraska license but does not reside or practice in Nebraska; (2) The licensee has submitted proof that he or she was suffering from a serious or disabling illness or physical disability which prevented completion of the required continuing competency activities during the twenty-four months preceding the license renewal date; and (3) The licensee has successfully completed two



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or more semester hours of formal credit instruction biennially offered by a school or college approved by the board which contributes to meeting the requirements of an advanced degree in a postgraduate program relating to occupational therapy. Source: Laws 1984, LB 761, § 41; Laws 1994, LB 1223, § 77; Laws 2001, LB 346, § 2; Laws 2002, LB 1021, § 96; Laws 2003, LB 242, § 142; Laws 2004, LB 1005, § 129; R.S.Supp.,2006, § 71-6113; Laws 2007, LB463, § 861; Laws 2018, LB1034, § 42.

**38-2522. Applicant for licensure; continuing competency requirements.** An applicant for licensure to practice as an occupational therapist who has met the education and examination requirements in section 38-2518 or to practice as an occupational therapy assistant who has met the education and examination requirements in section 38-2519, who passed the examination more than three years prior to the time of application for licensure, and who is not practicing at the time of application for licensure shall present proof satisfactory to the department that he or she has within the three years immediately preceding the application for licensure completed continuing competency requirements approved by the board pursuant to section 38-145. Source: Laws 2007, LB463, § 862.

**38-2523. Applicant for licensure; reciprocity; continuing competency requirements; military spouse; temporary license.** (1) An applicant for licensure to practice as an occupational therapist or to practice as an occupational therapy assistant who has met the standards set by the board pursuant to section 38-126 for a license based on licensure in another jurisdiction but is not practicing at the time of application for licensure shall present proof satisfactory to the department that he or she has within the three years immediately preceding the application for licensure completed continuing competency requirements approved by the board pursuant to section 38-145. (2) An applicant who is a military spouse may apply for a temporary license as provided in section 38-129.01. Source: Laws 2007, LB463, § 863; Laws 2017, LB88, § 83.

**38-2524. Fees.** The department shall establish and collect fees for credentialing activities under the Occupational Therapy Practice Act as provided in sections 38-151 to 38-157. Source: Laws 1984, LB 761, § 42; Laws 1986, LB 926, § 63; Laws 1988, LB 1100, § 177; Laws 1992, LB 1019, § 92; Laws 1994, LB 1223, § 78; Laws 2003, LB 242, § 143; R.S.1943, (2003), § 71-6114; Laws 2007, LB463, § 864.

**38-2531. Rules and regulations.** (1) The board shall adopt and promulgate rules and regulations regarding role delineation for occupational therapy assistants and continuing competency requirements. Continuing education—**professional development** is sufficient to meet continuing competency requirements. Such requirements may also include, but not be limited to, one or more of the continuing competency activities listed in section 38-145 which a licensed person may select as an alternative to continuing education. (2) The board may adopt and promulgate rules and regulations governing the training courses for an occupational therapist to be certified to administer a physical agent modality for licensees who were not trained as part of their entry-level educational program. The board may adopt and promulgate rules and regulations governing the training course for an occupational therapy assistant to be certified to set up and implement ~~superficial thermal~~ physical agent modalities. In adopting such rules and regulations, the board shall give consideration to the levels of training and experience which are required, in the opinion of the board, to protect the public health, safety, and welfare and to insure, to the greatest extent possible, the efficient, adequate, and safe practice of occupational therapy. Such rules and regulations shall include the approval of examinations and the passing score for such examinations for certification. Source: Laws 2004, LB 1005, § 130; Laws 2005, LB 244, § 1; R.S.Supp.,2006, § 71-6123; Laws 2007, LB463, § 871.

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