

## Minutes

The Occupational Therapy Advisory Committee of the Board of Medical Licensure and Supervision met on July 30, 2024, in accordance with the Oklahoma Open Meeting Act. Advance notice of this regularly scheduled meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023. The notice and agenda were posted on the Board's website on July 16, 2024, at 10:01 a.m. pursuant to 25 O.S. § 311(A)(9).

### Members Present:

Jennifer Wallace, OTA, Chair  
Mary White, OT, Vice-Chair  
Jeanne Gallien Gorman, OT  
Ms. Lucia Frohling

### Members Absent:

Kari Garza, OT

### Others Present:

Sandra Harrison, JD, Interim Executive Director  
Barbara Smith, Executive Secretary  
Lisa Cullen, Director of Licensing

Having noted a quorum, Barbara Smith, Executive Secretary, called the meeting to order at 9:03 a.m. and called roll for purposes of the record.

Following Committee review, Ms. White moved to accept the meeting minutes of April 16, 2024, as written. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

Next, elections for the roles of Committee Chair and Vice-Chair were held pursuant to Okla. Admin. Code 435:30-1-9. Ms. Gorman nominated Mary White to serve as Committee Chair and Ms. White accepted the nomination. Ms. Wallace seconded the motion and the vote was unanimous in the affirmative. Ms. White nominated Jeanne Gallien Gorman to serve as Vice-Chair and Ms. Gorman accepted the nomination. Ms. Wallace seconded the motion and the vote was unanimous in the affirmative.

**BRANDY BROWN** appeared virtually in support of her application for Occupational Therapy licensure. Her last practice was in 2020 but she has been employed in academia as a program director since that time and is actively licensed in West Virginia. Her NBCOT certification expires on March 31, 2026, and her application is complete. Following review and discussion, Ms. White moved to recommend approval of the application for licensure by endorsement. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

**ANNA FOGLE, OT**, appeared virtually in support of her request to supervise more than four OTAs. Following review and discussion, Ms. White moved to approve the request to supervise more than four OTAs through October 31, 2024, to include maintaining the required records as set forth in the letter dated June 27, 2024. Ms. Frohling seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure as shown below:

1. Ms. White moved to recommend approval of the incomplete application(s) for Occupational Therapy Assistant licensure pending completion of the file(s) as listed on *Attachment #1* hereto. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.
2. Ms. White moved to recommend approval of the incomplete application(s) for reinstatement of Occupational Therapy Assistant licensure pending completion of the file(s) as listed on *Attachment #1* hereto. Ms. Frohling seconded the motion and the vote was unanimous in the affirmative.
3. Ms. White moved to recommend approval of the complete application(s) for reinstatement of Occupational Therapy Assistant licensure as listed on *Attachment #1* hereto. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.
4. Ms. Frohling moved to recommend approval of the complete application(s) for Occupational Therapy Assistant licensure as listed on *Attachment #1* hereto. Ms. White seconded the motion and the vote was unanimous in the affirmative.
5. Ms. White moved to recommend approval of the incomplete application(s) for Occupational Therapist licensure pending completion of the file(s) as listed on *Attachment #1* hereto. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.
6. Ms. White moved to recommend approval of the incomplete application(s) for reinstatement of Occupational Therapist licensure pending completion of the file(s) as listed on *Attachment #1* hereto. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.
7. Ms. Gorman moved to recommend approval of the complete application(s) for Occupational Therapist licensure as listed on *Attachment #1* hereto. Ms. White seconded the motion and the vote was unanimous in the affirmative.

Next, Lisa Cullen presented continuing education courses. Following review and discussion, Ms. White moved to recommend approval of the CEU courses listed on *Attachment #2* hereto which have been recommended for approval by the reviewers. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

Ms. Gorman moved to recommend denial of the CEU courses listed on *Attachment #3* hereto which have been recommended for denial by the reviewers. Ms. White seconded the motion and the vote was unanimous in the affirmative.

Ms. White moved to table the following CEU courses recommended for committee review, listed on *Attachment #4* hereto, pending receipt of additional information to include course objectives and information directly related to the practice of Occupational Therapy: *Principles, Systems and Body Organization, Ankrum Institute; Treating the Foot, Knee and Leg, Ankrum Institute; and Treating the Sacrum, Ankrum Institute*. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

Under New Business, Ms. Harrison advised the Committee that she made notes based on discussions earlier in the meeting and will be reviewing “CEU Form B” to determine if a rule change is necessary. She will also determine if CE Broker has the same CEU requirements for OT/OTAs as listed in the Code.

Also under New Business, Ms. White announced she would be speaking at the upcoming OKOTA meeting.

There being no further business, Ms. White moved to adjourn the meeting. The time was 10:17 a.m.

**INCOMPLETE OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS**

OA 2652	WILLIS, JAMIE DAWN
OA 2654	PAXTON, KATHERINE BERGHORN
OA 2656	GUTIERREZ, JOSE
OA 2657	FORD, TAWNY LYNN
OA 2658	HODGE, ASHLYN R
OA 2660	SWAIM, KELLI LYNN
OA 2661	ALVIS, MARTHA ANNE
OA 2662	GONZALEZ, HAYLEY
OA 2663	HUFFORD, AUTUMN
OA 2665	SHAW, SEANNAH ROSE
OA 2666	GRAMM, GRAYCIE PAIGE
OA 2667	RAFFERTY, HALEY REBECCA
OA 2668	HEADRICK, SPENCER
OA 2669	OLVERA, REYNA ALEJANDRA
OA 2670	RAGAN, ALEXIS RAE
OA 2671	JACKSON, LEONARD
OA 2672	ORTEGA, NAILEA
OA 2673	SATTERFIELD, KYLA JO
OA 2674	STAFFORD, AMANDA VIOLET
OA 2675	WILSON, AVERY DRU
OA 2676	HERNANDEZ, AUDRIE LYNN
OA 2677	SMITH, MESKE RAE
OA 2678	MCMANN, SYDNI RE'ANN
OA 2679	MCCOY, NICOLE ROSE
OA 2680	WINTERS, JARED COLE
OA 2681	WADLEY, BROOKLYN SHAE
OA 2682	MAHONEY, JAZZY STAR

**INCOMPLETE OCCUPATIONAL THERAPIST ASSISTANT REINSTATEMENT APPLICATION**

OA 1655	HOUSTON, ERIN LOIS
---------	--------------------

**COMPLETE OCCUPATIONAL THERAPIST ASSISTANT REINSTATEMENT APPLICATION**

OA 2167	WHITTENBERG, TIFFANY RAE
---------	--------------------------

**COMPLETE OCCUPATIONAL THERAPIST ASSISTANT APPLICATIONS**

OA 2651	COLON, JASMINE F
OA 2653	VAUGHN, LINSEY G
OA 2659	COHEE, TIONA
OA 2664	HARRIS, STACY RENEE

**INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS**

OT 5948	WEBB, MCKENNA M
OT 5955	WHITFIELD, KEELY RAE
OT 5957	DAROY, ADEA MARI ALCAIDE
OT 5958	SULLIVAN, SHANNA
OT 5964	CHAVEZ, JAZMIN
OT 5966	BURNS, IRIS WOOD

**INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS (CONTINUED)**

OT 5967	BELL-MORROW, TIFFANY
OT 5968	DOTSON, SAVANNAH ROSE
OT 5969	THOMAS, DANIELLE
OT 5970	STIEFEL, NICOLE
OT 5971	NOBLE, MADISON BROOKE
OT 5972	THORNBURG, TIERANEY MARI'L
OT 5973	WYLIE, CRYSTAL FAITH
OT 5974	PRUSMACK, SARAH R
OT 5975	DOSSER, KAYLEY
OT 5976	BOATRRIGHT, HAYLEE MAKENZI
OT 5977	LEE, JULIENNE ELIZABETH
OT 5978	KRISULEVICZ, KAITLYN
OT 5979	BUSSELLE, AUTUMN DAWN
OT 5981	FROST, TABETHA
OT 5982	BEITZEL, MEGAN ELIZABETH
OT 5983	HAMMOND, KALEIGH NICOLE
OT 5984	WILLIAMS, LAURA
OT 5985	NEU, JENNIFER
OT 5986	HORWATH, KATHRYN
OT 5987	HARRIS, BRITTON BREANN
OT 5988	WISHALL, ALYSSA
OT 5989	HANCE-MOBLEY, PATRICIA M
OT 5990	EUGENE, BRITTON
OT 5991	JONES, CASSIDY

**INCOMPLETE OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATION**

OT 1386	SUGGS, FRITZIE Q
---------	------------------

**COMPLETE OCCUPATIONAL THERAPIST APPLICATIONS**

OT 5949	LAWLER, KATIE LEIGH
OT 5950	FLETCHER, HANNA MARIE
OT 5951	BARTLETT, SARAH LORRAINE
OT 5952	SCHENK, CHRISTINA LYNN
OT 5953	DELUCA, BROOKE DANIELLE
OT 5954	MEJIA, JENNIFER L
OT 5956	TRICE, BREONA
OT 5959	REDICK, ROBERT GARY
OT 5960	MARSHALL, BROOKE ALEXIS
OT 5961	MEDLIN, MCKINLEY LYNN
OT 5962	FANG, SAMUEL CHEN
OT 5963	GALVAN, ELISA ORALIA
OT 5965	LANE, DANAE JOY
OT 5980	REYNOLDS, MARIE ELISE

**COURSES RECOMMENDED FOR APPROVAL  
OCCUPATIONAL THERAPY ADVISORY COMMITTEE  
JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	ACTION SEATING & MOBILITY	ACTNow 2024	13	RECOMMEND APPROVAL OF 13 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 13 CEUS AS REQUESTED LGL
	GREAT LAKES SEMINARS	Understanding Pain: Reducing Perceived Threat by Changing Perception	4	BASED ON COURSE OBJECTIVES AND LECTURE TITLES, <b>4 CEUS (OF THE 8.5 REQUESTED)</b> ARE RECOMMENDED FOR APPROVAL AS RELEVANT TO OCCUPATIONAL THERAPY PRACTICE. MC	7/30/2024	BASED ON COURSE OBJECTIVES AND LECTURE TITLES, <b>4 CEUS (OF THE 8.5 REQUESTED)</b> ARE RECOMMENDED FOR APPROVAL AS RELEVANT TO OCCUPATIONAL THERAPY PRACTICE. MC
	LITTLE LIGHT HOUSE	Assistive Technology in the Classroom	2.5	RECOMMEND 2.5CEU APPROVED AS REQUESTED.	7/30/2024	RECOMMEND 2.5CEU APPROVED AS REQUESTED.
	LITTLE LIGHT HOUSE	LAMP: Words for Life on iOS and Assistive Technology in the Classroom	8.5	RECOMMEND 8.5 CEUS BE APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 8.5 CEUS BE APPROVED AS REQUESTED. MC
	LITTLE LIGHT HOUSE	Meeting the Sensory Needs of Young Children	9.5	RECOMMEND 9.5 CEUS AS REQUESTED. MC	7/30/2024	RECOMMEND 9.5 CEUS AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Functional Neurological Disorders	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Health Literacy: The Role of Practitioners in a Client's Right to Understand	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Principles of Orthopedic Management of the Lumbar Spine Objective Examination and Interpretation	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Extensor Tendon Repair Rehabilitation	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Extensor Tendon Repair Rehabilitation	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Community Reintegration and Functional Therapy for the Inpatient Rehabilitation Population What is it and Why is it Important	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Advanced Pulsed Shortwave Diathermy - Online	1.5	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Therapy Tests and Measures - 1 Hour - Online	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Progressive Resistance Exercise for Aging Adults - Online (1.5)	1.5	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Electrode Application and Safety - Online	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	ACCELERATED CARE PLUS CORP (ACP)	OT - Advanced Pulsed Shortwave Diathermy	1.5	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1.5 CEUS APPROVED AS REQUESTED. MC

**COURSES RECOMMENDED FOR APPROVAL  
OCCUPATIONAL THERAPY ADVISORY COMMITTEE  
JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	CEU INSTITUTE	The Interplay of Neuropsychiatric and Psychosocial Factors in Acquired Brain Injury (1hr)	1	RECOMMEND 1 CEU AS REQUESTED. MB	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MB
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Mouth, Feeding and Speech Development	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Mouth, Feeding and Speech Development	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Health Literacy The Role of Practitioners in a Clients Right to Understand	1	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU APPROVED AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Principles of Orthopedic Management of the Lumbar Spine	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Community Reintegration and Functional Therapy for the Inpatient Rehabilitation Population: What it is and Why it's Important	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Community Reintegration and Functional Therapy for the Inpatient Rehabilitation Population: What it is and Why it's Important	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Neuro Examinations for the Outpatient Therapist	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	Neuro Examinations for the Outpatient Therapist	1	RECOMMEND 1 CEU AS REQUESTED. MC	7/30/2024	RECOMMEND 1 CEU AS REQUESTED. MC
	LITTLE LIGHT HOUSE ACADEMY	Teaching Strategies: Let's Play!	3	RECOMMEND 3 CEUS BE APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 3 CEUS BE APPROVED AS REQUESTED. MC
	LITTLE LIGHT HOUSE ACADEMY	Teaching Strategies: Let's Play!	3	RECOMMEND 3 CEUS BE APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 3 CEUS BE APPROVED AS REQUESTED. MC
2463	Tulsa Community College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED.KM
632	AOTA	American Occupational Therapy Association membership	2	RECOMMEND 2CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 2CEU APPROVED AS REQUESTED.KM
2064	Rocky Mountain University of Health Professions	Leadership in OT Capstone Healthcare Advocacy Use and design of evidence-based practice	30	RECOMMEND APPROVAL OF THE MAXIMUM (30) CEUS FOR 9 CREDIT HOURS OF POST-PROFESSIONAL OTD COURSEWORK COMPLETED IN DECEMBER 2022. MC	7/30/2024	RECOMMEND APPROVAL OF THE MAXIMUM (30) CEUS FOR 9 CREDIT HOURS OF POST-PROFESSIONAL OTD COURSEWORK COMPLETED IN DECEMBER 2022. MC

**COURSES RECOMMENDED FOR APPROVAL  
OCCUPATIONAL THERAPY ADVISORY COMMITTEE  
JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
292	Family Support and Prevention Service, Oklahoma State Dept of Health	Motivational Interviewing	6.5	RECOMMEND 6.5CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 6.5CEU APPROVED AS REQUESTED.KM
5456	Tulsa Community College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED.KM
1880	Caddo Kiowa	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED.KM
562	St. Catherine University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED.KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED.KM
5615	Structure & Function Education	Dry needling for UE	25	RECOMMEND 25 CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 25 CEU APPROVED AS REQUESTED. KM
292	SoonerStart	Feeding and Eating in Early Intervention	10.5	RECOMMEND 10.5 CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 10.5 CEU APPROVED AS REQUESTED. KM
292	LinkedIn Learning	Tech Ethics: Avoiding Unintended Consequences	0.75	RECOMMEND 0.75 CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 0.75 CEU APPROVED AS REQUESTED. KM
292	LinkedIn Learning	Tech on the Go: Ethics in Cybersecurity	0.5	RECOMMEND 0.5 CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 0.5 CEU APPROVED AS REQUESTED. KM
5732	ICTC/Connors State College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND 8CEU APPROVED AS REQUESTED. KM	7/30/2024	RECOMMEND 8CEU APPROVED AS REQUESTED. KM
1966	Home CEU	HIPPA and YOU	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
790	Integrus Health	Caregiver Resiliency	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Jim Thorpe Clinical Development	Pushing Back Against Pusher's Syndrome	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Health	Motor Learning and the OPTIMAL Theory	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Health	Wound Care: An Overview of Assessment and Management Principles	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
790	Integrus Health	Caring for Transgender and Gender Diverse Patients	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Health	Recognizing when to Call a Code Stroke	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
790	Integrus Health	Braking the Cycle: A Case for Prioritizing Diabetes Management in Therapy	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
1974	Oklahoma State Department of Education	Eligibility & IEP Alignment	1.5	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL



**COURSES RECOMMENDED FOR APPROVAL  
OCCUPATIONAL THERAPY ADVISORY COMMITTEE  
JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
5540	Summit	Practical Application of Reflex Integration - Assessing Underlying Patterns for Improved Functional Outcomes	2	RECOMMEND APPROVAL OF 2 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 2 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Neglect following aquired brain injury	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Breaking the cycle:A case for prioritizing diabetes management in therapy	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Seating and positioning:Acheiving desired outcomes	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Oklahoma ABLE Yech: The state assistive technology program for Oklahoma	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Seating and positioning:Acheiving desired outcomes	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	LAVT BIG: Introduction	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Brain injury from a patients perspective	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Essential exercises for lower extremity amputee	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Chest x-rays for therapy	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Human Trafficing 201	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Vision and common eye conditions	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2088	Integrus Jim Thorpe Clinical Development	Dignity of risk following brain injury	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
1641	Stillwater Medical Center	Oklahoma Able Tech Programs and Services	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
292	Oklahoma Association of Neonatal and Pediatric Therapists	Navigating the Intensive Therapy Scene: Practical Tips for Physical, Occupational, and Speech Therapists presented by Oklahoma Association of Neonatal and Pediatric Therapists	1.5	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL
5697	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	12	RECOMMEND APPROVAL OF REQUESTED 12.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 12.0 CEU'S LGL

**COURSES RECOMMENDED FOR APPROVAL  
OCCUPATIONAL THERAPY ADVISORY COMMITTEE  
JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
645	OU Department of Rehabilitation	Golden Reflexions on the Past, Present, Future of Occupational Therapy. Carrie Ciro presented at the Sharon Sanderson Lectureship	1.5	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1.5 CEUS AS REQUESTED LGL
5732	ICTC/Connors State College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL
584	Integrus Health	Amputation education and precautions	0.5	RECOMMEND APPROVAL OF .5 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF .5 CEUS AS REQUESTED LGL
584	Integrus Health	Pathophysiology and treatment of stroke	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
584	Integrus Health	Autonomic dysreflexia	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
2463	Tulsa Community College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL
584	Integrus Health	Anatomy and pathophysiology of the brain	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
5732	ICTC/Connors State College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL
584	Integrus Health	Spinal cord injury and disease	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
5547	Medical University of South Carolina	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 8 CEUS AS REQUESTED LGL
5832	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	1	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 1 CEUS AS REQUESTED LGL
5547	University of Oklahoma Health Sciences Center	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	4	RECOMMEND APPROVAL OF 4 CEUS AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 4 CEUS AS REQUESTED LGL
790	Integrus Jim Thorpe Clinical Development	Improving Upper Extremity Motor Recovery Following Neurological Injury	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
2088	Integrus Jim Thorpe Clinical Development	Caring for transgender and gender diverse patients	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL
2088	Integrus Jim Thorpe Clinical Development	Recognizing when to call a code stroke	1	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL	7/30/2024	RECOMMEND APPROVAL OF REQUESTED 1.0 CEU'S LGL

**COURSES RECOMMENDED FOR APPROVAL  
OCCUPATIONAL THERAPY ADVISORY COMMITTEE  
JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
1532	University of St Augustine for Health Sciences	OCT5130C - Skills and Techniques for Client Care Management OCT5225C - Process of Occupational Therapy	30	RECOMMEND APPROVAL OF 30 CEUS FOR 4-CREDIT HOUR COLLEGE COURSE. MC	7/30/2024	RECOMMEND APPROVAL OF 30 CEUS FOR 4-CREDIT HOUR COLLEGE COURSE. MC
1532	University of St Augustine for Health Sciences	OCT 5140 - Domain of Occupational Therapy and OCT 5146 - Occupational Engagement & Theories of Practice	30	RECOMMEND APPROVAL OF 30 CEUS FOR 3-HOUR COLLEGE COURSE. MC	7/30/2024	RECOMMEND APPROVAL OF 30 CEUS FOR 3-HOUR COLLEGE COURSE. MC
292	SoonerStart	Implementing Evidence-Based Practices in Early Childhood Intervention	11	RECOMMEND 11 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 11 CEUS APPROVED AS REQUESTED. MC
5615	Herman & Wallace Pelvic Rehabilitation Institute	Herman and Wallace Pelvic Floor Level 1	21.5	RECOMMEND 21.5 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 21.5 CEUS APPROVED AS REQUESTED. MC
5350	Northeastern State University	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	12	RECOMMEND 12 CEUS APPROVED AS REQUESTED. MC	7/30/2024	RECOMMEND 12 CEUS APPROVED AS REQUESTED. MC
1532	University of St Augustine for Health Sciences	OCT 5 135 C 003 - Anatomy OT	5	RECOMMEND APPROVAL OF 5 CEU'S AS REQUESTED LGL	7/30/2024	RECOMMEND APPROVAL OF 5 CEU'S AS REQUESTED LGL
703	McBride Orthopedic Hospital	Billing Updates 2024- Shockwave Therapy	2	RECOMMEND 2CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 2CEU APPROVED AS REQUESTED KM
1838	Chrysalis Orofacial	TOTS: Tethered Oral Tissues Specialty Training	14	RECOMMEND 14CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 14CEU APPROVED AS REQUESTED KM
795	Summit	Getting It Right: Therapy Prescription and Dosage	2	RECOMMEND 2CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 2CEU APPROVED AS REQUESTED KM
703	McBride Orthopedic Hospital	Autoimmune Rheumatological Diseases - Overview	1.5	RECOMMEND 1.5CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 1.5CEU APPROVED AS REQUESTED KM
999	Medical University of South Carolina	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	9	RECOMMEND 9CEU APPROVED AS REQUESTED KM	7/30/2024	RECOMMEND 9CEU APPROVED AS REQUESTED KM
5441	Tulsa Community College	Clinical Instruction of Occupational Therapist or Occupational Therapy Assistant students	8	RECOMMEND APPROVAL FOR 8 CEU AS REQUESTED. KM	7/30/2024	RECOMMEND APPROVAL FOR 8 CEU AS REQUESTED. KM

**COURSES RECOMMENDED FOR DENIAL  
 OCCUPATIONAL THERAPY ADVISORY COMMITTEE  
 JULY 30, 2024**

PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
GREAT LAKES SEMINARS	Finding Dysfunction: A Master Clinician's Approach to Finding the Cause of Patients' Pain	16.5	DO NOT RECOMMEND THIS COURSE FOR CEU APPROVAL FOR OT PRACTICE. THE COURSE IS CLEARLY WRITTEN FOR PT PRACTICE. MC	7/30/2024	DO NOT RECOMMEND THIS COURSE FOR CEU APPROVAL FOR OT PRACTICE. THE COURSE IS CLEARLY WRITTEN FOR PT PRACTICE. MC

**COURSES RECOMMENDED FOR COMMITTEE REVIEW  
OCCUPATIONAL THERAPY ADVISORY COMMITTEE  
JULY 30, 2024**

LICENSEE NUMBER	PROVIDER	COURSE TITLE	CEU HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
	ANKRUM INSTITUTE	Principles, Systems and Body Organization	14	DOES NOT APPEAR DIRECTLY RELEVANT TO OCCUPATIONAL THERAPY PRACTICE - REFER TO BOARD FOR REVIEW. MC	7/30/2024	DOES NOT APPEAR DIRECTLY RELEVANT TO OCCUPATIONAL THERAPY PRACTICE - REFER TO BOARD FOR REVIEW. MC
	ANKRUM INSTITUTE	Treating the Sacrum	14	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)	7/30/2024	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)
	ANKRUM INSTITUTE	Treating the Foot, Knee and Leg	14	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)	7/30/2024	PENDING COMMITTEE REVIEW OF ADDITIONAL INFORMATION TO INCLUDE CLARIFICATION OF TIME/HOURS REQUESTED, CLARIFICATION REGARDING THE TYPE OF COURSE PRESENTED, AND PRESENTER BIO. (VB)



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 9, 2024

Jill Brown, OA Applicant 859  
[REDACTED]

**NOTICE OF COMMITTEE APPEARANCE**

Your application for **Re-Entry of your Occupational Therapy Assistant** Licensure has been received. A personal appearance has been scheduled for you before the Occupational Therapy Advisory Committee on **October 8, 2024, at 9:00 a.m.** You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision office located at **101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105** or you may appear via Zoom. (See: *Okla. Admin. Code 435:30-1-5(d)* (provided below)).

The information provided on your application:

- (a) Your Oklahoma license expired on **October 31, 2005**; and
- (b) Your last practice as an Occupational Therapy Assistant occurred in **October 2020**; and
- (c) Your NBCOT certification was issued on **October 8, 2004**; and
- (d) Your NBCOT certification expired/expires on **March 31, 2025**; and
- (e) You are licensed to practice as an Occupational Therapy Assistant in North Carolina with an expiration date of June 30, 2025.

**Oklahoma Administrative Code § 435:30-1-5(d)**

(d) **Re-entry guidelines.** Therapists with licenses **lapsed more than twelve months** wishing to re-enter the practice of Occupational Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) At least 2 Continuing Education Units for each month license was lapsed.
- (3) Practice under the direct supervision of a licensed Occupational Therapist for one month (at least 22 days) for each year license was lapsed up to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (4) NBCOT certification examination.

(e) **Personal appearance requirement.** Therapists with licenses **lapsed more than sixty months** wishing to re-enter practice will be required to make a personal appearance before the Committee and meet any of the above guidelines as directed by the Committee.

Please confirm your attendance at this meeting either in person or virtually.

Sincerely,

*Lisa K. Cullen*

Lisa K. Cullen  
Director of Licensing

# OTR® & COTA® Credential Verification

Friday, 6 September 11:50:25 AM

Fullname	City	State/Province	Credential	Cert#	Initial Date	Expiration Date	Status
JILL BROWN	Elgin	Oklahoma	COTA®	1073314	08 Oct 2004	31 Mar 2025	Active - In good standing

Showing 1 entries

### Primary Source Disclaimer:

The data in this website is provided, controlled, and maintained entirely, by the National Board for Certification in Occupational Therapy, Inc. (NBCOT®) and its employees and is not modifiable by any outside source. The NBCOT® provides current data extracted from our database and constitutes a primary source verification. Each data item has been verified by NBCOT® personnel from the primary source unless otherwise specified. Every attempt is made to ensure the accuracy, reliability, and compliance with applicable accreditation and certification standards for the information displayed. The NBCOT® maintains timely updates to this website. No responsibility is assumed or implied for errors or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

RECEIVED

SEP 06 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE

OA 859  
JS

**Lisa Cullen**

---

**From:** jillbh24 [REDACTED]  
**Sent:** Monday, September 9, 2024 6:14 PM  
**To:** Lisa Cullen  
**Subject:** [EXTERNAL] RE: Oklahoma Occupational Therapy Advisory Committee Appearance

Hello Lisa,

I am not currently employed as I just moved to the state approx 3 months ago. I am applying for a new or reinstatement of the OK license I held until 2005. I will look at my application but my last date of employment was 12/12/2020 not Oct. 2020 I know this because it was the day my son was born. I am working on getting certified copies from all other states I have been licensed and the couple other items that were on the list, however I had a medical emergency and was hospitalized for 5 days. I will work on those items asap. Feel free to call me if you need any other information. I will attend via Zoom. I have not been employed from October 2020, due to my husband's military job we have moved 4 times in 4 years and employment was not really possible. Do I need to send a formal for gaps in employment? Thank you for your time.

Jill Brown  
[REDACTED]

Sent via the Samsung Galaxy S10+, an AT&T 5G Evolution capable smartphone

----- Original message -----

**From:** Lisa Cullen <lcullen@okmedicalboard.org>  
**Date:** 9/9/24 1:27 PM (GMT-06:00)  
**To:** [REDACTED]  
**Subject:** Oklahoma Occupational Therapy Advisory Committee Appearance

If you are currently practicing as an Occupational Therapy Assistant, you must let me know immediately. Your application reflects that you last practiced as an Occupational Therapy Assistant in October 2020.

Be advised that your application must be reviewed by the advisory committee. You must appear before the Occupational Therapy advisory committee on October 8, 2024.

In order for your matter to be heard, you must respond to this email.

1. **Confirm** receipt of the letter; and
2. State whether you will be appearing **in person OR via Zoom; or**

0A859  
UKC



3. If there is an issue with the appearance and you need to reschedule

I look forward to hearing back from you.

Lisa K. Cullen, CMBLS

Certified Medical Board Licensing Specialist

Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51<sup>st</sup> Street

Oklahoma City, OK 73105

Licensing (405) 962-1470

[licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)

Direct (405) 962-1453

Visit our website [www.okmedicalboard.org](http://www.okmedicalboard.org)



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA              859      JILL BRIANN BROWN  
 Occupational Therapy Assistant

**Practice Address:**  
 March 14, 2005

NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 09/04/2024  
**Entered:** 09/04/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 859  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:** 11/04/2004      **Orig. Lic. Exp:** 10/31/2005

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> SOUTHWESTERN OK STATE UNIVERSITY					
<b>City:</b> WEATHERFORD		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> AAS/OTA		<b>From:</b> 8/2003		<b>To:</b> 5/2004 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> SOUTHWESTERN OK STATE UNIVERSITY					
<b>City:</b> WEATHERFORD		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> BS		<b>From:</b> 8/1997		<b>To:</b> 12/2000 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> ANADARKO HIGH SCHOOL					
<b>City:</b> ANADARKO		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/1994		<b>To:</b> 5/1997 <b>Verified:</b>	



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA              859      JILL BRIANN BROWN  
 Occupational Therapy Assistant

<b>City:</b> ANADARKO	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> UNKNOWN	<b>From:</b> 5 / 2001	<b>To:</b> 8 / 2003
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> ARVIN MOTOR	<b>Supervisor:</b>	
<b>City:</b> CHICKASHA	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> ASSEMBLY WORKER	<b>From:</b> 1 / 2001	<b>To:</b> 5 / 2001
<b>Comments:</b>		

<b>Other Licenses</b>						
State	Lic Type and Number	Status	Issued	Exp	Verif	
NC	Occupational Therapy Assistant 7529	A	4/30/10	6/30/25	9/6/24	
OK	Occupational Therapy Assistant 859	I	11/4/04	10/31/05	9/6/24	
MI	Occupational Therapy Assistant		1/11/05			
NY	Occupational Therapy Assistant 006929		6/29/07			

**DEFICIENCIES**  
 Verify License from MI  
 Verify License from NY 006929  
 Evidence of Status  
 OATH  
 Extended Background Check  
 Time Deficiency Form for: 7/2008-8/2009, 12/2020-PRESENT -- MUST USE TIME DEFICIENCY FORM  
 PHOTO  
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AS A OTA / WHEN IS THE LAST TIME YOU PRACTICED AS AN OTA? / MUST HAVE COPY OF MARRIAGE LICENSE  
 Supervisors



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to [REDACTED]

June 18, 2024

Elizabeth Gilbert, OA Applicant 1082  
[REDACTED]

**NOTICE OF COMMITTEE APPEARANCE**

Your application for **Re-Entry of your Occupational Therapy Assistant** Licensure has been received. A personal appearance has been scheduled for you before the Occupational Therapy Advisory Committee on **October 8, 2024, at 9:00 a.m.** You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision office located at **101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105** or you may appear via Zoom. (See: *Okla. Admin. Code 435:30-1-5(d)* (provided below)).

The information provided on your application:

- (a) Your Oklahoma license expired on **October 31, 2015**; and
- (b) Your last practice as an Occupational Therapy Assistant occurred in **July 2011**; and
- (c) Your NBCOT certification was issued on **June 30, 2009**; and
- (d) Your NBCOT certification expired/expires on **March 31, 2012**; and
- (e) You are not licensed to practice as an Occupational Therapy Assistant in any other state.

**435:30-1-5. License renewal; late fees; continuing education; re-entry guidelines**

(d) **Re-entry guidelines.** Therapists with licenses **lapsed more than twelve months** wishing to re-enter the practice of Occupational Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) At least 2 Continuing Education Units for each month license was lapsed.
- (3) Practice under the direct supervision of a licensed Occupational Therapist for one month (at least 22 days) for each year license was lapsed up to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (4) NBCOT certification examination.

(e) **Personal appearance requirement.** Therapists with licenses **lapsed more than sixty months** wishing to re-enter practice will be required to make a personal appearance before the Committee and meet any of the above guidelines as directed by the Committee.

Please confirm your attendance at this meeting either in person or virtually.

Sincerely,

*Lisa K. Cullen*

Lisa K. Cullen  
Director of Licensing

# OTR® & COTA® Credential Verification

Monday, 17 June 3:00:02 PM

Fullname	City	State/Province	Credential	Cert#	Initial Date	Expiration Date	Status
ELIZABETH GILBERT	TULSA	Oklahoma	OTA	253816	30 Jun 2009	31 Mar 2012	Expired

Showing 1 entries

### Primary Source Disclaimer:

The data in this website is provided, controlled, and maintained entirely, by the National Board for Certification in Occupational Therapy, Inc. (NBCOT®) and its employees and is not modifiable by any outside source. The NBCOT® provides current data extracted from our database and constitutes a primary source verification. Each data item has been verified by NBCOT® personnel from the primary source unless otherwise specified. Every attempt is made to ensure the accuracy, reliability, and compliance with applicable accreditation and certification standards for the information displayed. The NBCOT® maintains timely updates to this website. No responsibility is assumed or implied for errors or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

RECEIVED

JUN 17 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE

OA 1082  
SD

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            1082      ELIZABETH LAUREN GILBERT  
 Occupational Therapy Assistant

**Practice Address:**  
 May 30, 2024

NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 05/19/2024  
**Entered:** 05/19/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 1082  
**Sex:** F  
**Ethnic Origin:** 3

**Endorsed By:** PRIOR NBCOT Certification  
**Orig Issued:** 08/21/2009      **Orig. Lic. Exp:** 10/31/2015

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> TULSA COMMUNITY COLLEGE					
<b>City:</b> TULSA		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> AAS/OTA		<b>From:</b> 8/2007	<b>To:</b> 5/2009	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> UNIVERSITY OF OKLAHOMA					
<b>City:</b> NORMAN		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/2000	<b>To:</b> 5/2003	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> UNION HIGH SCHOOL					
<b>City:</b> TULSA		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/1997	<b>To:</b> 5/2000	<b>Verified:</b>	





**Oklahoma State Board of Medical Licensure and Supervision  
Application Summary**

Type	Number	Name
OA	1082	ELIZABETH LAUREN GILBERT

Occupational Therapy Assistant

**DEFICIENCIES**

Time Deficiency Form for: 10/2011- PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: BOARD SECRETARY IS REQUESTING YOU TO SEND AN EXPLANATION RE: PREVIOUS DISCIPLINARY ACTIONS ON YOUR LICENSE AND WHY YOU ANSWERED NO TO THAT QUESTION ON THE APPLICATION/WHEN WAS THE LAST TIME YOU WORKED AS A OTA?



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

July 11, 2024

Sheryl McKay, OA Applicant 1898  
[REDACTED]

**NOTICE OF COMMITTEE APPEARANCE**

Your application for **Re-Entry of your Occupational Therapy Assistant** Licensure has been received. A personal appearance has been scheduled for you before the Occupational Therapy Advisory Committee on **October 8, 2024, at 9:00 a.m.** You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision office located at **101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105** or you may appear via Zoom. (See: *Okla. Admin. Code 435:30-1-5(d)* (provided below).

The information provided on your application:

- (a) Your Oklahoma license expired on **October 31, 2021**; and
- (b) Your last practice as an Occupational Therapy Assistant occurred in **unknown, not provided on application**; and
- (c) Your NBCOT certification was issued on **April 15, 1997**; and
- (d) Your NBCOT certification expired/expires on **March 31, 2023**; and
- (e) You are not licensed to practice as an Occupational Therapy Assistant in any other state.

**435:30-1-5. License renewal; late fees; continuing education; re-entry guidelines**

(d) **Re-entry guidelines.** Therapists with licenses **lapsed more than twelve months** wishing to re-enter the practice of Occupational Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) At least 2 Continuing Education Units for each month license was lapsed.
- (3) Practice under the direct supervision of a licensed Occupational Therapist for one month (at least 22 days) for each year license was lapsed up to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (4) NBCOT certification examination.

(e) **Personal appearance requirement.** Therapists with licenses **lapsed more than sixty months** wishing to re-enter practice will be required to make a personal appearance before the Committee and meet any of the above guidelines as directed by the Committee.

Please confirm your attendance at this meeting either in person or virtually.

Sincerely,

*Lisa K. Cullen*

Lisa K. Cullen  
Director of Licensing

# OTR® & COTA® Credential Verification

Tuesday, 2 July 9:14:44 AM

Fullname	City	State/Province	Credential	Cert#	Initial Date	Expiration Date	Status
SHERYL MCKAY	Tishomingso	Oklahoma	OTA	1014355	15 Apr 1997	31 Mar 2023	Expired

Showing 1 entries

**Primary Source Disclaimer:**

The data in this website is provided, controlled, and maintained entirely, by the National Board for Certification in Occupational Therapy, Inc. (NBCOT®) and its employees and is not modifiable by any outside source. The NBCOT® provides current data extracted from our database and constitutes a primary source verification. Each data item has been verified by NBCOT® personnel from the primary source unless otherwise specified. Every attempt is made to ensure the accuracy, reliability, and compliance with applicable accreditation and certification standards for the information displayed. The NBCOT® maintains timely updates to this website. No responsibility is assumed or implied for errors or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

RECEIVED

JUL 02 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE

GA 1898  
IS

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            1898      SHERYL LEONA MCKAY  
 Occupational Therapy Assistant

**Practice Address:**  
 April 05, 2022

NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 06/28/2024  
**Entered:** 06/28/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 1898  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** PRIOR NBCOT  
**Orig Issued:** 08/09/2017      **Orig. Lic. Exp:** 10/31/2021

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b> 0					
<b>Okla Passing:</b> 0					
<b>Total Score:</b> 0					

PRE-MED EDUCATION					
<b>School Name:</b> NAVERO COLLAGE					
<b>City:</b> CORSACANA		<b>State:</b> TX		<b>Country:</b> UNITED STATES	
<b>Degree:</b> A.A.S C.O.T.A.		<b>From:</b> 9/1994		<b>To:</b> 6/1996 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> THURSTION SR. HIGH SCHOOL					
<b>City:</b> SPRINGFIELD		<b>State:</b> OR		<b>Country:</b> UNITED STATES	
<b>Degree:</b> HIGH SCHOOL DIPLOMA		<b>From:</b> 9/1972		<b>To:</b> 6/1976 <b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            1898      SHERYL LEONA MCKAY  
 Occupational Therapy Assistant

### PRACTICE HISTORY

---

**Employed:** WILSON NURSING CENTER/STEIN      **Supervisor:**  
 ANCILLARY SERVICES  
**City:** WILSON      **State:** OK      **Country:**  
**Specialty:** OA      **From:** 10 / 2018      **To:** 2 / 2021      **Verified:**  
**Comments:** DELETED BY SUPERVISOR

---

**Employed:** LONG TERM CARE      **Supervisor:**  
**City:** PLANO      **State:** TX      **Country:**  
**Specialty:** OA      **From:** 8 / 2018      **To:** 9 / 2019      **Verified:**  
**Comments:**

---

**Employed:** ANTLERS / CHOCTAW NATION NURSING      **Supervisor:**  
 HOME  
**City:** ANTLERS      **State:** OK      **Country:** USA  
**Specialty:** OTA      **From:** 9 / 2017      **To:** /      **Verified:**  
**Comments:**

---

**Employed:** Reliant rehabilitaion      **Supervisor:**  
**City:** WACO      **State:** TX      **Country:** UNITED STATES  
**Specialty:** C.O.T.A.      **From:** 2 / 2002      **To:** /      **Verified:**  
**Comments:** C.O.T.A. TO PROVIDE OT REHAB SERVICE TO PT IN AID TO RETURN THEM TO PRIOR  
 LEVEL OF ADL FUNCTION.

---

**Employed:** CHURCH'S CHICKEN      **Supervisor:**  
**City:**      **State:**      **Country:**  
**Specialty:** FOOD SERVICE      **From:** 6 / 1982      **To:** 9 / 1994      **Verified:**  
**Comments:**

---

**Employed:** NONE      **Supervisor:**  
**City:**      **State:**      **Country:**  
**Specialty:** STAY AT HOME MOM      **From:** 6 / 1976      **To:** 6 / 1977      **Verified:**  
**Comments:** GRADUATED HIGH SCHOOL, HAD A BABY AND WAS A STAY AT HOME MOM

---

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	C.O.T.A. 207839	I	5/19/97	4/30/20	7/2/24
OK	OA 1898	I	8/9/17	10/31/21	7/2/24

Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

Type	Number	Name
OA	1898	SHERYL LEONA MCKAY

Occupational Therapy Assistant

**DEFICIENCIES**

OATH

Extended Background Check

Time Deficiency Form for: 6/1977-6/1982, 06/1996-2/2002, 2/2021-PRESENT -- MUST USE TIME

DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH ANTLERS/CHOCTAW NATION  
NURSING HOME? NEED END DATES IF NOT. / ARE YOU CURRENTLY EMPLOYED WITH RELIANT  
REHAB? / WHEN IS THE LAST TIME YOU PRACTICE AS A COTA?



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email [REDACTED]

September 9, 2024

Stacey Row OA Applicant 2691  
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Occupational Therapy Assistant Licensure* has been received. A personal appearance has been scheduled for you before the Occupational Therapy Advisory Committee on **October 8, 2024, at 9:00 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:30-1-4* provided below)

The information provided on your application:

- (a) Your **last practice** as an Occupational Therapy Assistant occurred in **March 2023**; and
- (b) Your NBCOT certification was issued on **July 15, 2010**; and
- (c) Your NBCOT certification expires on **March 31, 2025**; and
- (d) Other state Occupational Therapy Assistant license(s) verified are:
  - a. **South Carolina is ACTIVE and expires on March 15, 2025; and**
  - b. **Delaware is ACTIVE and expired on July 31, 2026.**

Oklahoma Administrative Code § 435:30-1-4. Licensure by endorsement

Requirements for licensure by endorsement for Occupational Therapists or Occupational Therapy Assistants are as follows:

- (1) Applicants for licensure by endorsement must meet all statutory requirements required of applicants for licensure by examination, as set forth in the Act.
- (2) Any person who is currently licensed by examination as an occupational therapist or occupational therapy assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and grade standard were that of the National Board for Certification in Occupational Therapy or any other group approved by the Board. Submission of proof of having passed the licensure examination shall be required. ***If the applicant has not been employed as an occupational therapist or occupational therapy assistant during the year prior to application, such applicant may be requested to present himself/herself for a personal interview with the members of the Advisory Committee or the Board.***
- (3) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:
  - (A) Continuing education consisting of up to two hours for each month out of practice, obtained with the last two years and approved by the Committee;
  - (B) Practice under the direct supervision of a licensed Occupational Therapist for one to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure;
  - (C) Retake the approved licensure examination.
- (4) The completed application form must be submitted to the Board office accompanied by fees as set by the Board.

Please confirm your attendance at this meeting either in person or virtually.

Sincerely,

*Lisa K. Cullen*

Lisa K. Cullen  
Director of Licensing



# Academy of Lymphatic Studies

## Certificate of Attendance

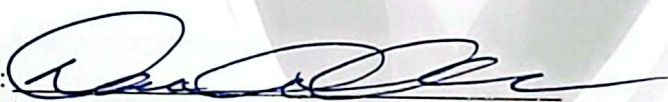
Course: Certification in Manual Lymph Drainage (Vodder Technique)

Total Hours Completed: 40

Live Course Held:  
Jun 5, 2024 - Jun 9, 2024  
Valley Forge, PA

This is to certify that the person named below attended the above course on the dates shown.

Name: **Stacey Row, COTA/L, MLD-C**

Signed:   
Damien A. Archambeau, LMT, MLD-C, CLT-ALM, MLD Instructor

Date: Jun 9, 2024

AOTA Provider #: 4063  
NCBTMB Provider #: 049852-00  
Board Approval Number: \_\_\_\_\_ (Call for number)

Retain this information for your records for the required license renewal period.

 American Occupational Therapy Association  
Approved Provider

**Address**  
11632 High Street  
Suite A, Sebastian  
FL 32958

**Phone**  
772.589.3355

**Fax**  
772.589.0306

**Web**  
www.aols.com

*Pioneering  
Lymphedema  
Management  
Since*

**1994**





## Verification of Certification

PRIMARY SOURCE  
8/30/24

**Date:** August 29, 2024  
**Notice Sent To:** Oklahoma State Board of Licensure (OT)  
**Certification Status Verified For:** STACEY ROW  
**Certification Number:** 275715

**Initial Certification Date:** July 15, 2010  
**Certification Renewal Date:** Monday, March 31, 2025

**Current Certification Status:**

- As of this date, NBCOT certification is **Active**
- As of this date, NBCOT certification is **Expired**
- As of this date, NBCOT certification is **Retired in Good Standing**
- As of this date, NBCOT certification is **Sanctioned**  
(see Disciplinary Action Comment below)

**Initial Certification Status:**

- OCCUPATIONAL THERAPIST REGISTERED OTR®.**  
(has passed the certification examination for OTR)
- CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®.**  
(has passed the certification examination for COTA)

**Disciplinary Action Comment:**

The filing deadline for persons due for certification renewal in 2024 is through March 31, 2024.

Official Authorizing Signature:

Paul Grace, MS, CAE  
Chief Executive Officer

This data is provided, controlled and maintained entirely, by the National Board for Certification in Occupational Therapy, Inc. (NBCOT®) and its employees. The NBCOT provides current data extracted from our database and constitutes a primary source verification. Every attempt is made to ensure the accuracy, reliability, and compliance with applicable accreditation and certification standards for the information displayed. The NBCOT maintains timely updates to data. No responsibility is assured or implied for errors or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

07/26/24  
TS

**Lisa Cullen**

---

**From:** Stacey [REDACTED]  
**Sent:** Thursday, September 5, 2024 8:14 PM  
**To:** Licensing  
**Subject:** [EXTERNAL] Deficiencies for COTA license #2691

**Categories:** General mail

Hello,

The following are my answers to your questions.

I am nor currently practicing as a COTA. I am the owner of a wellness studio that I do use my license for. The last time I worked with my license is with Princeton Staffing in March 2023. I did not ever have a COTA license in FL. I only had a COTA license in the states listed on my application which are PA, DE and SC. I received an associates degree in Occupational Therapy Assistant from Pennsylvania State University Berks campus. The PA license verification was sent. I also did the extended background check which was sent to the state of OK.

Thank you,  
Stacey Row98

RECEIVED

SEP 05 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

CAZ691  
LKL





## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            2691      STACEY ROW  
 Occupational Therapy Assistant

<b>Other Licenses</b>						
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>	
DE	OTA U2-0012212	A	6/21/21	7/31/26	9/2/24	
PA	OTA OP006926	I	7/20/10	6/30/21	9/5/24	
SC	OTA 5567	A	7/12/23	3/15/25	9/4/24	

<b><u>DEFICIENCIES</u></b>



# State of Oklahoma

## Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 18, 2024

Kimberly Pitman, OT 965  
[REDACTED]

### NOTICE OF COMMITTEE APPEARANCE

We are in receipt of your request to supervise more than four (4) Occupational Therapy Assistants. A personal appearance has been scheduled for you before the Occupational Therapy Advisory Committee on **October 8, 2024, at 9:00 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:30-1-6* provided below)

#### 435:30-1-16. Responsible supervision

(a) **An occupational therapist will not sign the Form #5, Verification of Supervision, to be the direct clinical supervisor for more than a total of four occupational therapy assistants or applicants for licensure regardless of the type of professional licensure or level of training.**

(b) It shall be the responsibility of the occupational therapist to monitor the number of persons under his/her direct clinical supervision. It shall be the responsibility of the occupational therapy assistant to inquire of the occupational therapist in regards to the number of persons being directly supervised.

(c) **On a case-by-case basis, an occupational therapist may petition the Committee to receive permission to supervise additional occupational therapy assistants or applicants.**

(d) If responsible supervision is not practiced, both the occupational therapist and occupational therapy assistant are in violation of this rule.

(e) If the licensed occupational therapist agrees to supervise an occupational therapy assistant, the occupational therapist shall:

- (1) determine the frequency and manner of consultations, taking into consideration the treatment settings being used, client rehabilitation status, and the competency of the occupational therapy assistant being supervised;
- (2) maintain a record of all consultations provided;
- (3) document in the client treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present and directly supervises the treatment of a client by the occupational therapy assistant being supervised.
- (4) make herself/himself available to the occupational therapy assistant in person or via telecommunication for consultation prior to implementation of any treatment program revisions; and
- (5) review with the occupational therapy assistant in person or via telecommunication the diagnosis of the condition to be treated, the authorization of the procedure, dismissal of the client, and evaluation of the performance of the treatment given.

(f) The licensed occupational therapy assistant shall:

- (1) consult with the supervising occupational therapist in person or via telecommunication prior to any treatment program revision; and
- (2) notify the supervising occupational therapist of any significant changes in the physical, cognitive and/or psychological status of the client. Contact, or attempts to contact the supervising occupational therapist will be documented in the record.

(g) Occupational therapy assistants with more than one employer must have a primary supervisor at each job who has completed a Form #5, Verification of Supervision.

(h) The evaluating occupational therapist will document transfer of care to the occupational therapist of record.

Please confirm your attendance at this meeting either in person or virtually.

Sincerely,

Lisa K. Cullen  
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision  
Occupational Therapy Advisory Committee 101 NE 51st Street Oklahoma City, OK 73105

In accordance with Oklahoma Administrative Code Section 435:30-1-16(c) I am requesting permission to supervise an additional Occupational Therapy Assistant.

OT Name: Kimberly Anne Pitman OT License #: 965  
 Primary Practice Location: Heritage of Brandon Place City: Oklahoma City Amount of Time Spent Per Week: 20  
 Additional Practice Locations: Noelwest Nursing Center City: Oklahoma City Amount of Time Spent Per Week: 2  
Tuttle Nursing Center City: Tuttle Amount of Time Spent Per Week: 2  
Willow Park Nursing Center City: Lawton Amount of Time Spent Per Week: 2  
 Additional Practice Locations: Temple City: Lawton Amount of Time Spent Per Week: 2  
 Additional Practice Locations: Temple to Surrounding OKC/Nowman City: Oklahoma City/Nowman Amount of Time Spent Per Week: 2  
Metro

**CURRENT SUPERVISEES:**

License #: 978 Name: KEISTIN Ketch Hours/Week: 10 Active Caseload: 10 Patients Treated/Week: 10  
 Practice Location Name: Heritage of Brandon Place Years of Practice: 17 Practice Location City: OKC  
 Method of Communication: DIRECT FACE TO FACE / TELEHEALTH Reliant Rehab and SW LTC  
 License #: 2449 Name: Valerie Danielle Gaeta Hours/Week: 40 Active Caseload: 16 Patients Treated/Week: 16  
 Practice Location Name: Willow/Nowman Years of Practice: 1 1/2 Method of Supervision: DIRECT  
 Method of Communication: Telehealth Reliant Rehab and SW LTC  
 License #: 1959 Name: Bethany Dawn Moore Hours/Week: 40 Active Caseload: 10 Patients Treated/Week: 10  
 Practice Location Name: Tuttle/Nowman Area Years of Practice: 5 Method of Supervision: DIRECT  
 Method of Communication: Telehealth Reliant Rehab and SW LTC  
 License #: 2524 Name: Tavire Hampton Hours/Week: 40 Active Caseload: 16 Patients Treated/Week: 16  
 Practice Location Name: Heritage of Brandon Place Years of Practice: 1 Method of Supervision: DIRECT  
 Method of Communication: FACE TO FACE Reliant Rehab and SW LTC

**REQUESTING APPROVAL TO SUPERVISE:**

License #: 1824 Name: Amber Mae Alvarado Hours/Week: 20 Active Caseload: 10 Patients Treated/Week: 10  
 Practice Location Name: Temple/Maellon Years of Practice: 8 Practice Location City: Lawton/Maellon  
 Method of Communication: Telehealth Reliant Rehab and SW LTC  
 License #: \_\_\_\_\_ Name: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Active Caseload: \_\_\_\_\_ Patients Treated/Week: \_\_\_\_\_  
 Practice Location Name: \_\_\_\_\_ Years of Practice: \_\_\_\_\_ Method of Supervision: \_\_\_\_\_  
 Method of Communication: \_\_\_\_\_

Reason(s) for request:

*Please see attached*

Status of any attempts to hire additional OT(s):

*Please see attached*

Explain supervisory process to meet the requirement of interactive, direct, & in-person

*Please see attached*

**UPON RECEIPT OF YOUR REQUEST YOU WILL BE SCHEDULED TO MEET WITH THE COMMITTEE**

**435:30-1-2. Definitions**

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

**"Alternate supervisor"** means an Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure in the absence of the supervising Occupational Therapist. The alternate supervisor assumes all duties and responsibilities of the primary supervisor during that absence.

**"Consultation"** means periodic meetings to review and to provide recommendations and resource information regarding methods of implementation of the occupational therapy programs.

**"Direct supervision"** means personal supervision and specific delineation of tasks and responsibilities by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. Direct supervision shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the supervising occupational therapist to be onsite during treatment to ensure that the supervisee does not perform duties for which he is not trained.

**"General supervision"** means responsible supervision and control by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. The supervising occupational therapist provides both initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. Such plan of treatment shall not be altered by the supervised individual without prior consultation with and approval of the supervising occupational therapist. The supervising occupational therapist need not always be physically present or on the premises when the assistant is performing services; however, except in cases of emergency, supervision shall require the availability of the supervising occupational therapist for consultation with and direction of the supervised individual. Supervision is an interactive process, more than a paper review or a co-signature, and requires direct in-person contact.

**"In association with"** means a formal working relationship in which there is regular consultation.

**"Occupational therapist of record"** means the occupational therapist who assumes responsibility for the provision and /or supervision of occupational therapy services for a client, and is held accountable for the coordination, continuation and progression of the plan of care.

**"Primary supervisor"** means the Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, access to the client's plan of care.



REASON FOR REQUEST

The current company which is Reliant Rehab has lost the contract with South West Long Term Care (SWLTC) and their five buildings. The five buildings are Heritage at Brandon Place - OKC, Northwest Nursing Center - OKC, Willow Park – Lawton OK, Temple Manor - Temple OK, Tuttle Nursing Home - Tuttle OK. The rehab staff of the 5 SWLTC buildings have been offered to stay with SWLTC for in-house therapy and have also been offered to stay with Reliant Rehab and travel to new buildings. Most of the staff are going to stay PRN with both companies temporarily to help cover the existing buildings and new buildings. Both companies are advertising to hire another OT but the COTAs temporarily need to be covered with Kim Pitman, License #965 until another OT can be located to avoid lapse of therapy coverage for the patients.

STATUS OF ANY ATTEMPTS TO HIRE ADDITIONAL OTs:

Both companies (Reliant and SWLTC have advertisements to hire another OT.

EXPLAIN SUPERVISORY PROCESS TO MEET THE REQUIREMENT OF INTERACTIVE, DIRECT, AND IN-PERSON:

In-person, Direct and Telehealth are being performed as needed with the buildings. Most of the COTAs will be traveling to the Reliant and SWLTC buildings as needed in OKC, Tuttle, Lawton, Temple, Anadarko and surrounding areas.



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA          2684          ASHLYN CALCUTT  
 Occupational Therapy Assistant

### PRACTICE HISTORY

**Employed:** Rowan Cabarrus Community College      **Supervisor:**  
**City:** SALISBURY      **State:** NC      **Country:** UNITED STATES  
**Specialty:** ADJUNCT FACULTY, LOCAL OTA      **From:** 1 /2021      **To:** 1 /2024      **Verified:**  
 PROGRAM.  
**Comments:**

**Employed:** Novant Health, Forsyth Medical Center      **Supervisor:**  
**City:** WINSTON-SALEM      **State:** NC      **Country:** UNITED STATES  
**Specialty:** COTA      **From:** 9 /2020      **To:** /      **Verified:**  
**Comments:** TRAUMA III ACUTE CARE HOSPITAL SETTING. FULL-TIME COTA/L.

**Employed:** Encompass      **Supervisor:**  
**City:** WINSTON-SALEM      **State:** NC      **Country:** UNITED STATES  
**Specialty:** PRN      **From:** 8 /2019      **To:** 10 /2021      **Verified:**  
**Comments:** PRN WEEKEND COVERAGE IN FREE-STANDING INPATIENT REHABILITATION SETTING.

**Employed:** Wake Forest Baptist Hospital      **Supervisor:**  
**City:** WINSTON-SALEM      **State:** NC      **Country:** UNITED STATES  
**Specialty:** COTA      **From:** 2 /2012      **To:** 10 /2021      **Verified:**  
**Comments:** FULL-TIME COTA/L IN A TRAUMA I INPATIENT REHABILITATION UNIT (51 BEDS); EPIC  
 EMR.

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NC	Occupational Therapy Assistant 8200	A	2/17/12	6/30/25	8/13/24

### DEFICIENCIES

Evidence of Status  
 Application Instructions  
 OATH  
 PHOTO  
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH NOVANT HEALTH, FORSYTH  
 MEDICAL CENTER?



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            2685            BAILEY THOMPSON  
 Occupational Therapy Assistant

<b>PRACTICE HISTORY</b>			
<b>Employed:</b> SENSATIONAL KIDS INC <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> OA <b>Comments:</b> 14715 BRISTOL PARK BLVD OKLAHOMA CITY, OK 73013 405-840-1686	<b>Supervisor:</b> SARAH POPE, OT 2114 <b>State:</b> OK <b>Country:</b> <b>From:</b> 8 /2024 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> Crossfit Landrush <b>City:</b> EDMOND <b>Specialty:</b> CROSSFIT COACH <b>Comments:</b> 8/16/2024:CURRENTLY WORKING HERE(SJ)	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2023 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> Paycom <b>City:</b> EDMOND <b>Specialty:</b> COBRA SPECIALIST <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2021 <b>To:</b> 8 /2022 <b>Verified:</b>		
<b>Employed:</b> University of Central Oklahoma <b>City:</b> EDMOND <b>Specialty:</b> GRADUATE SOFTBALL ASSISTANT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2019 <b>To:</b> 5 /2020 <b>Verified:</b>		
<b>Employed:</b> Physical Therapy Central <b>City:</b> NICHOLS HILLS <b>Specialty:</b> PHYSICAL THERAPY TECHNICIAN <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2019 <b>To:</b> 7 /2021 <b>Verified:</b>		

<b>Other Licenses</b>					
State	Lic Type and Number	Status	Issued	Exp	Verif

<b><u>DEFICIENCIES</u></b>
NBCOT-(Nat'l Certif/Regist)



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            2690      INDY MAY SULLIVAN  
 Occupational Therapy Assistant

### PRACTICE HISTORY

**Employed:** Northwest Texas Healthcare System      **Supervisor:**  
**City:** AMARILLO      **State:** TX      **Country:** UNITED STATES  
**Specialty:** THERAPY TECH      **From:** 5 / 2022      **To:** 8 / 2023      **Verified:**  
**Comments:** THERAPY TECHNICIAN THAT ASSISTED WITH ALL THERAPISTS AND PATIENTS NEEDS WHILE PROVIDING REHAB.

**Employed:** Walkon's Bistreaux      **Supervisor:**  
**City:** AMARILLO      **State:** TX      **Country:** UNITED STATES  
**Specialty:** WAITRESS      **From:** 3 / 2020      **To:** 1 / 2024      **Verified:**  
**Comments:** BARTENDED IN A HECTIC ENVIRONMENT WHILE PERFECTING MULTITASKING, CUSTOMER SERVICE, AND COMMUNICATION

**Employed:** Saltgrass Steakhouse      **Supervisor:**  
**City:** AMARILLO      **State:** TX      **Country:** UNITED STATES  
**Specialty:** WAITRESS      **From:** 2 / 2019      **To:** 5 / 2021      **Verified:**  
**Comments:** WAITED TABLES IN A HIGH-CLASS ENVIRONMENT AND LEARNED TO HANDLE HIGH-PRESSURE SITUATIONS WITH GRACE.

**Employed:** Canyon School District      **Supervisor:**  
**City:** AMARILLO      **State:** TX      **Country:** UNITED STATES  
**Specialty:**      **From:** 8 / 2018      **To:** 9 / 2019      **Verified:**  
**Comments:** MANAGED A GROUP OF ELEMENTARY AGED CHILDREN ENGAGING THEM IN STEM AND PHYSICAL ACTIVITIES.

**Employed:** Torchy's Tacos      **Supervisor:**  
**City:** AMARILLO      **State:** TX      **Country:** UNITED STATES  
**Specialty:** CUSTOMER SERVICE      **From:** 3 / 2018      **To:** 2 / 2019      **Verified:**  
**Comments:** BUILT EXPERIENCE OF MIXOLOGY, ATTENTION TO DETAIL, AND ABILITY TO PROVIDE ADEQUATE CUSTOMER SERVICE.

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

### DEFICIENCIES

PHOTO  
 Evidence of Status  
 Application Instructions  
 OATH  
 Extended Background Check  
 Time Deficiency Form for: 9/2016-3/2018, -- MUST USE TIME DEFICIENCY FORM

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA          2692          JESSICA COLE  
 Occupational Therapy Assistant

**Practice Address:**  
 September 06, 2024

**Status:**  
**Res:**  
**Received:** 08/27/2024  
**Entered:** 08/27/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 2692  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> BAPTIST HEALTH COLLEGE					
<b>City:</b> LITTLE ROCK		<b>State:</b> AR	<b>Country:</b> UNITED STATES		
<b>Degree:</b> ASSOCIATE OF APPLIED SCIENCE		<b>From:</b> 8/2022	<b>To:</b> 6/ 2024	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> UNIVERSITY OF ARKANSAS					
<b>City:</b> FAYETTEVILLE		<b>State:</b> AR	<b>Country:</b> UNITED STATES		
<b>Degree:</b>		<b>From:</b> 1/2021	<b>To:</b> 12/ 2021	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> WESTERN NEW ENGLAND UNIVERSITY					
<b>City:</b> SPRINGFIELD		<b>State:</b> MA	<b>Country:</b> UNITED STATES		
<b>Degree:</b>		<b>From:</b> 8/2019	<b>To:</b> 12/ 2019	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> UNIVERSITY OF SOUTH FLORIDA					
<b>City:</b> TAMPA		<b>State:</b> FL	<b>Country:</b> UNITED STATES		
<b>Degree:</b> BACHELOR OF SCIENCE		<b>From:</b> 6/2015	<b>To:</b> 5/ 2019	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> CYPRESS BAY HIGH SCHOOL					
<b>City:</b> WESTON		<b>State:</b> FL	<b>Country:</b> UNITED STATES		
<b>Degree:</b>		<b>From:</b> 8/2011	<b>To:</b> 5/ 2015	<b>Verified:</b>	





## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OA	2692	JESSICA COLE

Occupational Therapy Assistant

<b>Employed:</b> Camp Giborim at David Posnack JCC <b>City:</b> DAVIE <b>Specialty:</b> <b>Comments:</b> FULL-TIME POSITION WORKING WITH SPECIAL NEEDS CHILDREN WITH AUTISM AND DOWNS SYNDROME	<b>Supervisor:</b> <b>State:</b> FL <b>Country:</b> UNITED STATES <b>From:</b> 6 / 2014 <b>To:</b> 8 / 2014 <b>Verified:</b>
---	--

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<b>DEFICIENCIES</b> Evidence of Status Application Instructions OATH Extended Background Check PHOTO OTHER DEFICIENCIES: NEED JOB TITLES FOR ALL LISTED EMPLOYEMENT HISTORY / WHERE DID YOU OBTAIN YOUR OA DEGREE?
--

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            1834      JANAYE NICOLE RUE  
 Occupational Therapy Assistant

**Practice Address:**  
 August 08, 2024

NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 08/04/2024  
**Entered:** 08/04/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 1834  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT Certification  
**Orig Issued:** 04/12/2017      **Orig. Lic. Exp:** 10/31/2019

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		0			
<b>Okla Passing:</b>		0			
<b>Total Score:</b>		0			

PRE-MED EDUCATION					
<b>School Name:</b> SANTA ANA COLLEGE					
<b>City:</b> SANTA ANA		<b>State:</b> CA		<b>Country:</b> UNITED STATES	
<b>Degree:</b> AS IN OTA PROGRAM		<b>From:</b> 1/2009	<b>To:</b> 5/2011	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> LITTLE ROCK HIGH SCHOOL					
<b>City:</b> LITTLE ROCK		<b>State:</b> CA		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 4/2003	<b>To:</b> 4/2004	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> SERRANO HIGH SCHOOL					
<b>City:</b> PHELAN		<b>State:</b> CA		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 9/2000	<b>To:</b> 4/2002	<b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            1834      JANAYE NICOLE RUE  
 Occupational Therapy Assistant

### PRACTICE HISTORY

**Employed:** Places you'll go Therapy LLC      **Supervisor:**  
**City:** PHOENIX      **State:** AZ      **Country:** UNITED STATES  
**Specialty:** COTA/L      **From:** 1 / 2020      **To:** 7 / 2024      **Verified:**  
**Comments:**

**Employed:** HEALTH FACILITIES REHAB      **Supervisor:**  
**City:** KINGMAN      **State:** AZ      **Country:** UNITED STATES  
**Specialty:** COTA/L      **From:** 5 / 2019      **To:** 4 / 2020      **Verified:**  
**Comments:**

**Employed:** ARIZONA AUTISM CORP OFFICE      **Supervisor:**  
**City:** KINGMAN      **State:** AZ      **Country:** UNITED STATES  
**Specialty:** INDEPENDANT      **From:** 1 / 2019      **To:** 1 / 2020      **Verified:**  
 CONTRACTOR COTA/L  
**Comments:**

**Employed:** BELL AVENUE NURSING CENTER      **Supervisor:**  
**City:** ELK CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** OTA      **From:** 12 / 2017      **To:** 5 / 2019      **Verified:**  
**Comments:**

**Employed:** GREAT PLAINS REGIONAL MEDICAL      **Supervisor:**  
**City:** ELK CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** OA      **From:** 7 / 2017      **To:** 4 / 2018      **Verified:**  
**Comments:**

**Employed:** Trinity Rehab      **Supervisor:**  
**City:** NEW ALBANY      **State:** MS      **Country:** UNITED STATES  
**Specialty:** COTA /L      **From:** 8 / 2016      **To:** 1 / 2017      **Verified:**  
**Comments:**

**Employed:** Baptist Memorial Union County      **Supervisor:**  
**City:** NEW ALBANY      **State:** MS      **Country:** UNITED STATES  
**Specialty:** COTA /L      **From:** 3 / 2015      **To:** 6 / 2017      **Verified:**  
**Comments:** SCHOOLS, INPATIENT, OUTPATIENT, PEDIATRICS.

**Employed:** NONE      **Supervisor:**  
**City:**      **State:**      **Country:** UNITED STATES  
**Specialty:** MOVING TO MISSISSIPPI /      **From:** 6 / 2014      **To:** 3 / 2015      **Verified:**  
 STAY AT HOME MOM  
**Comments:**

**Employed:** Ballard Rehab      **Supervisor:**  
**City:** SAN BERNARDINO      **State:** CA      **Country:** UNITED STATES  
**Specialty:** COTA /L      **From:** 2 / 2013      **To:** 6 / 2014      **Verified:**  
**Comments:**

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            1834      JANAYE NICOLE RUE  
 Occupational Therapy Assistant

<b>Employed:</b> Burger Rehab <b>City:</b> VICTORVILLE <b>Specialty:</b> COTA /L <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> CA <b>Country:</b> UNITED STATES <b>From:</b> 5 / 2011 <b>To:</b> 6 / 2014 <b>Verified:</b>																															
<b>Employed:</b> MASSAGE THERAPY SCHOOL <b>City:</b> <b>Specialty:</b> STUDENT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> <b>Country:</b> UNITED STATES <b>From:</b> 11 / 2004 <b>To:</b> 1 / 2009 <b>Verified:</b>																															
<b>Employed:</b> NONE <b>City:</b> <b>Specialty:</b> TIME OFF <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> <b>Country:</b> UNITED STATES <b>From:</b> 5 / 2004 <b>To:</b> 11 / 2004 <b>Verified:</b>																															
<b>Other Licenses</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">State</th> <th style="text-align: left;">Lic Type and Number</th> <th style="text-align: left;">Status</th> <th style="text-align: left;">Issued</th> <th style="text-align: left;">Exp</th> <th style="text-align: left;">Verif</th> </tr> </thead> <tbody> <tr> <td>AZ</td> <td>COTA OTA-000047</td> <td>A</td> <td>5/10/19</td> <td>5/9/25</td> <td>8/30/24</td> </tr> <tr> <td>MS</td> <td>OA OTA-3012</td> <td>I</td> <td>10/6/14</td> <td>4/30/18</td> <td>8/30/24</td> </tr> <tr> <td>OK</td> <td>OA 1834</td> <td>I</td> <td>4/12/17</td> <td>10/31/19</td> <td>8/30/24</td> </tr> <tr> <td>CA</td> <td>OA 2431</td> <td>I</td> <td>11/6/12</td> <td>7/31/14</td> <td>8/30/24</td> </tr> </tbody> </table>			State	Lic Type and Number	Status	Issued	Exp	Verif	AZ	COTA OTA-000047	A	5/10/19	5/9/25	8/30/24	MS	OA OTA-3012	I	10/6/14	4/30/18	8/30/24	OK	OA 1834	I	4/12/17	10/31/19	8/30/24	CA	OA 2431	I	11/6/12	7/31/14	8/30/24
State	Lic Type and Number	Status	Issued	Exp	Verif																											
AZ	COTA OTA-000047	A	5/10/19	5/9/25	8/30/24																											
MS	OA OTA-3012	I	10/6/14	4/30/18	8/30/24																											
OK	OA 1834	I	4/12/17	10/31/19	8/30/24																											
CA	OA 2431	I	11/6/12	7/31/14	8/30/24																											
<b><u>DEFICIENCIES</u></b>																																

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            2683            TAYLOR NICOLE PAGAN  
 Occupational Therapy Assistant

**Practice Address:**  
 August 05, 2024  
 COMANCHE COUNTY MEMORIAL HOSPITAL  
 3401 W GORE BLVD  
  
 LAWTON, OK 73505  
 COMANCHE

**Status:**  
**Res:**  
**Received:** 07/03/2024  
**Entered:** 07/03/2024  
**Temp Issued:** 08/08/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 2683  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> BROWN MACKIE COLLEGE					
<b>City:</b> HOPKINSVILLE		<b>State:</b> KY		<b>Country:</b> UNITED STATES	
<b>Degree:</b> ASSOCIATES OF APPLIED SCIENCE IN OTA		<b>From:</b> 6/2015		<b>To:</b> 1/ 2017 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> ROSEVIEW HIGH SCHOOL					
<b>City:</b> CLARKSVILLE		<b>State:</b> TN		<b>Country:</b> UNITED STATES	
<b>Degree:</b> HS		<b>From:</b> 12/2013		<b>To:</b> 5/ 2014 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> NASHVILLE STATE COMMUNITY COLLEGE					
<b>City:</b> CLARKSVILLE		<b>State:</b> TN		<b>Country:</b> UNITED STATES	
<b>Degree:</b> COLLEGE CREDITS TRANSFER		<b>From:</b> 6/2013		<b>To:</b> 5/ 2014 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> ROSSVIEW HIGH SCHOOL					
<b>City:</b> CLARKSVILLE		<b>State:</b> TN		<b>Country:</b> UNITED STATES	
<b>Degree:</b> HIGH SCHOOL GRADUATE		<b>From:</b> 8/2010		<b>To:</b> 5/ 2014 <b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            2683            TAYLOR NICOLE PAGAN  
 Occupational Therapy Assistant

<b>PRACTICE HISTORY</b>					
<b>Employed:</b>	COMANCHE COUNTY MEMORIAL HOSPITAL	<b>Supervisor:</b>	TAMMY PALMER, OT 1049		
	<b>City:</b> LAWTON	<b>State:</b> OK	<b>Country:</b>		
	<b>Specialty:</b> OA	<b>From:</b> 8 /2024	<b>To:</b> /	<b>Verified:</b>	
<b>Comments:</b>	3401 W GORE BLVD LAWTON, OK 73505 580-355-8620				
<b>Employed:</b>	CMCSS	<b>Supervisor:</b>			
	<b>City:</b> CLARKSVILLE	<b>State:</b> TN	<b>Country:</b>	UNITED STATES	
	<b>Specialty:</b> COTA DISTRICT HIRE WITH CMCSS	<b>From:</b> 8 /2020	<b>To:</b> 5 /2024	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b>	Soliant - contracting	<b>Supervisor:</b>			
	<b>City:</b> CLARKSVILLE	<b>State:</b> TN	<b>Country:</b>	UNITED STATES	
	<b>Specialty:</b> COTA CONTRACTED IN CMCSS THROUGH SOLIANT	<b>From:</b> 8 /2019	<b>To:</b> 5 /2020	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b>	NHC Dickson	<b>Supervisor:</b>			
	<b>City:</b> DICKSON	<b>State:</b> TN	<b>Country:</b>	UNITED STATES	
	<b>Specialty:</b> COTA IN SKILLED NURSING FACILITY	<b>From:</b> 6 /2017	<b>To:</b> 7 /2020	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b>	Full Spectrum Pediatric Therapy	<b>Supervisor:</b>			
	<b>City:</b> CLARKSVILLE	<b>State:</b> TN	<b>Country:</b>	UNITED STATES	
	<b>Specialty:</b> COTA EMPLOYED AT PEDIATRIC OUTPATIENT CLINIC	<b>From:</b> 4 /2017	<b>To:</b> 6 /2019	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b>	CLARKSVILLE SPEEDWAY	<b>Supervisor:</b>			
	<b>City:</b> CLARKSVILLE	<b>State:</b> TN	<b>Country:</b>	UNITED STATES	
	<b>Specialty:</b> CASHIER	<b>From:</b> 6 /2013	<b>To:</b> 11 /2016	<b>Verified:</b>	
<b>Comments:</b>					

<b>Other Licenses</b>					
State	Lic Type and Number	Status	Issued	Exp	Verif
TN	Occupational Therapy Assistant 2871	A	4/20/17	12/31/25	8/2/24

<b>DEFICIENCIES</b>





## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            2686      TARA CORTNEE KINSEY  
 Occupational Therapy Assistant

### PRACTICE HISTORY

---

**Employed:** HILLCREST MANOR NURSING CENTER      **Supervisor:**  
**City:** BLACKWELL      **State:** OK      **Country:** UNITED STATES  
**Specialty:** OA      **From:** 9 / 2024      **To:** /      **Verified:**  
**Comments:** 1210 S 6TH ST  
 BLACKWELL, OK 74631  
 908-235-6273

---

**Employed:** MENARD MANOR      **Supervisor:**  
**City:** MENARD      **State:** TX      **Country:** UNITED STATES  
**Specialty:** OA      **From:** 8 / 2024      **To:** /      **Verified:**  
**Comments:** CURRENTLY EMPLOYED (LKC)

---

**Employed:** GOD'S SITTING PARTNERS      **Supervisor:**  
**City:** BIRMINGHAM      **State:** AL      **Country:** UNITED STATES  
**Specialty:** MARKETING DIRECTOR      **From:** 5 / 2024      **To:** 8 / 2024      **Verified:**  
**Comments:** 8/12/2024:CURRENTLY WORKING HERE(SJ)

---

**Employed:** FIVE STAR SENIOR LIVING      **Supervisor:**  
**City:** BIRMINGHAM      **State:** AL      **Country:** UNITED STATES  
**Specialty:** ACTIVITY DIRECTOR      **From:** 10 / 2022      **To:** 5 / 2024      **Verified:**  
**Comments:**

---

**Employed:** Reliant Rehabilitation      **Supervisor:**  
**City:** HUEYTOWN      **State:** AL      **Country:** UNITED STATES  
**Specialty:** THERAPY COORDINATOR      **From:** 11 / 2021      **To:** 10 / 2022      **Verified:**  
**Comments:** THERAPY COORDINATOR IN A 35 BED FACILITY. ALSO COVERED LARGER FACILITY AS  
 NEEDED IN BESSEMER, AL.

---

**Employed:** SOUTHERN CASE ARTS      **Supervisor:**  
**City:** BOSSEMER      **State:** AL      **Country:** UNITED STATES  
**Specialty:** ASSEMBLY LEAD      **From:** 12 / 2020      **To:** 11 / 2021      **Verified:**  
**Comments:**

---

**Employed:** NONE      **Supervisor:**  
**City:** BIRMINGHAM      **State:** AL      **Country:** UNITED STATES  
**Specialty:** UNEMPLOYED      **From:** 5 / 2020      **To:** 12 / 2020      **Verified:**  
**Comments:**

---

**Employed:** Coosa Valley Home Care      **Supervisor:**  
**City:** SYLACAUGA      **State:** AL      **Country:** UNITED STATES  
**Specialty:** OTA      **From:** 5 / 2017      **To:** 5 / 2020      **Verified:**  
**Comments:** HOME HEALTH THERAPY COVERING SEVERAL COUNTIES IN RURAL AL.

---

**Employed:** SELF EMPLOYED      **Supervisor:**  
**City:** BIRMINGHAM      **State:** AL      **Country:** UNITED STATES  
**Specialty:** OWNER/OPERATOR      **From:** 5 / 2014      **To:** 5 / 2017      **Verified:**  
**Comments:**

---

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA              2686      TARA CORTNEE KINSEY  
 Occupational Therapy Assistant

<b>Employed:</b> Tara Therapy <b>City:</b> BIRMINGHAM <b>Specialty:</b> OTA <b>Comments:</b> SNF IN THE METRO BIRMINGHAM AREA. WORKED AS TREATING THERAPIST UNDER AN OTR.	<b>Supervisor:</b> <b>State:</b> AL <b>Country:</b> UNITED STATES <b>From:</b> 1 / 2013 <b>To:</b> 5 / 2014 <b>Verified:</b>
<b>Employed:</b> St. Vincent's Home Health <b>City:</b> BIRMINGHAM <b>Specialty:</b> OTA <b>Comments:</b> HOME HEALTH COVERING SEVERAL COUNTIES IN METRO AND RURAL AL.	<b>Supervisor:</b> <b>State:</b> AL <b>Country:</b> UNITED STATES <b>From:</b> 6 / 2008 <b>To:</b> 1 / 2013 <b>Verified:</b>
<b>Employed:</b> Sante' Pediatric Services <b>City:</b> TYLER <b>Specialty:</b> OTA <b>Comments:</b> OUTPATIENT PEDIATRIC CLINIC AND HOME HEALTH	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 11 / 2006 <b>To:</b> 6 / 2008 <b>Verified:</b>
<b>Employed:</b> Pine Tree Independent Schools <b>City:</b> LONGVIEW <b>Specialty:</b> SCHOOL THERAPIST <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 10 / 2004 <b>To:</b> 5 / 2005 <b>Verified:</b>
<b>Employed:</b> Early Childhood Intervention <b>City:</b> LONGVIEW <b>Specialty:</b> OTA <b>Comments:</b> EARLY INTERVENTION PROGRAM, HOME HEALTH RUN THROUGH SABINE VALLEY CENTER	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 5 / 2002 <b>To:</b> 3 / 2007 <b>Verified:</b>
<b>Employed:</b> Crestcare Nursing and Rehab <b>City:</b> LONGVIEW <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 2 / 2002 <b>To:</b> 5 / 2002 <b>Verified:</b>
<b>Employed:</b> Upshur Manor Nursing Home <b>City:</b> GILMER <b>Specialty:</b> OTA <b>Comments:</b> SNF - SAME FACILITY AS MARINER POST ACUTE NETWORK	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 9 / 2000 <b>To:</b> 2 / 2002 <b>Verified:</b>
<b>Employed:</b> Mariner Post Acute Network <b>City:</b> GILMER <b>Specialty:</b> OTA <b>Comments:</b> SNF - SAME FACILITY AS UPSHUR MANOR, SOLD TO NEW COMPANY	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 2 / 2000 <b>To:</b> 9 / 2000 <b>Verified:</b>
<b>Employed:</b> NONE <b>City:</b> KILGORE <b>Specialty:</b> STAY AT HOME MOTHER <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> <b>From:</b> 5 / 1997 <b>To:</b> 9 / 1997 <b>Verified:</b>
<b>Employed:</b> WALMART	<b>Supervisor:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OA	2686	TARA CORTNEE KINSEY
Occupational Therapy Assistant		

<b>City:</b> KILGORE	<b>State:</b> TX	<b>Country:</b>	
<b>Specialty:</b> ASSOCIATE	<b>From:</b> 4 / 1992	<b>To:</b> 1 / 1994	<b>Verified:</b>
<b>Comments:</b>			

<b>Other Licenses</b>						
State	Lic Type and Number	Status	Issued	Exp	Verif	
AL	OTA 2924	A	7/1/08	10/31/26	8/12/24	
TX	OTA 208665	A	5/12/00	1/31/27	9/23/24	

<b><u>DEFICIENCIES</u></b>
----------------------------

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA          2687      CAILYN ALYSE CASSITY  
 Occupational Therapy Assistant

**Practice Address:**  
 August 20, 2024

**Status:**  
**Res:**  
**Received:** 07/25/2024  
**Entered:** 07/25/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 2687  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<b>School Name:</b> CADDO KIOWA TECHNOLOGY CENTER/SWOSU					
<b>City:</b> FORT COBB	<b>State:</b> OK	<b>Country:</b> UNITED STATES			
<b>Degree:</b> OCCUPATIONAL THERAPY ASSISTANT	<b>From:</b> 8/2022	<b>To:</b> 5/ 2023	<b>Verified:</b>		
<b>School Name:</b> SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
<b>City:</b> WEATHERFORD	<b>State:</b> OK	<b>Country:</b> UNITED STATES			
<b>Degree:</b> BACHELORS OF APPLIED SCIENCE	<b>From:</b> 8/2021	<b>To:</b> 12/ 2024	<b>Verified:</b>		
<b>School Name:</b> FORT SUPPLY HIGH SCHOOL					
<b>City:</b> FORT SUPPLY	<b>State:</b> OK	<b>Country:</b> UNITED STATES			
<b>Degree:</b> HIGH SCHOOL DIPLOMA	<b>From:</b> 8/2015	<b>To:</b> 5/ 2021	<b>Verified:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA          2687          CAILYN ALYSE CASSITY  
 Occupational Therapy Assistant

PRACTICE HISTORY			
<b>Employed:</b> Alma Mater Merc <b>City:</b> WEATHERFORD <b>Specialty:</b> CASHIER AND BARISTA <b>Comments:</b> 8/27/24 - STILL EMPLOYED (KS)	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2021 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> Ace Hardware <b>City:</b> WOODWARD <b>Specialty:</b> PART TIME CASHIER <b>Comments:</b> PART TIME CASHIER, ASSISTED CUSTOMERS IN FINDING ITEMS, AND WORKING IN THE GREENHOUSE.	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2019 <b>To:</b> 6 /2021 <b>Verified:</b>		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA            2688            AARON FABIAN GIBSON  
 Occupational Therapy Assistant

**Practice Address:**

August 08, 2024  
 OKLAHOMA STATE UNIVERSITY MEDICAL CENTER  
 744 W 9TH STREET  
  
 TULSA, OK 74127  
 TULSA

**Status:**  
**Res:**  
**Received:** 07/26/2024  
**Entered:** 07/26/2024  
**Temp Issued:** 08/30/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 2688  
**Sex:** M  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT

**Orig Issued:**

**Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> OZARK TECHNICAL COMMUNITY COLLEGE					
<b>City:</b> SPRINGFIELD		<b>State:</b> MO		<b>Country:</b> UNITED STATES	
<b>Degree:</b> OCCUPTIONAL THERAPY ASSISTANT		<b>From:</b> 3/2019		<b>To:</b> 5/ 2023	
<b>Verified:</b>					
<hr/>					
<b>School Name:</b> NORTHWEST ARKANSAS COMMUNITY COLLEGE					
<b>City:</b> BENTONVILLE		<b>State:</b> AR		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 5/2015		<b>To:</b> 5/ 2017	
<b>Verified:</b>					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA          2688          AARON FABIAN GIBSON  
 Occupational Therapy Assistant

### PRACTICE HISTORY

**Employed:** OKLAHOMA STATE UNIVERSITY MEDICAL CENTER  
**City:** TULSA      **State:** OK      **Country:**  
**Specialty:** OA      **From:** 9 /2024      **To:** /      **Verified:**  
**Comments:** 744 W 9TH STREET  
 TULSA, OK 74127  
 918-599-5190

**Employed:** aureus medical group      **Supervisor:**  
**City:** OMAHA      **State:** NE      **Country:** UNITED STATES  
**Specialty:** OTA      **From:** 12 /2023      **To:** 7 /2024      **Verified:**  
**Comments:** I WORK AS A TRAVEL OCCUPATIONAL THERAPY ASSISTANT.

**Employed:** COX SOCON HOSPITAL      **Supervisor:**  
**City:** SPRINGFIELD      **State:** MO      **Country:** UNITED STATES  
**Specialty:** REHAB TECH      **From:** 5 /2018      **To:** 11 /2023      **Verified:**  
**Comments:**

**Employed:** SAM'S CLUB      **Supervisor:**  
**City:** SPRINGFIELD      **State:** MO      **Country:** UNITED STATES  
**Specialty:** SALES ASSOCIATE      **From:** 8 /2017      **To:** 5 /2018      **Verified:**  
**Comments:** RETAIL WORKER

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MO	OTA 2024005068	A	2/7/24	6/30/25	7/30/24
NE	OTA 1193	I	12/20/23	8/1/24	8/30/24

### DEFICIENCIES

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA              2689      MADISON LEIGH WEIGANDT  
 Occupational Therapy Assistant

**Practice Address:**  
 September 09, 2024  
 THERAPITAS  
 2401 NW 23RD ST  
 STE 1C  
 OKLAHOMA CITY, OK 73107  
 OKLAHOMA  
  
 UNITED STATES

**Status:**  
**Res:**  
**Received:** 08/03/2024  
**Entered:** 08/03/2024  
**Temp Issued:** 09/09/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 2689  
**Sex:** F  
**Ethnic Origin:** 5

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> ROSS COLLEGE	<b>State:</b> IA	<b>Country:</b> UNITED STATES			
<b>City:</b> DAVENPORT	<b>From:</b> 9/2019	<b>To:</b> 7/2022	<b>Verified:</b>		
<b>Degree:</b> ASSOCIATES OF APPLIED SCIENCE IN OCCUPATIONAL THER					
<b>School Name:</b> MOTT COMMUNITY COLLEGE	<b>State:</b> MI	<b>Country:</b> UNITED STATES			
<b>City:</b> FLINT	<b>From:</b> 9/2018	<b>To:</b> 6/2019	<b>Verified:</b>		
<b>Degree:</b> NA					
<b>School Name:</b> BIRCH RUN HIGH SCHOOL	<b>State:</b> MI	<b>Country:</b> UNITED STATES			
<b>City:</b> BIRCH RUN	<b>From:</b> 9/2014	<b>To:</b> 5/2018	<b>Verified:</b>		
<b>Degree:</b>					



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OA                    2689      MADISON LEIGH WEIGANDT  
 Occupational Therapy Assistant

PRACTICE HISTORY			
<b>Employed:</b> THERAPITAS	<b>Supervisor:</b>		
<b>City:</b> OKLAHOMA CITY	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> OA	<b>From:</b> 9 / 2024	<b>To:</b> /	<b>Verified:</b>
<b>Comments:</b> 2401 NW 23RD ST, STE 1C OKLAHOMA CITY, OK 73107 405-355-3239			
<b>Employed:</b> NONE	<b>Supervisor:</b>		
<b>City:</b> MUSTANG	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> STAY AT HOME PARENT	<b>From:</b> 3 / 2024	<b>To:</b> 9 / 2024	<b>Verified:</b>
<b>Comments:</b>			
<b>Employed:</b> NONE	<b>Supervisor:</b>		
<b>City:</b> VENICE	<b>State:</b> LA	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> UNEMPLOYED	<b>From:</b> 3 / 2023	<b>To:</b> 2 / 2024	<b>Verified:</b>
<b>Comments:</b>			
<b>Employed:</b> The lodge at bear creek	<b>Supervisor:</b>		
<b>City:</b> GRAPEVINE	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> COTA	<b>From:</b> 6 / 2022	<b>To:</b> 2 / 2023	<b>Verified:</b>
<b>Comments:</b> DEVELOPING TREATMENT PLANS TO ADDRESS A PATIENTS NEEDS AND HELP THEM MEET SPECIFIC GOAL			
<b>Employed:</b> Lutheran Living	<b>Supervisor:</b>		
<b>City:</b> MUSCATINE	<b>State:</b> IA	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> OTA STUDENT - CLINICALS	<b>From:</b> 12 / 2021	<b>To:</b> 2 / 2022	<b>Verified:</b>
<b>Comments:</b> FORMULATES EXERCISE AND PATIENT EDUCATION PROGRAMS			
<b>Employed:</b> Grand Medows Assisted living	<b>Supervisor:</b>		
<b>City:</b> ASBURY	<b>State:</b> IA	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> OTA STUDENT - CLINICALS	<b>From:</b> 10 / 2021	<b>To:</b> 12 / 2021	<b>Verified:</b>
<b>Comments:</b> WORKED UNDER THE SUPERVISION OF AN OCCUPATIONAL THERAPIST PROVIDING THERAPY			
<b>Employed:</b> COMFORT KEEPERS	<b>Supervisor:</b>		
<b>City:</b> DAVENPORT	<b>State:</b> IA	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> CAREGIVER	<b>From:</b> 10 / 2020	<b>To:</b> 1 / 2022	<b>Verified:</b>
<b>Comments:</b>			
<b>Employed:</b> MENTOR NETWORK	<b>Supervisor:</b>		
<b>City:</b> WINDHAM	<b>State:</b> MN	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> DSP	<b>From:</b> 1 / 2020	<b>To:</b> 8 / 2020	<b>Verified:</b>
<b>Comments:</b>			
<b>Employed:</b> UNDER ARMOR	<b>Supervisor:</b>		
<b>City:</b> BIRCH RUN	<b>State:</b> MI	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> SALES CLERK	<b>From:</b> 3 / 2019	<b>To:</b> 11 / 2019	<b>Verified:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OA	2689	MADISON LEIGH WEIGANDT
Occupational Therapy Assistant		

<b>Comments:</b>			
<b>Employed:</b> NONE		<b>Supervisor:</b>	
<b>City:</b> BIRCH RUN	<b>State:</b> MI	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> UNEMPLOYED	<b>From:</b> 5/ 2018	<b>To:</b> 9/ 2018	<b>Verified:</b>
<b>Comments:</b>			

<b>Other Licenses</b>					
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>
TX	Occupational Therapy 217368	I	4/28/22	5/31/24	8/30/24

<b><u>DEFICIENCIES</u></b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT              5993      BREE WEST  
 Occupational Therapist

**Practice Address:**  
 July 10, 2024

**Status:**  
**Res:**  
**Received:** 07/10/2024  
**Entered:** 07/10/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 5993  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> MISSOURI STATE UNIVERSITY					
<b>City:</b> SPRINGFIELD		<b>State:</b> MO		<b>Country:</b> UNITED STATES	
<b>Degree:</b> MASTERS OF SCIENCE IN OCCUPATIONAL THERAPY		<b>From:</b> 8/2018		<b>To:</b> 12/2020 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> PITTSBURG STATE UNIVERSITY					
<b>City:</b> PITTSBURG		<b>State:</b> KS		<b>Country:</b> UNITED STATES	
<b>Degree:</b> BACHELORS OF EXERCISE SCIENCE		<b>From:</b> 8/2016		<b>To:</b> 7/2018 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> CROWDER COLLEGE					
<b>City:</b> NEOSHO		<b>State:</b> MO		<b>Country:</b> UNITED STATES	
<b>Degree:</b> ASSOCIATES		<b>From:</b> 6/2014		<b>To:</b> 7/2016 <b>Verified:</b>	



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OT	5994	CHANYA MALAY GUNN
Occupational Therapist		

**Practice Address:**  
August 12, 2024

**Status:**  
**Res:**  
**Received:** 07/11/2024  
**Entered:** 07/11/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 5994  
**Sex:** F  
**Ethnic Origin:** 2

**Endorsed By:**  
**Orig Issued:** **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION			
<b>School Name:</b> TEXAS WOMAN'S UNIVERSITY			
<b>City:</b> DENTON	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>Degree:</b> ENTRY-LEVEL DOCTORATE IN OCCUPATIONAL THERAPY	<b>From:</b> 6/2021	<b>To:</b> 5/ 2024	<b>Verified:</b>

PRACTICE HISTORY			
<b>Employed:</b>	<b>Supervisor:</b>		
<b>City:</b>	<b>State:</b>	<b>Country:</b>	
<b>Specialty:</b>	<b>From:</b> /	<b>To:</b> /	<b>Verified:</b>
<b>Comments:</b>			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

Type	Number	Name
OT	5994	CHANYA MALAY GUNN

Occupational Therapist

**DEFICIENCIES**

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 2/2015-6/2021 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

NBCOT-(Nat'l Certif/Regist)

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
OT          5996      ALYSSA QUAY HOSEY  
Occupational Therapist

**Practice Address:**

September 04, 2024

TULSA SUNSHINE CENTER PEDIATRIC THERAPY  
2221 W DETROIT STBROKEN ARROW, OK 74012  
TULSA

**Status:**  
**Res:**  
**Received:** 07/25/2024  
**Entered:** 07/25/2024  
**Temp Issued:** 09/10/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 5996  
**Sex:** F  
**Ethnic Origin:** 3

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	<b>Test</b>	<b>Score</b>	<b>Date Taken</b>	<b>Date Verified</b>	<b>Attempts</b>
	<b>Test 1:</b>				
	<b>Test 2:</b>				
	<b>Test 3:</b>				
	<b>Test AV:</b>				
	<b>Total Possible:</b>				
	<b>Okla Passing:</b>				
	<b>Total Score:</b>				

**PRE-MED EDUCATION**

**School Name:** NORTHEASTERN STATE UNIVERSITY  
**City:** MUSKOGEE                      **State:** OK      **Country:** UNITED STATES  
**Degree:** MS IN OCCUPATIONAL THERAPY      **From:** 1/2022      **To:** 8/ 2024      **Verified:**

**School Name:** NORTHEASTERN STATE UNIVERSITY  
**City:** BROKEN ARROW                      **State:** OK      **Country:** UNITED STATES  
**Degree:** BS IN PSYCHOLOGY      **From:** 8/2018      **To:** 5/ 2020      **Verified:**

**School Name:** ALLEN COMMUNITY COLLEGE  
**City:** IOLA                                      **State:** KS      **Country:** UNITED STATES  
**Degree:** ASSOCIATE IN ARTS      **From:** 8/2016      **To:** 5/ 2018      **Verified:**

**School Name:** TULSA COMMUNITY COLLEGE  
**City:** TULSA                                      **State:** OK      **Country:** UNITED STATES  
**Degree:** ASSOCIATE IN SCIENCE      **From:** 8/2015      **To:** 5/ 2020      **Verified:**

**School Name:** CATOOSA HIGH SCHOOL  
**City:** CATOOSA                                      **State:** OK      **Country:** UNITED STATES  
**Degree:**    **From:** 8/2012      **To:** 5/ 2016      **Verified:**

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          5996          ALYSSA QUAY HOSEY  
 Occupational Therapist

### PRACTICE HISTORY

<b>Employed:</b> TULSA SUNSHINE CENTER PEDIATRIC THERAPY	<b>Supervisor:</b> SUSAN POE, OT 1237		
<b>City:</b> BROKEN ARROW	<b>State:</b> OK	<b>Country:</b>	
<b>Specialty:</b> OT	<b>From:</b> 9 / 2024	<b>To:</b> /	<b>Verified:</b>
<b>Comments:</b> 2221 W DETROIT ST BROKEN ARROW, OK 74012 918-615-6492			

<b>Employed:</b> Oklahoma Children and Youth Coalition (OKCYC)	<b>Supervisor:</b>		
<b>City:</b> TULSA	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PROGRAM COORDINATOR	<b>From:</b> 10 / 2020	<b>To:</b> 12 / 2023	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> Unemployed	<b>Supervisor:</b>		
<b>City:</b> CATOOSA	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> UNEMPLOYED	<b>From:</b> 5 / 2020	<b>To:</b> 10 / 2020	<b>Verified:</b>
<b>Comments:</b>			

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

### DEFICIENCIES

NBCOT-(Nat'l Certif/Regist)



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OT	5999	BRANDON CHANEY
Occupational Therapist		

**Practice Address:**

September 12, 2024

MERCY REHABILITATION HOSPITAL  
5401 W MEMORIAL RD

OKLAHOMA CITY, OK 73142  
OKLAHOMA

**Status:**  
**Res:**  
**Received:** 07/29/2024  
**Entered:** 07/29/2024  
**Temp Issued:** 09/13/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 5999  
**Sex:** M  
**Ethnic Origin:** 2

**Endorsed By:****Orig Issued:****Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
<b>Total Possible:</b>				
<b>Okla Passing:</b>				
<b>Total Score:</b>				

**PRE-MED EDUCATION****School Name:** NORTHEASTERN STATE UNIVERSITY**City:** MUSKOGEE**State:** OK**Country:** UNITED STATES**Degree:** OCCUPATIONAL THERAPY**From:** 1/2022**To:** 8/ 2024**Verified:****School Name:** SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**City:** WEATHERFORD**State:** OK**Country:** UNITED STATES**Degree:** EXERCISE SCIENCE**From:** 8/2016**To:** 5/ 2020**Verified:****School Name:** BOOKER T WASHINGTON**City:** TULSA**State:** OK**Country:** UNITED STATES**Degree:****From:** 8/2012**To:** 5/ 2016**Verified:**

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          5999          BRANDON CHANEY  
 Occupational Therapist

### PRACTICE HISTORY

**Employed:** MERCY REHABILITATION HOSPITAL      **Supervisor:** MARY POLLOK, OT 5602  
**City:** OKLAHOMA CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** OT      **From:** 9 /2024      **To:** /      **Verified:**  
**Comments:** 5401 W MEMORIAL RD  
 OKLAHOMA CITY, OK 73142  
 405-384-5240

**Employed:** Champ's Sports      **Supervisor:**  
**City:** TULSA      **State:** OK      **Country:** UNITED STATES  
**Specialty:** SALES ASSOCIATE      **From:** 5 /2023      **To:** 12 /2023      **Verified:**  
**Comments:** ESTABLISHED A GOOD WORKING ENVIRONMENT WITH MY COWORKERS AND  
 PROVIDED GREAT CUSTOMER SERVICE.

**Employed:** Fyzical Therapy and Balance Center      **Supervisor:**  
**City:** TULSA      **State:** OK      **Country:** UNITED STATES  
**Specialty:** REHAB TECH      **From:** 7 /2020      **To:** 12 /2022      **Verified:**  
**Comments:** HELPED PHYSICAL THERAPIST WITH GETTING PATIENTS READY FOR THERAPY AND  
 SET UP MODALITIES FOR PATIENTS

**Employed:** Fyzical Therapy and Balance Center      **Supervisor:**  
**City:** TULSA      **State:** OK      **Country:** UNITED STATES  
**Specialty:** REHAB TECH      **From:** 6 /2019      **To:** 8 /2019      **Verified:**  
**Comments:** HELPED PHYSICAL THERAPIST WITH GETTING PATIENTS READY FOR THERAPY AND  
 SET UP MODALITIES FOR PATIENTS

**Employed:** Sam's Club      **Supervisor:**  
**City:** TULSA      **State:** OK      **Country:** UNITED STATES  
**Specialty:** PRODUCE WORKER      **From:** 5 /2018      **To:** 8 /2018      **Verified:**  
**Comments:** UPHELD ESTABLISHED RULES AND REGULATIONS TO MAINTAIN COMPLIANCE WITH  
 SAFETY AND QUALITY STANDARDS

**Employed:** Sam's Club      **Supervisor:**  
**City:** TULSA      **State:** OK      **Country:** UNITED STATES  
**Specialty:** PRODUCE WORKER      **From:** 5 /2017      **To:** 8 /2017      **Verified:**  
**Comments:** MONITORED INVENTORY LEVELS OF RAW MATERIALS,SUPPLIES, AND FINISHED  
 GOODS

#### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

#### DEFICIENCIES

NBCOT-(Nat'l Certif/Regist)

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6000          ABBY LYN DRAPER  
 Occupational Therapist

**Practice Address:**  
 July 30, 2024  
 KINTINU TELEREHAB  
 6404 N 70TH PLAZA  
  
 OMAHA, NE 68104  
 NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 07/30/2024  
**Entered:** 07/30/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6000  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> RUSH UNIVERSITY		<b>State:</b> IL	<b>Country:</b> UNITED STATES		
<b>City:</b> CHICAGO		<b>From:</b> 8/2017	<b>To:</b> 4/ 2020	<b>Verified:</b>	
<b>Degree:</b> DOCTOR OF OCCUPATIONAL THERAPY					
<b>School Name:</b> CREIGHTON UNIVERSITY		<b>State:</b> NE	<b>Country:</b> UNITED STATES		
<b>City:</b> OMAHA		<b>From:</b> 8/2013	<b>To:</b> 5/ 2017	<b>Verified:</b>	
<b>Degree:</b>					
<b>School Name:</b> DUCHESNE ACADEMY		<b>State:</b> NE	<b>Country:</b> UNITED STATES		
<b>City:</b> OMAHA		<b>From:</b> 8/2009	<b>To:</b> 5/ 2013	<b>Verified:</b>	
<b>Degree:</b> HIGHSCHOOL DIPLOMA					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6000          ABBY LYN DRAPER  
 Occupational Therapist

PRACTICE HISTORY					
<b>Employed:</b> Kintinu Telerehab <b>City:</b> OMAHA <b>Specialty:</b> OT <b>Comments:</b> CONDUCT OT EVALUATION AND TREATMENT THROUGH VIRTUAL THERAPY.	<b>Supervisor:</b> <b>State:</b> NE <b>Country:</b> UNITED STATES <b>From:</b> 7 /2024 <b>To:</b> / <b>Verified:</b>				
<b>Employed:</b> Madonna Rehabilitation <b>City:</b> OMAHA <b>Specialty:</b> OT <b>Comments:</b> CONDUCTED OT EVALUATION AND TREATMENT IN ACUTE REHABILITATION.	<b>Supervisor:</b> <b>State:</b> NE <b>Country:</b> UNITED STATES <b>From:</b> 3 /2023 <b>To:</b> 6 /2024 <b>Verified:</b>				
<b>Employed:</b> Mayo Clinic <b>City:</b> ROCHESTER <b>Specialty:</b> OT <b>Comments:</b> CONDUCTED OT EVALUATION AND TREATMENT IN ACUTE CARE AND ACUTE REHABILITATION.	<b>Supervisor:</b> <b>State:</b> MN <b>Country:</b> UNITED STATES <b>From:</b> 8 /2020 <b>To:</b> 2 /2023 <b>Verified:</b>				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
NE	Occupational Therapist 2776	A	3/8/23	8/1/26	8/27/24

**DEFICIENCIES**  
 Evidence of Status  
 Application Instructions  
 OATH  
 Time Deficiency Form for: 4/2020-8/2020, -- MUST USE TIME DEFICIENCY FORM  
 PHOTO  
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH KINTINU TELEREHAB?

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT            6001      MACY BUZZANGA  
 Occupational Therapist

**Practice Address:**

September 09, 2024  
 SYNERGY CARE INC - OKLAHOMA HEART HOSPITAL  
 5200 E I-240 SERVICE ROAD  
  
 OKLAHOMA CITY, OK 73135  
 OKLAHOMA

**Status:**  
**Res:**  
**Received:** 07/30/2024  
**Entered:** 07/30/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6001  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT

**Orig Issued:**

**Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> UNIVERSITY OF MISSOURI					
<b>City:</b> COLUMBIA	<b>State:</b> MO	<b>Country:</b> UNITED STATES			
<b>Degree:</b> DOCTORATE OF OCCUPATIONAL THERAPY	<b>From:</b> 6/2021	<b>To:</b> /	<b>Verified:</b>		
<hr/>					
<b>School Name:</b> BAKER UNIVERSITY					
<b>City:</b> BALDWIN CITY	<b>State:</b> KS	<b>Country:</b> UNITED STATES			
<b>Degree:</b> BACHELORS OF EXERCISE SCIENCE	<b>From:</b> 8/2019	<b>To:</b> 5/2021	<b>Verified:</b>		
<hr/>					
<b>School Name:</b> STATE FAIR COMMUNITY COLLEGE					
<b>City:</b> SEDALIA	<b>State:</b> MO	<b>Country:</b> UNITED STATES			
<b>Degree:</b>	<b>From:</b> 8/2017	<b>To:</b> 5/2019	<b>Verified:</b>		
<hr/>					
<b>School Name:</b> KNOB NOSTER HIGH SCHOOL					
<b>City:</b> KNOB NOSTER	<b>State:</b> MO	<b>Country:</b> UNITED STATES			
<b>Degree:</b>	<b>From:</b> 8/2013	<b>To:</b> 5/2017	<b>Verified:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT              6001      MACY BUZZANGA  
 Occupational Therapist

### PRACTICE HISTORY

**Employed:** SYNERGY CARE INC - OKLAHOMA HEART      **Supervisor:**  
 HOSPITAL SOUTH  
**City:** OKLAHOMA CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** OT      **From:** 9 / 2024      **To:** /      **Verified:**  
**Comments:** 9/4/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB  
 5200 E I-240 SERVICE ROAD  
 OKLAHOMA CITY, OK 73135  
 405-628-6296

**Employed:** Substitute Teacher at Early Childhood Special      **Supervisor:**  
 Educ  
**City:** COLUMBIA      **State:** MO      **Country:** UNITED STATES  
**Specialty:** CAREGIVER      **From:** 11 / 2023      **To:** 5 / 2024      **Verified:**  
**Comments:** PROVIDED CARE FOR CHILDREN WITH SPECIAL NEEDS, AGES 3-5

**Employed:** Keeping Good Company      **Supervisor:**  
**City:** COLUMBIA      **State:** MO      **Country:** UNITED STATES  
**Specialty:** CAREGIVER      **From:** 2 / 2022      **To:** 5 / 2022      **Verified:**  
**Comments:** PROVIDED CARE FOR OLDER ADULTS IN HOME AND FACILITIES. ASSISTED WITH ADLS  
 AND HOUSE CHORES.

**Employed:** Ready Set Grow Daycare      **Supervisor:**  
**City:** KNOB NOSTER      **State:** MO      **Country:** UNITED STATES  
**Specialty:** ASSISTANT TEACHER      **From:** 6 / 2017      **To:** /      **Verified:**  
**Comments:** ASSISTANT TEACHER AT A DAYCARE CENTER- THROUGHOUT SCHOOL DURING NON  
 CLASS TIMES/HOLIDAY BREAKS

**Other Licenses**

State	Lic Type and Number	Status	Issued	Exp	Verif

**DEFICIENCIES**

Application Instructions  
 OATH  
 PHOTO  
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM UNIVERSITY OF MISSOURI? /  
 ARE YOU CURRENTLY EMPLOYED WITH READY SET GROW DAYCARE?  
 Evidence of Status

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6002          JULIA ASHLEY GUILD  
 Occupational Therapist

**Practice Address:**  
 August 21, 2024  
 BETHANY CHILDREN'S HEALTH CENTER  
 6800 NW 39TH EXPRESSWAY  
  
 BETHANY, OK 73008  
 OKLAHOMA

**Status:**  
**Res:**  
**Received:** 08/01/2024  
**Entered:** 08/01/2024  
**Temp Issued:** 09/05/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6002  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<hr/>					
<b>School Name:</b> WASHINGTON UNIVERSITY IN ST. LOUIS					
<b>City:</b> ST. LOUIS		<b>State:</b> MO		<b>Country:</b> UNITED STATES	
<b>Degree:</b> Doctor of Occupational Therapy		<b>From:</b> 8/2021		<b>To:</b> 8/ 2024 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM					
<b>City:</b> BIRMINGHAM		<b>State:</b> AL		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/2017		<b>To:</b> 5/ 2021 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> CARL ALBERT HIGH SCHOOL					
<b>City:</b> MIDWEST CITY		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/2012		<b>To:</b> 5/ 2017 <b>Verified:</b>	
<hr/>					
PRACTICE HISTORY					
<hr/>					
<b>Employed:</b> BETHANY CHILDREN'S HEALTH CENTER			<b>Supervisor:</b> ASHLEY HAMBRECHT, OT		
<b>City:</b> BETHANY			5660		
<b>Specialty:</b> OT		<b>State:</b> OK		<b>Country:</b>	
<b>Comments:</b> 6800 NW 39TH EXPRESSWAY		<b>From:</b> 9 /2024		<b>To:</b> / <b>Verified:</b>	
BETHANY, OK 73008					
405-789-6711					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	6002	JULIA ASHLEY GUILD

Occupational Therapist

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
NBCOT-(Nat'l Certif/Regist)



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6003          MARCY LYNNE EDWARDS  
 Occupational Therapist

**Practice Address:**  
 August 28, 2024

**Status:**  
**Res:**  
**Received:** 08/02/2024  
**Entered:** 08/02/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6003  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<hr/>					
<b>School Name:</b> BELMONT UNIVERSITY		<b>State:</b> TN	<b>Country:</b> UNITED STATES		
<b>City:</b> NASHVILLE		<b>From:</b> 8/2022	<b>To:</b> 8/ 2024	<b>Verified:</b>	
<b>Degree:</b> MASTER OF SCIENCE IN OCCUPATIONAL THERAPY					
<hr/>					
<b>School Name:</b> ROGERS STATE UNIVERSITY		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>City:</b> CLAREMORE		<b>From:</b> 8/2012	<b>To:</b> 12/ 2012	<b>Verified:</b>	
<b>Degree:</b> N/A					
<hr/>					
<b>School Name:</b> CLAREMORE HIGH SCHOOL		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>City:</b> CLAREMORE		<b>From:</b> 8/2009	<b>To:</b> 5/ 2012	<b>Verified:</b>	
<b>Degree:</b>					
<hr/>					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6003          MARCY LYNNE EDWARDS  
 Occupational Therapist

PRACTICE HISTORY					
<b>Employed:</b>	REHABSOURCE	<b>Supervisor:</b>	KATIE MILLER, OT 5784		
	City: OKLAHOMA CITY	State: OK	Country:		
	Specialty: OA	From: 7 /2024	To: /	Verified:	
<b>Comments:</b>	4350 WILL ROGERS PKWY, STE 600 OKLAHOMA CITY, OK 73108 405-948-2813				
<b>Employed:</b>	FAIRFAX COMMUNITY HOSPITAL	<b>Supervisor:</b>	CHERYL WALLACE, OT 602		
	City: FAIRFAX	State: OK	Country:	UNITED STATES	
	Specialty: OA	From: 5 /2023	To: /	Verified:	
<b>Comments:</b>	40 HOSPITAL RD FAIRFAX, OK 74637 918-642-3291				
<b>Employed:</b>	WILLOW HAVEN	<b>Supervisor:</b>	CHRISTY O'CONNOR, OT 452		
	City: TONKAWA	State: OK	Country:		
	Specialty: OA	From: 8 /2021	To: /	Verified:	
<b>Comments:</b>					
<b>Employed:</b>	REHAB PRO	<b>Supervisor:</b>	JEFFRY KIMMEL, OT 879		
	City: OKLAHOMA CITY	State: OK	Country:		
	Specialty: OA	From: 4 /2021	To: 9 /2021	Verified:	
<b>Comments:</b>	DELETED BY SUPERVISOR 10/01/2021 KW				
<b>Employed:</b>	PONCA CITY NURSING AND REHAB	<b>Supervisor:</b>	MARCY EDWARDS, OT 1844		
	City: PONCA CITY	State: OK	Country:		
	Specialty: OA	From: 3 /2021	To: 8 /2022	Verified:	
<b>Comments:</b>	8/19/2022 - DELETED BY SUPERVISOR (RAH)				
<b>Employed:</b>	PONCA CITY NURSING AND REHAB	<b>Supervisor:</b>	MICHAEL BOONE, OT 713		
	City: PONCA CITY	State: OK	Country:	UNITED STATES	
	Specialty: OA	From: 5 /2018	To: 7 /2024	Verified:	
<b>Comments:</b>					
<b>Employed:</b>	Progressive Rehab	<b>Supervisor:</b>			
	City: GRAPEVINE	State: TX	Country:	UNITED STATES	
	Specialty: COTA	From: 9 /2017	To: 6 /2018	Verified:	
<b>Comments:</b>					
<b>Employed:</b>	Kindred	<b>Supervisor:</b>			
	City: GRAPEVINE	State: TX	Country:	UNITED STATES	
	Specialty: COTA	From: 6 /2016	To: 10 /2017	Verified:	
<b>Comments:</b>					
<b>Employed:</b>	Community Home Health	<b>Supervisor:</b>			
	City: CLAREMORE	State: OK	Country:	UNITED STATES	
	Specialty: OFFICE ASSISTANT	From: 8 /2012	To: 5 /2016	Verified:	
<b>Comments:</b>					

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	OA OTA213943				
OK	OA 1725	A	6/28/16	10/31/24	8/28/24

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	6003	MARCY LYNNE EDWARDS

Occupational Therapist

**DEFICIENCIES**

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH PONCA CITY NURSING AND REHAB,  
WILLOW HAVEN AND FAIRFAX COMMUNITY HOSPITAL?

Verify License from TX OTA213943

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OT	6004	NICOLE KAY HAYS
Occupational Therapist		

**Practice Address:**

August 05, 2024  
 MCALESTER REGIONAL HEALTH CENTER  
 1 CLARK BASS BLVD  
  
 MCALESTER, OK 74501  
 PITTSBURG

**Status:**  
**Res:**  
**Received:** 08/05/2024  
**Entered:** 08/05/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6004  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:** **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6004          NICOLE KAY HAYS  
 Occupational Therapist

<b>PRE-MED EDUCATION</b>			
<b>School Name:</b> UNIVERSITY OF LOUISIANA MONROE <b>City:</b> MONROE	<b>State:</b> LA <b>Country:</b> UNITED STATES	<b>From:</b> 8/2022	<b>To:</b> 12/ 2024 <b>Verified:</b>
<b>Degree:</b> MASTER OF OCCUPATIONAL THERAPY			
<b>School Name:</b> NORTHEASTERN STATE UNIVERSITY <b>City:</b> TAHLEQUAH	<b>State:</b> OK <b>Country:</b> UNITED STATES	<b>From:</b> 8/2020	<b>To:</b> 12/ 2021 <b>Verified:</b>
<b>Degree:</b> BACHELORS OF GENERAL STUDIES			
<b>School Name:</b> ICTC/CONNORS STATE COLLEGE <b>City:</b> MUSKOGEE	<b>State:</b> OK <b>Country:</b> UNITED STATES	<b>From:</b> 8/2018	<b>To:</b> 7/ 2019 <b>Verified:</b>
<b>Degree:</b> ASSOCIATE OF APPLIED SCIENCE - COTA			
<b>School Name:</b> CONNORS STATE COLLEGE <b>City:</b> MUSKOGEE	<b>State:</b> OK <b>Country:</b> UNITED STATES	<b>From:</b> 8/2017	<b>To:</b> 5/ 2018 <b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> CONNORS STATE COLLEGE <b>City:</b> WARNER	<b>State:</b> OK <b>Country:</b> UNITED STATES	<b>From:</b> 1/2010	<b>To:</b> 12/ 2011 <b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> NORTHEASTERN STATE UNIVERSITY <b>City:</b> TAHLEQUAH	<b>State:</b> OK <b>Country:</b> UNITED STATES	<b>From:</b> 8/2007	<b>To:</b> 12/ 2009 <b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> MUSKOGEE HIGH SCHOOL <b>City:</b> MUSKOGEE	<b>State:</b> OK <b>Country:</b> UNITED STATES	<b>From:</b> 8/2003	<b>To:</b> 6/ 2007 <b>Verified:</b>
<b>Degree:</b> HIGH SCHOOL DIPLOMA			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6004          NICOLE KAY HAYS  
 Occupational Therapist

### PRACTICE HISTORY

**Employed:** MCALESTER REGIONAL HEALTH CENTER      **Supervisor:** KENSEY HOLMAN, OT1800  
**City:** MCALESTER      **State:** OK      **Country:** UNITED STATES  
**Specialty:** OTA      **From:** 7 /2019      **To:** /      **Verified:**  
**Comments:** 9/9/2024 CURRENTLY EMPLOYED HERE, TS

**Employed:** NONE      **Supervisor:**  
**City:** NOT REPORTED      **State:**      **Country:** UNITED STATES  
**Specialty:** STAY AT HOME MOM/PARTTIME      **From:** 1 /2015      **To:** 8 /2017      **Verified:**  
 STUDENT  
**Comments:**

**Employed:** Archer's Cleaners      **Supervisor:**  
**City:** MUSKOGEE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** CASHIER AND CHECKER AT A DRY      **From:** 3 /2013      **To:** 1 /2015      **Verified:**  
 CLEANERS.  
**Comments:**

**Employed:** Hays Business Ventures      **Supervisor:**  
**City:** MUSKOGEE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** SALES      **From:** 1 /2012      **To:** 6 /2013      **Verified:**  
**Comments:**

**Employed:** Sonic Drive-In      **Supervisor:**  
**City:** MUSKOGEE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** CARHOP AND ANY OTHER POSITION      **From:** 9 /2006      **To:** 3 /2012      **Verified:**  
 NEEDED.  
**Comments:**

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Occupational Therapy Assistant 2121	A	9/18/19	10/31/24	9/3/24

### DEFICIENCIES

NBCOT-(Nat'l Certif/Regist)

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6006          RIDDHI PATEL  
 Occupational Therapist

**Practice Address:**  
 August 07, 2024  
 SCHOOL BASED OCCUPATIONAL THERAPY  
 51055 SAIL BAY CT  
  
 ELKHART, IN 46514  
 NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 08/07/2024  
**Entered:** 08/07/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6006  
**Sex:** F  
**Ethnic Origin:** 6

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> INDIANA UNIVERSITY		<b>State:</b> IN	<b>Country:</b> UNITED STATES		
<b>City:</b> BLOOMINGTON		<b>From:</b> 8/2014	<b>To:</b> 5/ 2017	<b>Verified:</b>	
<b>Degree:</b>					
<b>School Name:</b> INDIANA UNIVERSITY		<b>State:</b> IN	<b>Country:</b> UNITED STATES		
<b>City:</b> SOUTH BEND		<b>From:</b> 8/2013	<b>To:</b> 5/ 2014	<b>Verified:</b>	
<b>Degree:</b>					
<b>School Name:</b> ELKHART MEMORIAL HIGH SCHOOL		<b>State:</b> IN	<b>Country:</b> UNITED STATES		
<b>City:</b> ELKHART		<b>From:</b> 8/2009	<b>To:</b> 5/ 2013	<b>Verified:</b>	
<b>Degree:</b>					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6006          RIDDHI PATEL  
 Occupational Therapist

### PRACTICE HISTORY

**Employed:** MSD Washington Township      **Supervisor:**  
**City:** INDIANAPOLIS      **State:** IN      **Country:** UNITED STATES  
**Specialty:** FULL-TIME SCHOOL BASED      **From:** 8 /2023      **To:** 5 /2024      **Verified:**  
 OCCUPATIONAL THERAPIST  
**Comments:**

**Employed:** Concentra      **Supervisor:**  
**City:** INDIANAPOLIS      **State:** IN      **Country:** UNITED STATES  
**Specialty:** OT      **From:** 5 /2023      **To:** 6 /2023      **Verified:**  
**Comments:** OUT-PATIENT OCCUPATIONAL THERAPIST IN AN ORTHOPEDIC CLINIC

**Employed:** Kids Innovative Developmental Services, Inc.      **Supervisor:**  
**City:** FISHERS      **State:** IN      **Country:** UNITED STATES  
**Specialty:** OUT-PATIENT PEDIATRIC      **From:** 4 /2023      **To:** 5 /2023      **Verified:**  
 OCCUPATIONAL THERAPIST  
**Comments:**

**Employed:** South Bend Community School Corporation      **Supervisor:**  
**City:** SOUTH BEND      **State:** IN      **Country:** UNITED STATES  
**Specialty:** FULL-TIME SCHOOL BASED      **From:** 8 /2021      **To:** 11 /2022      **Verified:**  
 OCCUPATIONAL THERAPIST.  
**Comments:**

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
IN	Occupational Therapy 31007470A	A	7/13/21	12/31/24	9/4/24

### DEFICIENCIES

Visa Type (if non-US citizen)  
 Visa Expiration Date (if non-US citizen)  
 Application Instructions  
 OATH  
 Time Deficiency Form for: 5/2017-8/2021, 11/2022-4/2023 , -- MUST USE TIME DEFICIENCY FORM  
 Evidence of Status  
 OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOU OCCUPATIONAL THERAPY DEGREE AT?  
 PHOTO



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6007          MEGHAN UREN  
 Occupational Therapist

**Practice Address:**  
 September 04, 2024

**Status:**  
**Res:**  
**Received:** 08/13/2024  
**Entered:** 08/13/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6007  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> WESTERN MICHIGAN UNIVERSITY					
<b>City:</b> KALAMAZOO		<b>State:</b> MI	<b>Country:</b> UNITED STATES		
<b>Degree:</b>	<b>From:</b> 8/2019	<b>To:</b> 6/ 2022	<b>Verified:</b>		
<hr/>					
<b>School Name:</b> WESTERN MICHIGAN UNIVERSITY					
<b>City:</b> KALAMAZOO		<b>State:</b> MI	<b>Country:</b> UNITED STATES		
<b>Degree:</b>	<b>From:</b> 8/2017	<b>To:</b> 4/ 2021	<b>Verified:</b>		
<hr/>					
<b>School Name:</b> DEXTER HIGH SCHOOL					
<b>City:</b> DEXTER		<b>State:</b> MI	<b>Country:</b> UNITED STATES		
<b>Degree:</b>	<b>From:</b> 8/2013	<b>To:</b> 6/ 2017	<b>Verified:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6007          MEGHAN UREN  
 Occupational Therapist

PRACTICE HISTORY					
<b>Employed:</b>	CompHealth	<b>Supervisor:</b>			
	City: MONTEREY	State: CA	Country: UNITED STATES		
	Specialty: TRAVEL OCCUPATIONAL THERAPIST WITH MPUSD	From: 1 /2024	To: 5 /2024	Verified:	
<b>Comments:</b>					
<b>Employed:</b>	CompHealth	<b>Supervisor:</b>			
	City: BAKERSFIELD	State: CA	Country: UNITED STATES		
	Specialty: TRAVEL OCCUPATIONAL THERAPIST	From: 11 /2023	To: 1 /2024	Verified:	
<b>Comments:</b> TRAVEL OCCUPATIONAL THERAPIST WITH CENTRE FOR NEURO SKILLS					
<b>Employed:</b>	Probility Physical Therapy	<b>Supervisor:</b>			
	City: YPSILANTI	State: MI	Country: UNITED STATES		
	Specialty: OUTPATIENT PEDIATRIC OCCUPATIONAL THERAPIST	From: 10 /2022	To: 10 /2023	Verified:	
<b>Comments:</b>					
<b>Employed:</b>	Western Michigan University	<b>Supervisor:</b>			
	City: KALAMAZOO	State: MI	Country: UNITED STATES		
	Specialty: DIRECT SUPPORT PROFESSIONAL IN SENIOR DAY PROGRAM	From: 6 /2019	To: 12 /2021	Verified:	
<b>Comments:</b>					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MI	Occupational Therapy 5201013112	A	9/15/22	9/15/26	8/14/24
CA	Occupational Therapy OT25807	A	12/5/23	10/31/25	8/28/24

**DEFICIENCIES**  
 Time Deficiency Form for: 6/2022-10/2022,-- MUST USE TIME DEFICIENCY FORM  
 Extended Background Check  
 OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOU OCCUPATIONAL THERAPY DEGREE AT?



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6008          HALEY MAE CAVENY  
 Occupational Therapist

PRE-MED EDUCATION			
<b>School Name:</b> BELMONT UNIVERSITY <b>City:</b> NASHVILLE <b>Degree:</b> MASTER OF SCIENCE IN OCCUPATIONAL THERAPY	<b>State:</b> TN <b>From:</b> 8/2022	<b>Country:</b> UNITED STATES <b>To:</b> 8/ 2024	<b>Verified:</b>
<b>School Name:</b> TULSA COMMUNITY COLLEGE <b>City:</b> TULSA <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 5/2022	<b>Country:</b> UNITED STATES <b>To:</b> 7/ 2022	<b>Verified:</b>
<b>School Name:</b> TULSA COMMUNITY COLLEGE <b>City:</b> TULSA <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 1/2014	<b>Country:</b> UNITED STATES <b>To:</b> 8/ 2016	<b>Verified:</b>
<b>School Name:</b> TULSA COMMUNITY COLLEGE <b>City:</b> TULSA <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 1/2013	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2013	<b>Verified:</b>
<b>School Name:</b> ORAL ROBERTS UNIVERSITY <b>City:</b> TUSLA <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 8/2012	<b>Country:</b> UNITED STATES <b>To:</b> 12/ 2012	<b>Verified:</b>
<b>School Name:</b> LINCOLN CHRISTIAN SCHOOL <b>City:</b> TULSA <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 8/2009	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2012	<b>Verified:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6008          HALEY MAE CAVENY  
 Occupational Therapist

PRACTICE HISTORY			
<b>Employed:</b> Encompass Health <b>City:</b> BROKEN ARROW <b>Specialty:</b> TA <b>Comments:</b> 1200 W ALBANY DR BROKEN ARROW, OK 74012 918-957-3074	<b>Supervisor:</b> GROUP <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2024 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> Health Pro Heritage <b>City:</b> GREENSVILLE <b>Specialty:</b> PROVIDED PRN PTA SERVICES IN OKLAHOMA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> SC <b>Country:</b> UNITED STATES <b>From:</b> 8 /2024 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> ST JOHN REHAB HOSPITAL / EMCOMPASS HEALTH <b>City:</b> BROKEN ARROW <b>Specialty:</b> TA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 /2023 <b>To:</b> 4 /2024 <b>Verified:</b>		
<b>Employed:</b> ACCESS 2 HEALTHCARE SOLUTIONS <b>City:</b> MUSKOGEE <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 2 /2023 <b>To:</b> 8 /2023 <b>Verified:</b>		
<b>Employed:</b> ACCESS 2 HEALTHCARE SOLUTIONS INC. <b>City:</b> MUSKOGEE <b>Specialty:</b> HOME HEALTH <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2023 <b>To:</b> 8 /2023 <b>Verified:</b>		
<b>Employed:</b> ST JOHN REHAB HOSPITAL AN AFFILIATE OF ENCOMPASS H <b>City:</b> BROKEN ARROW <b>Specialty:</b> TA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2022 <b>To:</b> 1 /2023 <b>Verified:</b>		
<b>Employed:</b> REHAB SOURCE <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2021 <b>To:</b> 3 /2022 <b>Verified:</b>		
<b>Employed:</b> HILLCREST HOSPITAL SOUTH <b>City:</b> TULSA <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2020 <b>To:</b> 6 /2022 <b>Verified:</b>		
<b>Employed:</b> REDBUD PHYSICAL THERAPY <b>City:</b> GLENPOOL <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 12 /2019 <b>To:</b> 2 /2020 <b>Verified:</b>		
<b>Employed:</b> RESULTS PHYSICAL THERAPY <b>City:</b> MANFORD <b>Specialty:</b> TA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2018 <b>To:</b> 11 /2019 <b>Verified:</b>		

## Oklahoma State Board of Medical Licensure and Supervision

### Application Summary

**Type**      **Number**      **Name**  
 OT          6008          HALEY MAE CAVENY

Occupational Therapist

<b>Employed:</b> GREEN COUNTRY REHABILITATION <b>City:</b> TULSA <b>Specialty:</b> TA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2018 <b>To:</b> 12 /2019 <b>Verified:</b>
<b>Employed:</b> TOTAL PHYSICAL THERAPY <b>City:</b> TULSA <b>Specialty:</b> TA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 /2018 <b>To:</b> 12 /2018 <b>Verified:</b>
<b>Employed:</b> HOME THERAPY RESOURCES INC <b>City:</b> TULSA <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 12 /2017 <b>To:</b> 12 /2018 <b>Verified:</b>
<b>Employed:</b> REHAB PRO <b>City:</b> TULSA <b>Specialty:</b> TA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2017 <b>To:</b> 2 /2019 <b>Verified:</b>
<b>Employed:</b> GREEN COUNTRY REHAB <b>City:</b> TULSA <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2017 <b>To:</b> 8 /2019 <b>Verified:</b>
<b>Employed:</b> RESULTS PHYSICAL THERAPY <b>City:</b> MANFORD <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 10 /2016 <b>To:</b> 11 /2016 <b>Verified:</b>
<b>Employed:</b> Drysdales <b>City:</b> TULSA <b>Specialty:</b> <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 /2014 <b>To:</b> 5 /2014 <b>Verified:</b>
<b>Employed:</b> Southern Hills Riding Academy <b>City:</b> TULSA <b>Specialty:</b> <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2013 <b>To:</b> 3 /2014 <b>Verified:</b>
<b>Employed:</b> Miller Swim School <b>City:</b> TULSA <b>Specialty:</b> <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2013 <b>To:</b> 8 /2013 <b>Verified:</b>
<b>Employed:</b> Walgreens <b>City:</b> CATOOSA <b>Specialty:</b> CASHIER AND GENERAL STORE HELP <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 12 /2012 <b>To:</b> 1 /2013 <b>Verified:</b>
<b>Employed:</b> Dry Gulch U.S.A <b>City:</b> ADAIR <b>Specialty:</b> <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 /2012 <b>To:</b> 8 /2012 <b>Verified:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OT	6008	HALEY MAE CAVENY
Occupational Therapist		

<b>Other Licenses</b>					
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>
OK	Physical Therapist Assistant 2647	A	8/11/16	1/31/25	9/4/24
FL	Physical Therapist Assistant PTA32357	I	10/12/22	11/30/23	9/4/24

<b><u>DEFICIENCIES</u></b>
OATH
PHOTO
Application Instructions

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6009          KATHERINE BAKER  
 Occupational Therapist

**Practice Address:**  
 September 04, 2024

**Status:**  
**Res:**  
**Received:** 08/17/2024  
**Entered:** 08/17/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6009  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> BRENAU UNIVERSITY		<b>State:</b> GA	<b>Country:</b> UNITED STATES		
<b>City:</b> GAINESVILLE		<b>From:</b> 8/2021	<b>To:</b> 12/ 2023	<b>Verified:</b>	
<b>Degree:</b>					
<b>School Name:</b> OKLAHOMA CHRISTIAN UNIVERSITY		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>City:</b> EDMOND		<b>From:</b> 8/2016	<b>To:</b> 5/ 2021	<b>Verified:</b>	
<b>Degree:</b>					
<b>School Name:</b> WEST FORSYTH HIGH SCHOOL		<b>State:</b> GA	<b>Country:</b> UNITED STATES		
<b>City:</b> CUMMING		<b>From:</b> 8/2012	<b>To:</b> 5/ 2016	<b>Verified:</b>	
<b>Degree:</b>					
PRACTICE HISTORY					
<b>Employed:</b> Wiles Therapy For Kids		<b>Supervisor:</b>			
<b>City:</b> CUMMING		<b>State:</b> GA	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> PEDIATRIC OUTPATIENT CLINIC IN CUMMING, GA.		<b>From:</b> 6 /2024	<b>To:</b> /	<b>Verified:</b>	
<b>Comments:</b>					



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OT	6009	KATHERINE BAKER
Occupational Therapist		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
GA	Occupational Therapist 009205		7/1/24		

**DEFICIENCIES**  
 Evidence of Status  
 Application Instructions  
 OATH  
 Verify License from GA 009205  
 Time Deficiency Form for: 12/2023-6/2024, -- MUST USE TIME DEFICIENCY FORM  
 PHOTO  
 OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR OCCUPATIONAL THERAPY DEGREE AT? /  
 CANNOT FIND GA LICENSE VERIFICATION ON GA PORTAL. MUST HAVE THEM SEND LICENSE  
 VERIFICATION  
 Extended Background Check





## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6011          KARI DAWN TANNER  
 Occupational Therapist

**Practice Address:**

August 24, 2024  
 INTEGRIS MIAMI REHAB AND SPORTS MEDICINE  
 INTEGRIS MIAMI REHAB AND SPORTS MEDICINE  
 310 2ND AVE SW MIAMI  
 MIAMI, OK 74354  
 OTTAWA

**Status:**  
**Res:**  
**Received:** 08/24/2024  
**Entered:** 08/24/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6011  
**Sex:** F  
**Ethnic Origin:** 3

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION			
<b>School Name:</b> UNIVERSITY OF LOUISIANA AT MONROE	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> MONROE	<b>From:</b> 8/2022	<b>To:</b> /	<b>Verified:</b>
<b>Degree:</b> MASTERS OF OCCUPATIONAL THERAPY			
<b>School Name:</b> UNIVERSITY OF LOUISIANA AT MONROE	<b>State:</b> LA	<b>Country:</b> UNITED STATES	
<b>City:</b> MONROE	<b>From:</b> 8/2019	<b>To:</b> 8/ 2021	<b>Verified:</b>
<b>Degree:</b> BACHELORS			
<b>School Name:</b> TULSA COMMUNITY COLLEGE	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> TULSA	<b>From:</b> 1/2006	<b>To:</b> 5/ 2009	<b>Verified:</b>
<b>Degree:</b> AAS/OTA			
<b>School Name:</b> CHELSEA HIGH SCHOOL	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> CHELSEA	<b>From:</b> 8/1999	<b>To:</b> 5/ 2003	<b>Verified:</b>
<b>Degree:</b>			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6011          KARI DAWN TANNER  
 Occupational Therapist

PRACTICE HISTORY			
<b>Employed:</b> EMERAL CARE CENTER <b>City:</b> CLAREMORE <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> ELIZABETH DOVE, OT 5593 <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2024 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> INTEGRIS MIAMI REHAB AND SPORTS MEDICINE <b>City:</b> MIAMI <b>Specialty:</b> OUTPATIENT <b>Comments:</b>	<b>Supervisor:</b> BETH DEGARMO, OT 5615 <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2023 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> INTEGRIS MIAMI REHAB AND SPORTS MEDICINE <b>City:</b> MIAMI <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> BETH DEGARMO, OT 5615 <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2023 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> ALDE TALK THERAPIES <b>City:</b> TULSA <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 12 /2020 <b>To:</b> 10 /2022 <b>Verified:</b>		
<b>Employed:</b> GENESIS - FRANCISCAN VILLA <b>City:</b> BROKEN ARROW <b>Specialty:</b> COTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 2 /2020 <b>To:</b> 10 /2020 <b>Verified:</b>		
<b>Employed:</b> PROHAB THERAPY SPECIALISTS <b>City:</b> ARDMORE <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2019 <b>To:</b> 10 /2023 <b>Verified:</b>		
<b>Employed:</b> PROHAB THERAPY SPECIALISTS <b>City:</b> ARDMORE <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2019 <b>To:</b> 10 /2019 <b>Verified:</b>		
<b>Employed:</b> FRANCISCAN VILLA <b>City:</b> BROKEN ARROW <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2018 <b>To:</b> 10 /2019 <b>Verified:</b>		
<b>Employed:</b> CAPSTONE THERAPY <b>City:</b> TULSA <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 4 /2018 <b>To:</b> 1 /2021 <b>Verified:</b>		
<b>Employed:</b> ST FRANCIS HOME HEALTH <b>City:</b> TULSA <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 /2018 <b>To:</b> 10 /2020 <b>Verified:</b>		
<b>Employed:</b> ST FRANCIS HOME HEALTH <b>City:</b> TULSA <b>Specialty:</b> OA	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 /2018 <b>To:</b> 10 /2020 <b>Verified:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6011          KARI DAWN TANNER  
 Occupational Therapist

<b>Comments:</b>					
<b>Employed:</b> FOREST HILLS CARE & REHAB		<b>Supervisor:</b>			
<b>City:</b> BROKEN ARROW		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> OA		<b>From:</b> 8 /2017	<b>To:</b> 9 /2018	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> PROHAB		<b>Supervisor:</b>			
<b>City:</b> TULSA		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> OA		<b>From:</b> 7 /2017	<b>To:</b> 1 /2023	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> FOREST HILLS WITH REHAB CARE		<b>Supervisor:</b>			
<b>City:</b> BROKEN ARROW		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> OCCUPATIONAL THERAPY ASSISTANT		<b>From:</b> 3 /2016	<b>To:</b> 9 /2018	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> REHABCARE		<b>Supervisor:</b>			
<b>City:</b> BROKEN ARROW		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> SKILLED NURSING FACILITY		<b>From:</b> 8 /2015	<b>To:</b> 9 /2018	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> ABLE TALK THERAPIES, INC		<b>Supervisor:</b>			
<b>City:</b> TULSA		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> OTA		<b>From:</b> 8 /2011	<b>To:</b> 10 /2014	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> SUNDANCE REHABILITATION @ FOREST HILLS		<b>Supervisor:</b>			
<b>City:</b> BROKEN ARROW		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> OTA		<b>From:</b> 5 /2009	<b>To:</b> 9 /2018	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> MAGNA COMMUNITY LIVING		<b>Supervisor:</b>			
<b>City:</b> TULSA		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> EMPLOYED		<b>From:</b> 5 /2004	<b>To:</b> 12 /2008	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> PARKS EDGE NURSING HOME		<b>Supervisor:</b>			
<b>City:</b> TULSA		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> CNA		<b>From:</b> 2 /2004	<b>To:</b> 5 /2004	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> CHELSEA NURSING HOME/COLONIAL CARE CENTER		<b>Supervisor:</b>			
<b>City:</b> CHELSEA		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Specialty:</b> CNA		<b>From:</b> 8 /2002	<b>To:</b> 2 /2004	<b>Verified:</b>	
<b>Comments:</b>					

<b>Other Licenses</b>					
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>
OK	OA 1072	A	5/19/09	10/31/24	9/6/24

**Oklahoma State Board of Medical Licensure and Supervision  
Application Summary**

Type	Number	Name
OT	6011	KARI DAWN TANNER

Occupational Therapist

**DEFICIENCIES**

NBCOT-(Nat'l Certif/Regist)

Extended Background Check

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH EMERALD CARE CENTER ,  
INTEGRIS MIAMI REHAB? / WHEN IS EXPECTED GRADUATION DATE FROM UNIVERSITY OF  
LOUISIANA AT MONROE?

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	6012	MAECIE DAWN HUNT

Occupational Therapist

**Practice Address:**  
September 06, 2024

**Status:**  
**Res:**  
**Received:** 08/29/2024  
**Entered:** 08/29/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6012  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:** **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6012          MAECIE DAWN HUNT  
 Occupational Therapist

<b>PRE-MED EDUCATION</b>			
<b>School Name:</b> UNIVERSITY OF LOUISIANA AT MONROE <b>City:</b> MONROE	<b>State:</b> LA	<b>Country:</b> UNITED STATES	
<b>Degree:</b> MASTER OF OCCUPATIONAL THERAPY	<b>From:</b> 8/2022	<b>To:</b> /	<b>Verified:</b>
<b>School Name:</b> INDIAN CAPITAL TECHNOLOGY CENTER <b>City:</b> MUSKOGEE	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Degree:</b> AAS OCCUPATIONAL THERAPY ASSISTANT	<b>From:</b> 8/2019	<b>To:</b> 12/ 2020	<b>Verified:</b>
<b>School Name:</b> TULSA COMMUNITY COLLEGE <b>City:</b> TULSA	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Degree:</b>	<b>From:</b> 6/2017	<b>To:</b> 8/ 2017	<b>Verified:</b>
<b>School Name:</b> NORTHEASTERN STATE UNIVERSITY <b>City:</b> TAHLEQUAH	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Degree:</b> BACHELORS	<b>From:</b> 8/2015	<b>To:</b> 5/ 2018	<b>Verified:</b>
<b>School Name:</b> CARL ALBERT STATE COLLEGE <b>City:</b> POTEAU	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Degree:</b>	<b>From:</b> 8/2014	<b>To:</b> 5/ 2015	<b>Verified:</b>
<b>School Name:</b> WHITESBORO HIGH SCHOOL <b>City:</b> WHITESBORO	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Degree:</b> HIGH SCHOOL DIPLOMA	<b>From:</b> 8/2010	<b>To:</b> 5/ 2014	<b>Verified:</b>
<b>School Name:</b> BUFFALO VALLEY HIGH SCHOOL <b>City:</b> BUFFALO VALLEY	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>Degree:</b>	<b>From:</b> 8/2010	<b>To:</b> 11/ 2010	<b>Verified:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6012          MAECIE DAWN HUNT  
 Occupational Therapist

PRACTICE HISTORY			
<b>Employed:</b> PHOENIX REHAB LLC THE LAKES CARE CENTER  <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> OA <b>Comments:</b> 8/15/2024 DELETED BY SUPERVISOR, TS 5701 W BRITTON ROAD OKLAHOMA CITY, OK 73132 405-773-8900	<b>Supervisor:</b> STEPHANIE PROCTOR-TOLILSON, OT 650  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 10 /2023 <b>To:</b> 8 /2024 <b>Verified:</b>		
<b>Employed:</b> HOME THERAPY RESOURCES <b>City:</b> TULSA <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> NICOLE DEWITT, OA 1709  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2021 <b>To:</b> 5 /2024 <b>Verified:</b>		
<b>Employed:</b> HOME THERAPY RESOURCES <b>City:</b> TULSA <b>Specialty:</b> OA <b>Comments:</b> 10/17/2023 DELETED BY SUPERVISOR, TS	<b>Supervisor:</b> HALEIGH LOCKARD, OT 5346  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2021 <b>To:</b> 10 /2023 <b>Verified:</b>		
<b>Employed:</b> Hard Rock Casino <b>City:</b> CATOOSA <b>Specialty:</b> BARTENDER <b>Comments:</b>	<b>Supervisor:</b>  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2019 <b>To:</b> 1 /2021 <b>Verified:</b>		
<b>Employed:</b> Hooker's Bar and Grill <b>City:</b> PRYOR <b>Specialty:</b> SERVER/BARTENDER <b>Comments:</b>	<b>Supervisor:</b>  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2018 <b>To:</b> 1 /2019 <b>Verified:</b>		
<b>Employed:</b> Rib Crib <b>City:</b> OWASSO <b>Specialty:</b> SERVER <b>Comments:</b>	<b>Supervisor:</b>  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2018 <b>To:</b> 8 /2018 <b>Verified:</b>		
<b>Employed:</b> Onward and Upward <b>City:</b> TAHLEQUAH <b>Specialty:</b> TUTOR/CLASSROOM TEACHER <b>Comments:</b>	<b>Supervisor:</b>  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 12 /2017 <b>To:</b> 6 /2018 <b>Verified:</b>		
<b>Employed:</b> Buffalo Wild Wings <b>City:</b> TAHLEQUAH <b>Specialty:</b> SERVER <b>Comments:</b>	<b>Supervisor:</b>  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 9 /2016 <b>To:</b> 12 /2017 <b>Verified:</b>		
<b>Employed:</b> Rue 21 <b>City:</b> TAHLEQUAH <b>Specialty:</b> SALES ASSOCIATE <b>Comments:</b>	<b>Supervisor:</b>  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 4 /2016 <b>To:</b> 9 /2016 <b>Verified:</b>		
<b>Employed:</b> Burnt Cabin Marina <b>City:</b> TAHLEQUAH <b>Specialty:</b> SERVER <b>Comments:</b>	<b>Supervisor:</b>  <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2015 <b>To:</b> 9 /2015 <b>Verified:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6012          MAECIE DAWN HUNT  
 Occupational Therapist

<b>Employed:</b> Veteran's Center <b>City:</b> TALIHINA <b>Specialty:</b> RECREATION TEAM <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2013 <b>To:</b> 7 /2015 <b>Verified:</b>
---	--

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	occupational therapy assistant 2263	A	12/22/20	10/31/24	9/6/24

<p><b><u>DEFICIENCIES</u></b>          Extended Background Check          OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM UNIVERSITY OF LOUISIANA AT MONROE?          NBCOT-(Nat'l Certif/Regist)</p>
---

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6013          CAITLIN JUKES  
 Occupational Therapist

**Practice Address:**  
 September 06, 2024

**Status:**  
**Res:**  
**Received:** 08/31/2024  
**Entered:** 08/31/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6013  
**Sex:** F  
**Ethnic Origin:** 2

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION			
<b>School Name:</b> WEST COAST UNIVERSITY		<b>State:</b> CA	<b>Country:</b> UNITED STATES
<b>City:</b> LOS ANGELES		<b>From:</b> 9/2018	<b>To:</b> 8/ 2021 <b>Verified:</b>
<b>Degree:</b>			

PRACTICE HISTORY			
<b>Employed:</b> IU Health Arnett		<b>Supervisor:</b>	
<b>City:</b> LAFAYETTE		<b>State:</b> IN	<b>Country:</b> UNITED STATES
<b>Specialty:</b> OCCUPATIONAL THERAPY		<b>From:</b> 6 /2024	<b>To:</b> / <b>Verified:</b>
<b>Comments:</b> PROVIDE OCCUPATIONAL THERAPY SERVICES FOR THE TREATMENT OF PHYSICAL AND PSYCHOLOGICAL DYSFUNCTION			
<b>Employed:</b> UTSW Medical Center		<b>Supervisor:</b>	
<b>City:</b> DALLAS		<b>State:</b> TX	<b>Country:</b> UNITED STATES
<b>Specialty:</b> OCCUPATIONAL THERAPY		<b>From:</b> 1 /2022	<b>To:</b> 5 /2024 <b>Verified:</b>
<b>Comments:</b> PROVIDE OCCUPATIONAL THERAPY SERVICES FOR THE TREATMENT OF PHYSICAL AND PSYCHOLOGICAL DYSFUNCTIONS			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
IN	Occupational Therapy 31008383A	A	5/3/24	12/31/24	9/3/24
TX	Occupational Therapy		12/13/21		

Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

Type	Number	Name
OT	6013	CAITLIN JUKES

Occupational Therapist

**DEFICIENCIES**

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 9/2009-9/2018, 8/2021-1/2022, - MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH IU HEALTH ARNETT? / WHERE DID YOU OBTAIN YOUR OCCUPATIONAL THERAPY DEGREE?

Verify License from TX

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OT	6014	KORY DON PATTERSON
Occupational Therapist		

**Practice Address:**  
 September 04, 2024  
 MOORE AUTISM CENTER  
 1040 SW 4TH ST  
  
 MOORE, OK 73160  
 CLEVELAND

**Status:**  
**Res:**  
**Received:** 09/04/2024  
**Entered:** 09/04/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6014  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:** **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6014          KORY DON PATTERSON  
 Occupational Therapist

<b>PRE-MED EDUCATION</b>			
<b>School Name:</b> UNIVERSITY OF LOUISIANA AT MONROE	<b>State:</b> LA	<b>Country:</b> UNITED STATES	
<b>City:</b> MONROE	<b>From:</b> 1/2022	<b>To:</b> 12/ 2024	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> EAST CENTRAL UNIVERSITY	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> ADA	<b>From:</b> 8/2011	<b>To:</b> 5/ 2013	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> USAO	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> CHICKASHA	<b>From:</b> 8/2008	<b>To:</b> 12/ 2008	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> OCCC	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> OKLAHOMA CITY	<b>From:</b> 1/2008	<b>To:</b> 5/ 2011	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> REDLANDS COMMUNITY COLLEGE	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> EL RENO	<b>From:</b> 1/2008	<b>To:</b> 5/ 2008	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> SWOSU	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> WEATHERFORD	<b>From:</b> 8/2007	<b>To:</b> 5/ 2008	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> VERDEN HIGH SCHOOL	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> VERDEN	<b>From:</b> 8/2004	<b>To:</b> 5/ 2008	<b>Verified:</b>
<b>Degree:</b> HS DIPLOMA			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6014          KORY DON PATTERSON  
 Occupational Therapist

PRACTICE HISTORY					
<b>Employed:</b> MOORE AUTISM CENTER <b>City:</b> MOORE <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 9 /2023 <b>To:</b> / <b>Verified:</b>				
<b>Employed:</b> MOORE AUTISM CENTER <b>City:</b> MOORE <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2021 <b>To:</b> 4 /2023 <b>Verified:</b>				
<b>Employed:</b> MOORE AUTISM CENTER <b>City:</b> MOORE <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2019 <b>To:</b> 11 /2021 <b>Verified:</b>				
<b>Employed:</b> ES SPEECH <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 /2019 <b>To:</b> 6 /2019 <b>Verified:</b>				
<b>Employed:</b> ES SPEECH <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 /2016 <b>To:</b> 6 /2019 <b>Verified:</b>				
<b>Employed:</b> EL RENO POST ACUTE REHABILITATION CENTER <b>City:</b> EL RENO <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2015 <b>To:</b> 3 /2016 <b>Verified:</b>				
<b>Employed:</b> Today's Therapy Solutions <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 /2013 <b>To:</b> 5 /2016 <b>Verified:</b>				
<b>Employed:</b> COALGATE SCHOOL SYSTEM <b>City:</b> COALGATE <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 9 /2011 <b>To:</b> 8 /2013 <b>Verified:</b>				

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Occupational Therapy Assistant 1237	A	11/3/11	10/31/24	9/9/24



Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

Type	Number	Name
OT	6014	KORY DON PATTERSON

Occupational Therapist

**DEFICIENCIES**

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR MOORE AUTISM CENTER?

Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE: YES ANSWER

NBCOT-(Nat'l Certif/Regist)



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          6015          STEPHANIE BUSES  
 Occupational Therapist

### PRACTICE HISTORY

**Employed:** Texoma Medical Center      **Supervisor:**  
**City:** DENISON      **State:** TX      **Country:** UNITED STATES  
**Specialty:** OCCUPATIONAL THERAPIST IN ACUTE CARE.      **From:** 11 /2018      **To:** /      **Verified:**  
**Comments:** 9/10/2024 - CURRENTLY EMPLOYED (LKC)

**Employed:** Briarcliff Health Center      **Supervisor:**  
**City:** GREENVILLE      **State:** TX      **Country:** UNITED STATES  
**Specialty:** OCCUPATIONAL THERAPIST      **From:** 11 /2017      **To:** 11 /2018      **Verified:**  
**Comments:** OCCUPATIONAL THERAPIST. LEFT DUE TO NEW JOB OPPORTUNITY IN ACUTE CARE SETTING.

**Employed:** Conroe Regional Medical Center      **Supervisor:**  
**City:** CONROE      **State:** TX      **Country:** UNITED STATES  
**Specialty:** OCCUPATIONAL THERAPIST      **From:** 5 /2016      **To:** 9 /2016      **Verified:**  
**Comments:** OCCUPATIONAL THERAPIST IN ACUTE CARE. LEFT 9/2016 DUE TO MARRIAGE & RELOCATING.

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Occupational Therapy 117473	A	2/19/16	10/31/24	9/6/24

### DEFICIENCIES

Evidence of Status  
 Application Instructions  
 OATH  
 Time Deficiency Form for: 5/2004-8/2006, 5/2008-8/2011, 12/2015-5/2016, 9/2016-11/2017 MUST USE TIME  
 DEFICIENCY FORM  
 PHOTO

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT              6016      KATIE MAE FARROW  
 Occupational Therapist

**Practice Address:**  
 September 09, 2024

**Status:**  
**Res:**  
**Received:** 09/07/2024  
**Entered:** 09/07/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6016  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<b>School Name:</b> UNIVERSITY OF LOUISIANA AT MONROE					
<b>City:</b> MONROE	<b>State:</b> LA	<b>Country:</b> UNITED STATES			
<b>Degree:</b> MASTER OF OCCUPATIONAL THERAPY	<b>From:</b> 8/2022	<b>To:</b> /	<b>Verified:</b>		
<b>School Name:</b> MURRAY STATE COLLEGE					
<b>City:</b> TISHOMINGO	<b>State:</b> OK	<b>Country:</b> UNITED STATES			
<b>Degree:</b> AAS/OTA	<b>From:</b> 8/2009	<b>To:</b> 10/2010	<b>Verified:</b>		
<b>School Name:</b> MURRAY STATE COLLEGE					
<b>City:</b> TISHOMINGO	<b>State:</b> OK	<b>Country:</b> UNITED STATES			
<b>Degree:</b> AS	<b>From:</b> 8/2008	<b>To:</b> 5/2009	<b>Verified:</b>		
<b>School Name:</b> EASTERN OKLAHOMA STATE COLLEGE					
<b>City:</b> WILBURTON	<b>State:</b> OK	<b>Country:</b> UNITED STATES			
<b>Degree:</b>	<b>From:</b> 8/2005	<b>To:</b> 5/2008	<b>Verified:</b>		
<b>School Name:</b> SAVANNA HIGH SCHOOL					
<b>City:</b> SAVANNA	<b>State:</b> OK	<b>Country:</b> UNITED STATES			
<b>Degree:</b>	<b>From:</b> 8/2001	<b>To:</b> 5/2005	<b>Verified:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT            6016      KATIE MAE FARROW  
 Occupational Therapist

### PRACTICE HISTORY

<b>Employed:</b> TOTAL REHAB <b>City:</b> EUFAULA <b>Specialty:</b> OA <b>Comments:</b> 617 S MAIN EUFAULA, OK 74432 918-423-2220	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 / 2023 <b>To:</b> / <b>Verified:</b>
--	---

<b>Employed:</b> ERGONOMIC COUNSULTANTS LLC <b>City:</b> MCALESTER <b>Specialty:</b> OA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 11 / 2020 <b>To:</b> 1 / 2023 <b>Verified:</b>
---	---

<b>Employed:</b> TOTAL REHAB <b>City:</b> MCALESTER <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 12 / 2014 <b>To:</b> 4 / 2017 <b>Verified:</b>
---	---

<b>Employed:</b> ERGONOMIC CONSULTANTS <b>City:</b> ANTLERS <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 / 2014 <b>To:</b> 1 / 2015 <b>Verified:</b>
---	--

<b>Employed:</b> GREEN COUNTRY REHAB <b>City:</b> TULSA <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 / 2014 <b>To:</b> 10 / 2014 <b>Verified:</b>
---	---

<b>Employed:</b> MCALESTER REGIONAL HOSPITAL <b>City:</b> MCALESTER <b>Specialty:</b> OTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 / 2011 <b>To:</b> 9 / 2014 <b>Verified:</b>
---	--

#### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Occupational Therapy Assistant 1183	A	12/17/10	10/31/24	9/9/24

Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

Type	Number	Name
OT	6016	KATIE MAE FARROW

Occupational Therapist

**DEFICIENCIES**

OATH

Application Instructions

NBCOT-(Nat'l Certif/Regist)

Extended Background Check

Time Deficiency Form for: 10/2010-3/2011, 4/2017-11/2020, -- MUST USE TIME DEFICIENCY FORM.

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM UNIVERSITY OF LOUISIANA AT MONROE UNIVERSITY? / ARE YOU CURRENTLY EMPLOYED WITH TOTAL REHAB? /

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          1780          MELANIE JILL DOUGLASS  
 Occupational Therapist

**Practice Address:**

August 22, 2024  
 UNIVERSITY OF KANSAS HEALTH SYSTEM  
 3910 RAINBOW BLVD  
 2ND FLOORMAILSTOP 8001  
 KANSAS CITY, KS 66103  
 NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 08/22/2024  
**Entered:** 08/22/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 1780  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:** 07/12/2012      **Orig. Lic. Exp:** 10/31/2019

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
<b>Total Possible:</b>		0			
<b>Okla Passing:</b>		0			
<b>Total Score:</b>		0			

PRE-MED EDUCATION					
<b>School Name:</b> UNIVERSITY OF OKLAHOMA - HEALTH SCIENCE CENTER					
<b>City:</b> OKLAHOMA CITY		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> MASTER OF OCCUPATIONAL THERAPY		<b>From:</b> 6/2009	<b>To:</b> 5/ 2012	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> OKLAHOMA STATE UNIVERSITY					
<b>City:</b> STILLWATER		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> BOS: HUMAN DEVELOPMENT & FAMILY SCIENCES		<b>From:</b> 8/2005	<b>To:</b> 5/ 2009	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> L.V. BERKNER HIGH SCHOOL					
<b>City:</b> RICHARDSON		<b>State:</b> TX		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/2002	<b>To:</b> 5/ 2005	<b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          1780          MELANIE JILL DOUGLASS  
 Occupational Therapist

### PRACTICE HISTORY

<b>Employed:</b> University of Kansas Health System <b>City:</b> KANSAS CITY <b>Specialty:</b> OT <b>Comments:</b> 9/5/24 - CURRENTLY EMPLOYED (LKC)	<b>Supervisor:</b> <b>State:</b> KS <b>Country:</b> UNITED STATES <b>From:</b> 3 /2015 <b>To:</b> / <b>Verified:</b>
---	--

<b>Employed:</b> HILLCREST MEDICAL CENTER <b>City:</b> TULSA <b>Specialty:</b> OT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> <b>From:</b> 7 /2012 <b>To:</b> 3 /2015 <b>Verified:</b>
---	--

<b>Employed:</b> Hillcrest Medical Center <b>City:</b> TULSA <b>Specialty:</b> IPR/HOSPITAL SETTING <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2012 <b>To:</b> 3 /2015 <b>Verified:</b>
---	--

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	occupational therapist 17-03072	A	3/27/15	3/31/25	9/5/24
OK	OT 1780	I	7/12/12	10/31/19	9/5/24

### DEFICIENCIES

OATH  
 Extended Background Check  
 PHOTO



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT            5633      JORDAN PAIGE GIARRAPUTO  
 Occupational Therapist

**Practice Address:**  
 November 29, 2023

NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 08/24/2024  
**Entered:** 08/24/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 5633  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:** 02/09/2022      **Orig. Lic. Exp:** 10/31/2022

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> LE MOYNE COLLEGE					
<b>City:</b> SYRACUSE		<b>State:</b> NY		<b>Country:</b> UNITED STATES	
<b>Degree:</b> OCCUPATIONAL THERAPY		<b>From:</b> 6/2015		<b>To:</b> 5/2017 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> LE MOYNE COLLEGE					
<b>City:</b> SYRACUSE		<b>State:</b> NY		<b>Country:</b> UNITED STATES	
<b>Degree:</b> BIOLOGY		<b>From:</b> 9/2012		<b>To:</b> 5/2015 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> WASHINGTONVILLE HIGH SCHOOL					
<b>City:</b> WASHINGTONVILLE		<b>State:</b> NY		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 9/2008		<b>To:</b> 6/2012 <b>Verified:</b>	



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	5633	JORDAN PAIGE GIARRAPUTO

Occupational Therapist

**DEFICIENCIES**

Time Deficiency Form for: 2/2021- 6/2021, -- MUST USE TIME DEFICIENCY FORM  
Verify License from VA 0119007386

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          5992          ALEXANDRA ZURAWIK  
 Occupational Therapist

**Practice Address:**  
 August 09, 2024

**Status:**  
**Res:**  
**Received:** 07/10/2024  
**Entered:** 07/10/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 5992  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** NBCOT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> WASHINGTON UNIVERSITY OF ST. LOUIS					
<b>City:</b> ST. LOUIS		<b>State:</b> MO		<b>Country:</b> UNITED STATES	
<b>Degree:</b> OCCUPATIONAL THERAPY		<b>From:</b> 8/2021		<b>To:</b> 12/ 2023 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> OKLAHOMA STATE UNIVERISTY					
<b>City:</b> STILLWATER		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> PRE-REQUISITES FOR GRAD SCHOOL ENTRY		<b>From:</b> 8/2020		<b>To:</b> 12/ 2020 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> TULSA COMMUNITY COLLEGE					
<b>City:</b> TULSA		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> PRE-REQUISITES FOR GRAD SCHOOL ENTRY		<b>From:</b> 1/2020		<b>To:</b> 8/ 2020 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> UNIVERSITY OF MISSOURI-COLUMBIA					
<b>City:</b> COLUMBIA		<b>State:</b> MO		<b>Country:</b> UNITED STATES	
<b>Degree:</b> JOURNALISM/MINOR IN ITALIAN		<b>From:</b> 8/2009		<b>To:</b> 5/ 2013 <b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          5992          ALEXANDRA ZURAWIK  
 Occupational Therapist

### PRACTICE HISTORY

<b>Employed:</b> NONE <b>City:</b> TULSA <b>Specialty:</b> UNEMPLOYED <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 12 /2023 <b>To:</b> 8 /2024 <b>Verified:</b>
---	---

<b>Employed:</b> Philbrook Museum <b>City:</b> TULSA <b>Specialty:</b> EVENT SUPPORT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 2 /2017 <b>To:</b> 5 /2021 <b>Verified:</b>
--	--

<b>Employed:</b> Gap, Inc. <b>City:</b> TULSA <b>Specialty:</b> SALES ASSOCIATE <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 /2015 <b>To:</b> 4 /2016 <b>Verified:</b>
---	--

<b>Employed:</b> Macy's, Inc. <b>City:</b> TULSA <b>Specialty:</b> SALES ASSOCIATE <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 10 /2013 <b>To:</b> 4 /2014 <b>Verified:</b>
--	---

<b>Employed:</b> Zurawik Law Firm <b>City:</b> TULSA <b>Specialty:</b> LEGAL ASSISTANT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 /2013 <b>To:</b> 5 /2021 <b>Verified:</b>
--	--

#### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
-------	---------------------	--------	--------	-----	-------

#### DEFICIENCIES



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          5995          EMILY ANN DYE  
 Occupational Therapist

### PRACTICE HISTORY

**Employed:** CORNERSTONE BEHAVIORAL HEALTH & PEDIATRIC THERAPY  
**City:** EDMOND      **State:** OK      **Country:**  
**Specialty:** OT      **From:** 8 /2024      **To:** /      **Verified:**  
**Comments:** 1900 E 15TH STREET #800B  
 EDMOND, OK 73013  
 405-455-6868  
**Supervisor:** ANNA FOGLE, OT 1894

**Employed:** Riverkids Pediatric Home Health  
**City:** SAN ANTONIO      **State:** TX      **Country:** UNITED STATES  
**Specialty:** HOME HEALTH OCCUPATIONAL THERAPIST  
**From:** 5 /2021      **To:** 6 /2024      **Verified:**  
**Comments:**

**Employed:** Pathfinder Pediatric Home Care  
**City:** LEAGUE CITY      **State:** TX      **Country:** UNITED STATES  
**Specialty:** HOME HEALTH SUPERVISING OCCUPATIONAL THERAPIST  
**From:** 9 /2020      **To:** 5 /2021      **Verified:**  
**Comments:**

**Employed:** Comfort Keepers  
**City:** COLLEGE STATION      **State:** TX      **Country:** UNITED STATES  
**Specialty:** HOME HEALTH NON-MEDICAL CAREGIVER  
**From:** 4 /2017      **To:** 6 /2018      **Verified:**  
**Comments:**

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Occupational therapist 121175	A	9/9/20	10/31/24	8/14/24

### DEFICIENCIES





## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT          5997          REAGEN ELIZABETH PUSH  
 Occupational Therapist

### PRACTICE HISTORY

<b>Employed:</b> ASCENSION ST JOHN REHAB HOSPITAL OF OWASSO <b>City:</b> OWASSO <b>Specialty:</b> OT <b>Comments:</b> 13402 E 86TH ST NORTH OWASSO, OK 74055 918-401-3100	<b>Supervisor:</b> KATHRYN JACKSON, OT 5790 <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 9 / 2024 <b>To:</b> / <b>Verified:</b>
---	---

<b>Employed:</b> Unemployed <b>City:</b> BROKEN ARROW <b>Specialty:</b> NONE <b>Comments:</b> BREAK IN BETWEEN UNDERGRADUATE AND GRADUATE COLLEGE	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 9 / 2021 <b>To:</b> 12 / 2021 <b>Verified:</b>
--	---

<b>Employed:</b> Unemployed <b>City:</b> VALLEY <b>Specialty:</b> SUMMER BREAK <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> NE <b>Country:</b> UNITED STATES <b>From:</b> 6 / 2021 <b>To:</b> 8 / 2021 <b>Verified:</b>
--	--

<b>Employed:</b> Unemployed <b>City:</b> TULSA <b>Specialty:</b> SUMMER BREAK <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 / 2017 <b>To:</b> 7 / 2017 <b>Verified:</b>
---	--

#### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

#### DEFICIENCIES



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT            5998      EMILY GARVIN  
 Occupational Therapist

### PRACTICE HISTORY

<b>Employed:</b> SELECT SPECIALTY HOSPITAL		<b>Supervisor:</b>	
<b>City:</b> OKLAHOMA CITY	<b>State:</b> OK	<b>Country:</b>	
<b>Specialty:</b> OT	<b>From:</b> 9 / 2024	<b>To:</b> /	<b>Verified:</b>
<b>Comments:</b> 3524 NW 56TH STREET OKLAHOMA CITY, OK 73112 405-606-6955			

<b>Employed:</b> Brown County Health and Living		<b>Supervisor:</b>	
<b>City:</b> NASHVILLE	<b>State:</b> IN	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> SKILLED NURSING FACILITY	<b>From:</b> 4 / 2024	<b>To:</b> 8 / 2024	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> Community Rehabilitation Hospital West		<b>Supervisor:</b>	
<b>City:</b> BROWNSBURG	<b>State:</b> IN	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> INPATIENT REHABILITATION HOSPITAL	<b>From:</b> 1 / 2024	<b>To:</b> 4 / 2024	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> Signature Healthcare of Erin		<b>Supervisor:</b>	
<b>City:</b> ERIN	<b>State:</b> TN	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> SKILLED NURSING FACILITY	<b>From:</b> 10 / 2023	<b>To:</b> 1 / 2024	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> Complete Care at Shrewsbury		<b>Supervisor:</b>	
<b>City:</b> SHREWSBURY	<b>State:</b> NJ	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> SKILLED NURSING FACILITY	<b>From:</b> 6 / 2023	<b>To:</b> 9 / 2023	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> Whiting Gardens Rehabilitation and Nursing Care		<b>Supervisor:</b>	
<b>City:</b> WHITING	<b>State:</b> NJ	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> SKILLED NURSING FACILITY	<b>From:</b> 3 / 2023	<b>To:</b> 5 / 2023	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> Peterson Healthcare and Rehabilitation Hospital		<b>Supervisor:</b>	
<b>City:</b> WHEELING	<b>State:</b> WV	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> INPATIENT REHABILITATION HOSPITAL	<b>From:</b> 2 / 2023	<b>To:</b> 3 / 2023	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> NONE		<b>Supervisor:</b>	
<b>City:</b> BEL AIR	<b>State:</b> MD	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> NBCOT EXAM PREP AND JOB SEARCH	<b>From:</b> 5 / 2022	<b>To:</b> 1 / 2023	<b>Verified:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 OT            5998      EMILY GARVIN  
 Occupational Therapist

**Comments:**

**Employed:** CRACKER BARREL

**Supervisor:**

**City:** BEL AIR

**State:** MD      **Country:** UNITED STATES

**Specialty:** RETAIL

**From:** 6 / 2017      **To:** 8 / 2017      **Verified:**

**Comments:**

**Other Licenses**

<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>
MD	Occupational Therapy 09852	A	11/29/22	6/30/26	8/23/24
WV	Occupational Therapy 2342	A	1/19/23	12/31/24	8/23/24
NJ	Occupational Therapy 46TR01107000	A	8/3/23	9/30/25	8/23/24
IN	Occupational Therapy 31008306A	A	1/24/24	12/31/24	8/23/24
TN	Occupational Therapy 7800	A	10/4/23	1/31/25	9/9/24

**DEFICIENCIES**





## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
OT	6005	KARENA GRACE KLABUNDE
Occupational Therapist		

<b>City:</b> RALEIGH	<b>State:</b> NC	<b>Country:</b> UNITED STATES
<b>Specialty:</b> SWIM TEACHER	<b>From:</b> 6 / 2017	<b>To:</b> 8 / 2019
<b>Verified:</b>		
<b>Comments:</b> PROVIDED SWIM INSTRUCTION FOR CHILDREN AGES 4-15. WORKED WITH SPECIAL NEEDS STUDENTS (CHILDREN AND		

Other Licenses						
State	Lic Type and Number	Status	Issued	Exp	Verif	

<b><u>DEFICIENCIES</u></b>

Occupational Therapy Advisory Committee  
Discussion – Possible Rulemaking, Spring 2025

435:30-1-5

(6) Guidelines for the audit process.

(A) The Occupational Therapy Committee will, ~~ninety (90) days before expiration date of~~ each compliance period, randomly or for cause, select licensees for audit to ensure that all continuing education requirements have been met.

(B) Licensees being audited have thirty (30) calendar days from the date of the letter of notification to submit proof of continuing education to the Committee.

(C) The Occupational Therapy Committee or its appointed sub-committee shall review the documentation of each individual for compliance with established continuing education standards.

(D) Licensees found to be in compliance shall be notified of such and that no further action regarding the audit is required.

(E) Licensees found not to be in compliance shall be notified within (5) working-business days following the determination of non-compliance. The Board shall provide to the licensee specific information concerning areas of deficiency and what further information, if any, is needed to bring them into compliance. The licensee shall be given the opportunity to submit additional documentation for the Committee to consider, or he or she may elect to personally appear at the next Occupational Therapy Committee meeting. Provided, nothing in this provision shall prevent the Committee from requiring the licensee to personally appear for the purposes of ensuring compliance with the continuing education requirements.

(F) A summarized report shall be submitted to the Occupational Therapy Committee listing the names of those audited who are in compliance with continuing education requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendation.



*Amended: November 1, 2019*

**STATE OF OKLAHOMA  
OCCUPATIONAL THERAPY PRACTICE ACT  
Title 59 O.S., Sections 888.1 - 888.16**

**INDEX**

- 888.1. Short Title
- 888.2. Purpose
- 888.3. Definitions
- 888.4. License required - Application of Act
- 888.5. Practices, services and activities not prohibited
- 888.6. Application for license - information required
- 888.7. Application for license - form - examination and reexamination
- 888.8. Waiver of examination, education or experience requirement
- 888.9. Denial, refusal, suspension, revocation, censure, probation and reinstatement of license
- 888.10. Renewal of license - continuing education
- 888.11. Fees
- 888.12. Oklahoma Occupational Therapy Advisory Committee - creation - membership - term - vacancies - removal - liability
- 888.13. Oklahoma Occupational Therapy Advisory Committee - officers - meetings - rules - records - expenses
- 888.14. Powers and duties of Committee
- 888.15. Titles and abbreviations - misrepresentation - penalties

**888.1. Short title**

This act shall be known and cited as the "Occupational Therapy Practice Act".

**888.2. Purpose**

In order to safeguard the public health, safety and welfare, to protect the public from being misled by incompetent and un-authorized persons, to assure the highest degree of professional conduct on the part of occupational therapists and occupational therapy assistants, and to assure the availability of occupational therapy services of high quality to persons in need of such services, it is the purpose of this act to provide for the regulation of persons offering occupational therapy services to the public.

**888.3. Definitions**

As used in this the Occupational Therapy Practice Act:

1. "Occupational therapy" is a health profession for which practitioners provide assessment, treatment, and consultation through the use of purposeful activity with individuals who are limited by or at risk of physical illness or injury, psycho-social dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability, and maintain health. Specific occupational therapy services include but are not limited to the use of media and methods such as instruction in daily living skills and cognitive retraining, facilitating self-maintenance, work and leisure skills, using standardized or adapted techniques, designing, fabricating, and applying selected orthotic equipment or selective adaptive equipment with instructions, using therapeutically applied creative activities, exercise, and other media to enhance and restore functional performance, to administer and interpret tests which may include sensorimotor evaluation, psycho-social assessments, standardized or nonstandardized tests, to improve developmental skills, perceptual and motor skills, and sensory integrative function, and to adapt the environment for the handicapped. These services are provided individually, in groups, via telehealth or through social systems;
2. "Occupational therapist" means a person licensed to practice occupational therapy pursuant to the provisions of the Occupational Therapy Practice Act;
3. "Occupational therapy assistant" means a person licensed to provide occupational therapy treatment under the general supervision of a licensed occupational therapist;
4. "Occupational therapy aide" means a person who assists in the practice of occupational therapy and whose activities require an understanding of occupational therapy, but do not require the technical or professional training of an occupational therapist or occupational therapy assistant;
5. "Board" means the State Board of Medical Licensure and Supervision;

6. "Person" means any individual, partnership, unincorporated organization or corporate body, except only an individual may be licensed pursuant to the provisions of the Occupational Therapy Practice Act;

7. "Committee" means the Oklahoma Occupational Therapy Advisory Committee;

8. "Telehealth" means the use of electronic information and telecommunications technologies to support and promote access to clinical health care, patient and professional health-related education, public health and health administration; and

9. "Telerehabilitation" or "teletherapy" means the delivery of rehabilitation and habilitation services via information and communication technologies (ICT), also commonly referred to as "telehealth" technologies.

#### **888.4. License required - Application of act**

A. No person shall practice occupational therapy or hold himself or herself out as an occupational therapist, or as being able to practice occupational therapy, or to render occupational therapy services in this state unless he or she is licensed in accordance with the provisions of this act. The licensing provisions of this act shall not be applicable to a person who assists in the practice of occupational therapy as an occupational therapy aide.

B. The provisions of this act shall not be construed to authorize occupational therapists or occupational therapy assistants to practice medicine and surgery within the meaning of Section 492 of Title 59 of the Oklahoma Statutes.

C. Notwithstanding any other provisions of this act, a plan of care developed by a person authorized to provide services within the scope of the Occupational Therapy Practice Act shall be deemed to be a prescription for purposes of providing services pursuant to the provisions of the Individuals with Disabilities Education Act, Amendment of 1997, Public Law 105-17, and Section 504 of the Rehabilitation Act of 1973.

#### **888.5. Practices, services and activities not prohibited**

Nothing in the Occupational Therapy Practice Act shall be construed to prevent or restrict the practice, services, or activities of:

1. Any persons of other licensed professions or personnel supervised by licensed professions in this state from performing work incidental to the practice of their profession or occupation, if that person does not represent himself as an occupational therapist or occupational therapy assistant;

2. Any person employed as an occupational therapist or occupational therapy assistant by

the Government of the United States if such 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 or certificate in occupational therapy at an accredited educational program if such activities and services constitute a part of a supervised course of study, if such a person is designated by a title which clearly indicates his status as a student or trainee;

4. Any person fulfilling the supervised field work experience requirements of Section 888.6 of this title, if such activities and services constitute a part of the experience necessary to meet the requirements of that section;

5. Any person performing occupational therapy services in this state, if services are performed for no more than ninety (90) days in a calendar year in association with an occupational therapist licensed pursuant to the provisions of this act, if:

a. such person is licensed according to the laws of another state which has licensure requirements equal to or surpassing the requirements of the Occupational Therapy Practice Act, or

b. such person is certified as an occupational therapist registered (O.T.R.) or a certified occupational therapy assistant (C.O.T.A.), by the National Board for Certification in Occupational Therapy;

6. Any person employed or working under the direct supervision of an occupational therapist as an occupational therapy aide; or

7. A certified recreational therapist in the area of play and leisure.

#### **888.6. Application for license - Information required**

An applicant applying for a license as an occupational therapist or as an occupational therapy assistant shall file written application on forms provided by the Board, as recommended by the Committee, showing to the satisfaction of the Board that the applicant meets the following requirements:

1. **Residence:** Applicants need not be a resident of this state;

2. **Character:** Applicants shall meet the standards of the Code of Ethics and if licensure rules adopted by the Board to safeguard the public;

3. **Education:** Applicants shall present evidence satisfactory to the Board of having successfully completed the academic requirements of an educational program in occupational therapy recognized by the Board, with concentration in biological or physical

science, psychology and sociology, and with education in selected manual skills. For an occupational therapist the educational program shall be accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). For an occupational therapy assistant, such a program shall be approved by ACOTE;

4. Experience: Applicants shall submit to the Board evidence of having successfully completed a period of supervised field work experience at a recognized educational institution or a training program approved by the educational institution where he or she met the academic requirements. For an occupational therapist, a minimum of six (6) months of supervised field work experience is required. For an occupational therapy assistant, a minimum of two (2) months of supervised field work experience is required;

5. Examination: Applicants shall submit to the Board evidence of having successfully completed an examination as provided for in Section 888.7 of this title.

#### **888.7. Application for license - Form - Examination and reexamination**

A. A person applying for a license shall demonstrate his or her eligibility in accordance with the requirements of Section 888.6 of this title and shall make application for examination upon a form in such a manner as the National Board for Certification in Occupational Therapy (NBCOT) shall prescribe. A person who fails the examination may make reapplication for reexamination accompanied by the prescribed fee.

B. Each applicant for licensure pursuant to the provisions of this the Occupational Therapy Practice Act shall be examined on the applicant's knowledge of the basic and clinical sciences relating to occupational therapy and occupational theory and practice, including the application of 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 approve an examination and establish standards for acceptable practice. NBCOT shall be the approved provider for the examination according to national standards for entry-level practice.

C. Applicants for licensure shall be examined at a time and place as NBCOT may determine. Applicants must pass the examination by a score determined by the NBCOT. Examinations shall be given at least two times each year at such places as NBCOT may determine.

D. In case of failure of any examination the applicant shall have the privilege of a second examination on payment of the regular fees. In case of a second failure, the applicant shall be eligible for the third examination, but shall, in addition to the requirements for previous examinations have to wait a specific period as determined by NBCOT, not to exceed one (1) year, before reexamination. The waiting period may include completion of academic or clinical work as prescribed by rules promulgated by the Board. A temporary license may be issued

pursuant to the provisions of Section 888.8 of this title. Further testing shall be at the discretion of the Board and NBCOT guidelines.

E. Applicants shall be given their examination scores in accordance with such rules and regulations as the Board may establish.

**888.8. Waiver of examination, education or experience requirements**

A. The Board shall waive the examination and grant a license to any person certified prior to the effective date of this act as an occupational therapist registered (O.T.R.) or a certified occupational therapy assistant (C.O.T.A.) by the American Occupational Therapy Association. The Board may waive the examination, education, or experience requirements and grant a license to any person so certified after the effective date of this act if the Board considers the requirements for such certification to be at least equivalent to the requirements for licensure in this act.

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 occupational therapy assistant in another state, the District of Columbia, or territory of the United States which requires standards of licensure considered by the Board to be at least equivalent to the requirements for licensure in this act.

C. An applicant may be licensed as an occupational therapist if he has first practiced as an occupational therapy assistant for four (4) years and has completed the requirements of paragraph 4 of Section 6 of this act before January 1, 1988, and has passed the examination for occupational therapist.

**888.9. Denial, refusal, suspension, revocation, censure, probation and reinstatement of license**

A. The Board may deny or refuse to renew a license, or may suspend or revoke a license, or may censure a licensee, publicly or otherwise, 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 a license by means of fraud, misrepresentation, or concealment of material facts;
2. Engaging in unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board;
3. Being convicted of a felony crime that substantially relates to the occupation of occupational therapy or poses a reasonable threat to public safety;

4. Violating any lawful order, rule, or regulation rendered or adopted by the Board;  
and
5. Violating any provisions of this act.

B. Such denial, refusal to renew, suspension, revocation, censure, 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 (1) year from the date of the revocation, refusal of renewal, suspension, or probation of the 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.

C. As used in this section:

1. "Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and
2. "Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

#### **888.10. Renewal of license - Continuing education**

A. Licenses under this act shall be subject to annual renewal and shall expire unless renewed in the manner prescribed by the rules and regulations of the Board, upon payment of a renewal fee provided for in Section 11 of this act. The Board may provide for the late renewal of a license upon payment of a late fee in accordance with its rules and regulations, but no such late renewal of a license may be granted more than five (5) years after its expiration. A hearing before the Board may be required in addition to a late fee.

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 any conduct or activity in violation of the order 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.

C. The Board may establish continuing education requirements to facilitate the maintenance of current practice skills of all persons licensed under this act.

#### **888.11. Fees**

The Board shall prescribe and publish, in the manner established by its rules and regulations, fees in the amounts determined by the Board for the following:

1. Initial license fee;
2. Renewal of license fee; and
3. Late renewal fee.

**888.12. Oklahoma Occupational Therapy Advisory Committee - Creation - Membership - Term - Vacancies - Removal - Liability**

An Oklahoma Occupational Therapy Advisory Committee of the State Board of Medical Licensure and Supervision is hereby created. The Committee shall consist of five (5) members appointed by the Board, upon recommendation of the Oklahoma Occupational Therapy Association, for staggered terms of three (3) years, except for the first Committee appointed hereunder. Three members shall be occupational therapists with at least five (5) years' experience, one member shall be an occupational therapy assistant with at least three (3) years' experience, and one member shall be a consumer. All of the therapists shall be licensed except for the first members of the Committee who shall be licensed as soon after their appointments as possible. Said licensing shall take place within ninety (90) days after this act becomes effective.

The terms of the members shall be for three (3) years and until their successors are appointed and qualify; except of those first appointed, one shall serve for one (1) year, one shall serve for two (2) years, and three shall serve for three (3) years. Vacancies shall be filled in the manner of the original appointment for the unexpired portion of the term only. The Board after notice and opportunity for hearing may remove any member of the Committee for neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. A member of the Committee is not liable to civil action for any act performed in good faith in the execution of his duties in this capacity.

**888.13 Oklahoma Occupational Therapy Advisory Committee - Officers - Meetings - Rules - Records - Expenses**

A. The members of the Oklahoma Occupational Therapy Advisory Committee shall elect from their number a chairman. Special meetings of the Committee shall be called by the chairman on the written request of any three members. The Committee shall recommend to the Board for adoption rules as necessary to govern its proceedings and implement the purposes of this act.

B. The Board shall keep a written record of each meeting of the Committee and maintain a register containing names of all occupational therapists licensed under this act, which shall be at all times open to public inspection. On March 1, of each year, the Board shall transmit an



official copy of the list of licensees to the Secretary of State for a permanent record, a certified copy of which shall be admissible as evidence in any court in the state.

C. Members of the Committee shall be reimbursed for all actual and necessary expenses incurred in the performance of duties required by this act in accordance with the provisions of the State Travel Reimbursement Act.

#### **888.14 Powers and duties of Committee**

A. The Oklahoma Occupational Therapy Advisory Committee shall recommend to the Board for approval a list of applicants for licenses at least twice each year at such reasonable times and places as shall be designated by the Board in its discretion.

B. The Board shall approve the examination as described in Section 7 of this act.

C. The Board may investigate complaints, issue, suspend, deny, and revoke licenses, reprimand licensees and place them on probation, issue subpoenas, and hold hearings.

D. The Committee shall propose rules to the Board consistent with this act to carry out its duties in administering this act.

E. The Board may hire individuals as it deems necessary to implement the purposes of this act.

F. The Board shall assist the proper legal authorities in the prosecution of all persons violating any provisions of this act.

G. The Board shall issue a license to any person who meets the requirements of this act upon payment of the prescribed license fee.

#### **888.15 Titles and abbreviations - Misrepresentation - Penalties**

A. Any person holding a license as occupational therapist issued by the Board may use the title "Occupational Therapist", "Registered Occupational Therapist", "Licensed Occupational Therapist", or the letters "O.T.", "O.T.R.", or "O.T.R./L.". Any person holding a license as an occupational therapy assistant issued by the Board may use the title "Occupational Therapy Assistant", "Certified Occupational Therapy Assistant", or "Licensed Occupational Therapy Assistant" or use the letters "O.T.A.", "C.O.T.A.", or "O.T.A./L.". No other person shall in any way, orally or in writing, in print, or by sign or transmission of sound or sight, directly or by implication, represent himself as an occupational therapist. Such misrepresentation, upon conviction, shall constitute a misdemeanor and shall be punishable as herein provided; provided, however, that nothing in this act shall prohibit any person who does not in any way assume or represent himself to be an occupational therapist, registered occupational therapist, licensed occupational therapist, occupational therapy assistant, certified occupational therapy assistant, or licensed occupational therapy assistant, from doing other types of therapies as may be authorized

by law.

B. Any person who obtains, or attempts to obtain, licensure as an occupational therapist or occupational therapy assistant by any willful misrepresentation, grossly negligent misrepresentation, or any fraudulent misrepresentation, upon conviction, shall be guilty of a misdemeanor and punishable as herein set forth.

C. Any person who violates any provisions of this act, upon conviction, shall be guilty of a misdemeanor, and shall be punished by a fine of not less than Fifty Dollars (\$50.00) nor more than Five Hundred Dollars (\$500.00) or by imprisonment in the county jail in the county in which such conviction occurred for not less than five (5) days or more than thirty (30) days, or by both such fine and imprisonment. Each day upon which this act shall be violated shall constitute a separate offense and shall be punishable as such.

Effective: September 11, 2020

**\*OKLAHOMA ADMINISTRATIVE CODE**  
**TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**  
**CHAPTER 30. OCCUPATIONAL THERAPISTS AND ASSISTANTS**

Section

- 435:30-1-1. Purpose
- 435:30-1-2. Definitions
- 435:30-1-3. Licensure by examination
- 435:30-1-4. Licensure by endorsement
- 435:30-1-5. License renewal; late fees; continuing education; re-entry guidelines
- 435:30-1-6. Prescribing drugs
- 435:30-1-7. Disclosure of examination contents by licensee prohibited
- 435:30-1-8. Licensure requirements specific to occupational therapy assistant
- 435:30-1-9. Occupational Therapy Advisory Committee
- 435:30-1-10. Grounds for disciplinary action
- 435:30-1-11. Disciplinary hearings
- 435:30-1-12. Duplicate licenses
- 435:30-1-13. Fees
- 435:30-1-14. Federal employment
- 435:30-1-15. Supervision of students, new graduates, techs and aides
- 435:30-1-16. Responsible supervision
- 435:30-1-17. Role of Occupational Therapy Assistants in evaluations

[**Authority:** Title 59 O.S., Section 888.14]

[**Source:** Codified 12-30-91]

\*This is an unofficial copy of Chapter 30 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

**435:30-1-1. Purpose**

The rules of this Chapter have been adopted to establish the licensure procedure for occupational therapists and occupational therapy assistants; as well as establishing the regulation of practice.

**435:30-1-2. Definitions**

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly in-dictates otherwise:

**"Alternate supervisor"** means an Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure in the absence of the supervising Occupational Therapist. The alternate supervisor assumes all duties and responsibilities of the primary supervisor during that absence.

**"Consultation"** means periodic meetings to review and to provide recommendations and resource information regarding methods of implementation of the occupational therapy programs.

**"Direct supervision"** means personal supervision and specific delineation of tasks and responsibilities by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. Direct supervision shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the supervising occupational therapist to be onsite during treatment to ensure that the supervisee does not perform duties for which he is not trained.

**"Distant site"** means the location of the Occupational Therapist via telecommunications systems.

**"General supervision"** means responsible supervision and control by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. The supervising occupational therapist provides both initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. Such plan of treatment shall not be altered by the supervised individual without prior consultation with and approval of the supervising occupational therapist. The supervising occupational therapist need not always be physically present or on the premises when the assistant is performing services; however, except in cases of emergency, supervision shall require the availability of the supervising occupational therapist for consultation with and direction of the supervised individual. Supervision is an interactive process, more than a paper review or a co-signature, and requires direct in-person contact.

**"In association with"** means a formal working relationship in which there is regular consultation.

**"Occupational therapist of record"** means the occupational therapist who assumes responsibility for the provision and /or supervision of occupational therapy services for a client, and is held accountable for the coordination, continuation and progression of the plan of care.

**"Originating site"** means the location of the patient at the time the service being furnished via a telecommunications system occurs.

**"Poses a reasonable threat"** means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

**"Primary supervisor"** means the Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure. The Primary Supervisor must have access to the client's plan of care.

**"Substantially relates"** means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation.

**"Telehealth"** means, and shall have, the same meaning as it does under 59 O.S. § 888.3(8).

**"Telemedicine"** means, and includes, the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telehealth management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine.

**"Telerehabilitation"** means, and shall have, the same meaning as it does under 59 O.S. § 888.3(9).

#### **435:30-1-3. Licensure by examination**

Requirements for licensure by examination for Occupational Therapists or Occupational Therapy Assistants are as follows:

- (1) All applicants for licensure by examination must meet the statutory requirements set forth in the Oklahoma Occupational Therapy Practice Act, hereinafter referred to as Act.
- (2) The State Board of Medical Licensure and Supervision, hereinafter referred to as Board, recognizes and approves the Examination of the National Board for Certification in Occupational Therapy (NBCOT) as an examination acceptable for licensure of an occupational therapist or occupational therapy assistant.
- (3) In the event the Board administers the examination set forth in (2) of this section or any other examination approved by them, the application for licensure by examination must be on file at the office of the Board at least 30 days prior to the examination. No person shall be admitted to the examination until satisfactory evidence is submitted to the Board of his/her qualifications to be admitted to such examination.
- (4) Submission of proof of scores of a passing grade, as determined by the NBCOT, shall constitute satisfactory evidence of applicant's qualifications for licensure. Applicants must have the scores submitted to this Board through a reporting service approved by this Board.
- (5) An applicant who meets academic, clinical and educational requirements for licensure as an Occupational Therapist or Occupational Therapy Assistant may practice under the direct, on-sight supervision of a licensed Occupational Therapist in the status of a graduate Occupational Therapy student or a graduate Occupational Therapy Assistant.

(A) Said status will be communicated to the applicant by informal letter from the Board staff. Such status is not tantamount to licensure and does not constitute licensure in any form. A person in this temporary status must identify himself/herself as such and may not hold himself or herself out as a licensed Occupational Therapist or Occupational Therapy Assistant.

(B) This temporary status may be valid for up to one year. After one year, the graduate Occupational Therapist student or graduate Occupational Therapy Assistant student may not practice in Oklahoma until a passing score on the exam is received.

(6) Upon failure of examination by any applicant for Occupational Therapist or Occupational Therapy Assistant licensure, said applicant may still function as a graduate Occupational Therapist student or a graduate Occupational Therapy Assistant student. The status of said applicant will be reviewed at each meeting of the Occupational Therapy Advisory Committee.

(7) The Committee may in its discretion require any applicant to appear in person before the Committee in connection with consideration of said initial licensure.

(8) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:

(A) Professional practice of at least 1000 hours per year for the past three years;

(B) Continuing education consisting of up to two hours for each month out of practice, obtained within the last two years and approved by the Committee;

(C) Re-examination by the NBCOT.

#### **435:30-1-4. Licensure by endorsement**

Requirements for licensure by endorsement for Occupational Therapists or Occupational Therapy Assistants are as follows:

(1) Applicants for licensure by endorsement must meet all statutory requirements required of applicants for licensure by examination, as set forth in the Act.

(2) Any person who is currently licensed by examination as an occupational therapist or occupational therapy assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and grade standard were that of the National Board for Certification in Occupational Therapy or any other group approved by the Board. Submission of proof of having passed the licensure examination shall be required. If the applicant has not been employed as an occupational therapist or occupational therapy assistant during the year prior to application, such applicant may be requested to present himself/herself for a personal interview with the members of the Advisory Committee or the Board.

(3) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:

(A) Continuing education consisting of up to two hours for each month out of practice, obtained with the last two years and approved by the Committee;

(B) Practice under the direct supervision of a licensed Occupational Therapist for one to three months. The supervising Therapist will provide to the Committee a report on the

applicant's performance prior to licensure;

(C) Retake the approved licensure examination.

(4) The completed application form must be submitted to the Board office accompanied by fees as set by the Board.

(5) The Board may issue a temporary license to any applicant for licensure by endorsement for no more than ninety (90) days upon the Board's receipt of an application for licensure together with a completed Verification of Supervision form issued pursuant to 59 O.S. § 888.5(5)

#### **435:30-1-5. License renewal; late fees; continuing education; re-entry guidelines**

(a) **Yearly license renewal.** The occupational therapist and occupational therapy assistant license is required to be renewed yearly on October 31 upon forms provided by the Board and shall be accompanied by fees set by the Board. In addition, late fees shall be assessed as set by the Board.

(b) **Continuing education for renewal.**

(1) Continuing education for renewal of licensure has been established to require therapists' involvement in activities which keep their skills and knowledge of current practice up to date. A point is the equivalent of 1 contact hour. Twenty contact hours every 2 years will be required. Penalties for failure to comply with continuing education requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional continuing education contact hours, probation of license, suspension of license, or revocation of license. Failure to produce records of continuing education rebuts the presumption that continuing education requirements have been completed. The willful and intentional misrepresentation of compliance with continuing education requirements shall constitute prima facie evidence of a fraudulent application for licensure renewal.

(2) A Sub-Committee, composed of Occupational Therapists and Occupational Therapy Assistants, may review all points submitted. The Sub-Committee will forward recommendations to the Occupational Therapy Advisory Committee for approval or denial. Reasons for denial will be given to each therapist. Should any individual therapist have questions as to the appropriateness of a program, the therapist could consult the Committee. The Committee would have the authority to decide on any type of program not listed and assign appropriate hours. The responsibility for showing how a particular activity is relevant to maintaining skills as an Occupational Therapist or Occupational Therapy Assistant will be with the therapist applying for approval. The Committee will automatically accept programs offered or approved by the American Occupational Therapy Association or the Oklahoma Occupational Therapy Association as proved courses.

(3) The Committee recognizes the role that ongoing practice plays in maintaining competence as an Occupational Therapist or Occupational Therapy Assistant. Continuing education requirements are designed to update knowledge and skills. Synthesis takes place when the therapist has the opportunity to apply this knowledge and these skills to their practice. Therefore, therapists will be asked to provide information about their practice of occupational therapy at the time of renewal.

(4) Traditional method of points/value/documentation:

(A) Traditional methods of points:

(i) Workshops

- (ii) Inservices (6 point maximum per compliance period)
  - (iii) Seminars
  - (iv) Conferences
  - (v) Programs offered by or approved by the American Occupational Therapy Association or the Oklahoma Occupational Therapy Association or the National Board for Certification in Occupational Therapy
  - (vi) Programs at Special Interest Section meetings
  - (vii) Occupational Therapy Education Council of Oklahoma workshops (points as assigned on request from Committee)
- (B) Assigned Value: 1 point per hour of participation.
- (C) Documentation: Verification of attendance and copies of supporting documentation such as program brochure, syllabus, etc. If unable to verify attendance, use Form B **Verification of Conference Attendance**, attach a copy of receipt for conference fee and statement of relevancy to practice of Occupational Therapy if not obvious from the program materials.
- (5) Alternative methods of points:
- (A) Presentations of occupational therapy programs
- (i) Presentations at workshops, seminars, conferences
  - (ii) Presentations as guest lecturer at accredited occupational therapy curriculum
  - (iii) Presentations as guest lecturer at other programs on topics related to occupational therapy department inservices
  - (iv) Assigned Value: 2 points per hour for first presentation of original material. No additional points for subsequent presentations.
  - (v) Documentation: Copies of supporting documentation such as brochures, programs, or syllabus and a statement of objectives of presentation.
- (B) Clinical Instruction of Occupational Therapist students or Occupational Therapy Assistant students.
- (i) Assigned Value: 1 point per week of continuous direct supervision.
  - (ii) Documentation: Copy of letter of verification of fieldwork from educational program.
- (C) Publications (published or accepted for publication)
- (i) Authorship or co-authorship of a book relating to occupational therapy:
    - (I) Maximum of 20 points.
    - (II) Documentation: Copy of Title page.
  - (ii) Authorship of a chapter in a book or journal article appearing in a professional journal:
    - (I) Maximum of 10 points.
    - (II) Documentation: Copy of table of contents and first page of chapter or article.
  - (iii) Authorship of an article, book review or abstract in a newsletter (such as OOTA Newsletter, OT Newsweek, SIS Newsletter, or other related newsletters):
    - (I) Maximum of 10 points per compliance period.



- (II) Documentation: Copy of article, book review or abstract evidencing title of newsletter and date of publication.
  - (iv) Alternative media such as video tapes, slide/tape presentations, etc., that would be available for general viewing. Media or description of media to be submitted to Committee for approval and assignment of points as appropriate.
    - (I) Assigned Value: 10-20 points per publication or finished product
    - (II) Documentation: Copy of approval letter from Committee.
- (D) Research
  - (i) Principal or co-investigator, project director or research assistant. Research proposal and final results submitted to Committee for approval:
    - (I) 10 points
    - (II) Documentation: Statement of participation and abstract of proposal and results.
  - (ii) Quality assurance studies completed and published in journal or newsletter:
    - (I) 5 points Assigned Value: 5-10 points per project
    - (II) Documentation: Manuscript acknowledgment or copy of article.
- (E) Formal Coursework
  - (i) College and university coursework courses directly relating to improvement, advancement, or extension of one's skills as an Occupational Therapist. One credit course would be 10 points, 2-credit course 20 points, and 3-credit course would be 30 points. Assigned Value: 10-30 points as approved.
  - (ii) College or university courses which are indirectly related, yet support skills and knowledge will be evaluated individually and assigned value accordingly.
  - (iii) Documentation: Course description with statement of relevance to Occupational Therapy and transcript or other documentation of passing grade.
- (F) Self-Study: (Independent Learning Projects). A combination of activities which may include, but are not limited to a combination of reading, observing other therapists, viewing video tapes and quality assurance studies and related professional activities which enhance knowledge and skill in a specific area. A Report of Professional Self-Study should be submitted to Committee for approval (Form C). Points will be assigned by the Committee based on the relevance to practice and complexity. Documentation: Copy of approval letter from OT Advisory Committee.
- (G) Specialty Certification. Achievement of a specialty certification by a recognized body such as Neuro Developmental Techniques, Sensory Integration, American Society of Hand Therapists will be awarded 20 points one time only. Credit will be granted for Certification obtained within the compliance period in which certification was granted or the next subsequent compliance period only.
- (H) Professional Activities
  - (i) American Occupational Therapy Association membership: 2 points  
Documentation: Copy of current AOTA membership card.
  - (ii) Oklahoma Occupational Therapy Association or American Occupational Therapy Association elected office (up to 8 points per year). Documentation: Copy of annual report submitted to OOTA or AOTA listing activities of office.

(iii) AOTA or OOTA Committee chair - points awarded based on the extent to which activities are relative to maintaining involvement in the profession as evidenced by their annual report (up to 8 points per year). Documentation: Copy of approval letter from OT Advisory Committee.

(iv) Member of Committee - based on evidence of involvement in appropriate activities (up to 4 points per year). Documentation: Copy of approval letter from OT Advisory Committee.

(v) Active involvement in related organizations and committee upon approval by the Committee (up to 4 points per year). Documentation: List of dates of activities and types of activities, signed by committee chair, with a statement of relevance of the organization or committee to the practice of occupational therapy.

(6) Guidelines for the audit process.

(A) The Occupational Therapy Committee will, ninety (90) days before expiration date of each compliance period, randomly or for cause, select licensees for audit to ensure that all continuing education requirements have been met.

(B) Licensees being audited have thirty (30) calendar days from the date of the letter of notification to submit proof of continuing education to the Committee.

(C) The Occupational Therapy Committee or its appointed sub-committee shall review the documentation of each individual for compliance with established continuing education standards.

(D) Licensees found to be in compliance shall be notified of such and that no further action regarding the audit is required.

(E) Licensees found not to be in compliance shall be notified within (5) working days following the determination of non-compliance. The Board shall provide to the licensee specific information concerning areas of deficiency and what further information, if any, is needed to bring them into compliance. The licensee shall be given the opportunity to submit additional documentation for the Committee to consider, or he or she may elect to personally appear at the next Occupational Therapy Committee meeting. Provided, nothing in this provision shall prevent the Committee from requiring the licensee to personally appear for the purposes of ensuring compliance with the continuing education requirements.

(F) A summarized report shall be submitted to the Occupational Therapy Committee listing the names of those audited who are in compliance with continuing education requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendation.

(c) **Renewal license identification card.** The Board shall issue to a licensee who has met all requirements for renewal a renewal license identification card.

(d) **Re-entry guidelines.** Therapists with licenses lapsed more than twelve months wishing to re-enter the practice of Occupational Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.

(2) At least 2 Continuing Education Units for each month license was lapsed.

(3) Practice under the direct supervision of a licensed Occupational Therapist for one month (at least 22 days) for each year license was lapsed up to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.

(4) NBCOT certification examination.

(e) **Personal appearance requirement.** Therapists with licenses lapsed more than sixty months wishing to re-enter practice will be required to make a personal appearance before the Committee and meet any of the above guidelines as directed by the Committee.

#### **435:30-1-6. Prescribing drugs**

The occupational therapist or occupational therapy assistant shall not administer or dispense any scheduled or legend drug, except as directed by an authorized person.

#### **435:30-1-7. Disclosure of examination contents by licensee prohibited**

An occupational therapist or occupational therapy assistant shall not reproduce in written form, or reveal in any other manner, any part of the written or oral/practical examination for the purpose of aiding licensure of candidates.

#### **435:30-1-8. Licensure requirements specific to occupational therapy assistant**

(a) An occupational therapy assistant is a person who assists in the duties usually performed by an occupational therapist under the general supervision of a licensed occupational therapist.

(b) The fee for licensure as an occupational therapy assistant upon initial application shall be set by the Board.

(c) The Committee may in its discretion require any applicant to appear in person before the Committee in connection with consideration of said initial licensure.

#### **435:30-1-9. Occupational Therapy Advisory Committee**

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures and policies governing the operation of the Occupational Therapy Advisory Committee.

(b) **Meetings.**

(1) The advisory committee shall hold a meeting not less than 7 days prior to any regularly scheduled meeting set by the Board at such designated date and time as may be determined by the Chairperson.

(2) Special meetings may be called by the chairperson at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is three (3) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(e) **Policy against discrimination.** The advisory committee shall make decisions in the discharge of its statutory authority with-out discrimination based on any person's race, creed, sex, religion, national origin, geographical distribution, age, physical condition or economic status.

(f) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare this to the advisory committee and shall not participate in any advisory committee proceedings involving that individual.

(g) **Attendance.** The policy of the advisory committee is that members will attend regular committee meetings as scheduled, except that absence from 3 regular meetings, without acceptable reasons, constitutes self-removal from the committee.

(h) **Rules of order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided by this section.

(i) **Agendas.** The executive secretary shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the State Board of Medical Licensure and Supervision or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee members.

(j) **Minutes.**

(1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review and approval.

(2) The official minutes of advisory committee meetings shall be kept in the office of the executive secretary and shall be available to any person desiring to examine them during regular office hours of the Board.

(k) **Official records.**

(1) All official records of the advisory committee including application materials, except files containing investigative information shall be open for inspection during regular office hours of the Board.

(2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.

(3) Official records may not be taken from the Board offices, however, persons may obtain photocopies of files upon written request and by paying the cost per page set by the Board. Payment shall be made prior to release of the records and may be made by personal check.

(l) **Elections.**

(1) At the meeting held nearest after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chairperson and vice-chairperson providing that no person shall, following one full year of service in any specific office, succeed himself/herself in the same office.

(2) A vacancy which occurs in the offices of chairperson and vice-chairperson may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(m) **Committees.**

(1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.

(2) The chairperson may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairperson.

(3) The chairperson of the advisory committee may appoint non-advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.

(4) Sub-committee chairperson shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.

(5) Committees and sub-committees shall direct all reports or other materials to the executive secretary for distribution.

(6) Sub-committees shall meet when called by the chairperson of the sub-committee or when so directed by the advisory committee.

**435:30-1-10. Grounds for disciplinary action**

(a) The Board may reprimand or place on probation any holder of an Occupational Therapist License or Occupational Therapy Assistant License or revoke or suspend any license issued to an Occupational Therapist or Occupational Therapy Assistant who is found in violation of the Act. Violations include but shall not be limited to the following:

(1) Conviction of a felony crime that substantially relates to the occupation of occupational therapy or poses a reasonable threat to public safety.

(2) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.

(3) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a occupational therapist or occupational therapy assistant.

(4) Procuring, aiding or abetting a criminal operation.

(5) Participation in fraud, abuse and/or violation of state or federal laws.

(6) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.

(7) Improper management of medical records, inaccurate recording, falsifying or altering of patient records.

(8) Falsely manipulating patient's records or forging a prescription for medication/drugs, or presenting a forged prescription.

(9) Habitual intemperance or the habitual use of habit-forming drugs.

(10) Habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of occupational therapy and the responsibilities of the licensee.

(11) Unauthorized possession or use of illegal or controlled substances or pharmacological

agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.

(12) Engaging in physical conduct with a patient that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a patient.

(13) While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning/exploitive in nature.

(14) Verbally or physically abusing patients.

(15) Discriminating in the rendering of patient care.

(16) Leaving a patient care assignment without properly advising the appropriate personnel.

(17) Violating the confidentiality of information or knowledge concerning a patient.

(18) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.

(19) Negligence while in practice of occupational therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.

(20) Being judged mentally incompetent by a court of competent jurisdiction.

(21) Failing to timely make application for license renewal.

(22) Falsifying documents submitted to the Occupational Therapy Committee or the Oklahoma State Board of Medical Licensure and Supervision.

(23) Obtaining or attempting to obtain a license, certificate or documents of any form as a occupational therapist or occupational therapy assistant by fraud or deception.

(24) Cheating on or attempting to subvert the national occupational therapy examination or skills assessment tests.

(25) Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.

(26) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.

(27) Failure to cooperate with a lawful investigation conducted by the Board.

(28) Violation of any provision(s) of the Occupational Therapy Practice Act or the rules and regulations of the board or of an action, stipulation, agreement or order of the Board.

(29) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by a court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(b) An occupational therapist or occupational therapy assistant who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other occupational therapy practitioners for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

(c) All Occupational Therapists and Occupational Therapy Assistants are responsible for maintaining and promoting the ethical practice of occupational therapy. Occupational therapy personnel shall act in the best interest of the patient/client at every level of practice. This Code of Ethics modeled in principal and the spirit of the Code of Ethics of the American Occupational Therapy Association, sets forth principles for the ethical practice of occupational therapy for occupational therapy personnel. This Code of Ethics shall be binding on all Occupational Therapists and Occupational Therapy Assistants.

All Occupational Therapy Personnel shall:

- (1) Demonstrate a concern for the well-being of the recipients of their services. (Beneficence).
- (2) Take reasonable precautions to avoid imposing or inflicting harm upon the recipient of services or to his/her property. (Nonmaleficence).
- (3) Respect the recipient and/or their surrogate(s) as well as the recipient's rights. (Autonomy, privacy, confidentiality).
- (4) Achieve and continually maintain high standards of competence. (Duties)
- (5) Comply with laws and policies guiding the profession of occupational therapy. (Justice).
- (6) Provide accurate information about occupational therapy services. (Veracity)
- (7) Treat colleagues and other professionals with fairness, discretion and integrity.

[Source: Amended at 22 Ok Reg 952, eff 5-12-05]

#### **435:30-1-11. Disciplinary hearings**

Investigatory hearings may be conducted by the Occupational Therapy Advisory Committee to ascertain facts, make conclusions and recommendations to the Board.

- (1) All notices or other papers requiring service in an individual proceeding shall be served in the manner set forth in 435:1-1-4 (c).
- (2) The time set for a hearing shall not be less than thirty days after the date the notice is completed.
- (3) All parties to said hearing are authorized to use discovery techniques available to parties in a civil action in the state courts of Oklahoma.
- (4) The hearing shall be conducted in an orderly manner by the Chairperson of the Advisory Committee. The order of procedure will follow that which applies in civil proceedings of law.
- (5) All hearings shall be conducted in accordance with and be governed by the provisions of the Oklahoma Administrative Procedures Act, 75 O.S. 1981, Sections 301 through 327, as now or hereinafter may be amended.
- (6) The hearing will be tape recorded and a record preserved by the office of the State Board of Medical Licensure and Supervision. If the respondent desires a certified court reporter to be present, that party shall be responsible for securing the attendance of the same. Neither the Advisory Committee nor the Board shall be responsible for the cost for the attendance of the reporter or a transcription of the hearing.
- (7) If a transcript of the hearing is desired, the requesting party must deposit sufficient funds to cover the transcription cost. The fees previously adopted by this Board for such transcription shall be applicable.
- (8) Requests for continuances received prior to the hearing date may be granted by the Chairperson of the Advisory Committee for good cause shown.
- (9) The Advisory Committee shall conduct the hearing, receive all evidence and shall thereafter make its recommendations to the Board for an appropriate order. Such recommendations shall be made within 15 days after the hearing. An aggrieved party may appeal such finding to the Board within thirty (30) days of the issuance of the Advisory

Committee's Recommendations.

(10) Appeals to the Board must be made by written request of the appellee. Parties will be afforded an opportunity to make oral arguments to the Board.

#### **435:30-1-12. Duplicate licenses**

Upon presentation of an affidavit and satisfactory proof that an Occupational Therapy or Occupational Therapy Assistant license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license. Such license shall carry the notation that it is a duplicate to replace the original license. A fee approved by the Board shall be collected.

#### **435:30-1-13. Fees**

All fees regarding Occupational Therapists and assistants must be approved by the Board. The most recently approved fee schedule is set out in 435:1-1-7.

#### **435:30-1-14. Federal employment**

A person employed by the Federal Government of the United States of America in the capacity of occupational therapist or occupational therapy assistant shall not be required to be licensed by the state, providing all of his/her professional activity within the state is conducted within a federal facility.

#### **435:30-1-15. Supervision of students, new graduates, techs and aides**

The Occupational Therapist is responsible and accountable for the overall use and actions of unlicensed personnel under his/her supervision and control during a therapy session or service delivery whether in person or by telehealth.

(1) **Students.** Supervision of the student must occur by one of the following methods:

(A) Direct, on-site supervision will be provided by the Oklahoma licensed Occupational Therapist for the Occupational Therapy student in models of healthcare or educational systems. Supervision of the Occupational Therapy Assistant student may be provided by an Oklahoma licensed Occupational Therapy Assistant working under supervision of an Oklahoma licensed Occupational Therapist.

(B) In emerging occupational therapy models, areas of innovative community-based and social systems-based occupational therapy practice where there is no occupational therapy practitioner on site, the occupational therapy practitioner must provide a minimum of six hours of weekly supervision. Supervision must include role modeling for the student, direct observation of client interaction, meeting with the student, review of student paperwork, and availability for communication and consultation. The supervisor must be readily available during all working hours. It is understood that supervision begins with more direct supervision and gradually decreases to a minimum of six hours weekly as the student demonstrates competence. The supervisor must be cognizant of the individual student's needs and must use judgment in determining when an individual student may need more of the supervisor's time.



(2) **New graduates.** Direct on-site supervision will be provided by the Occupational Therapist for new Occupational Therapist and Occupational Therapist Assistant graduates practicing under a letter authorizing practice temporarily.

(3) **Techs and aides.** Direct on-site supervision will be provided by the Occupational Therapist or Occupational Therapy Assistant for aides/technicians providing patient care. Occupational Therapists and Occupational Therapy Assistants will delegate only those tasks that are of a routine nature and do not require interpretation or professional judgment. The occupational therapy practitioner must ensure the aide/technician has demonstrated competency in the delegated tasks.

[Source: Added at 17 Ok Reg, eff 5-11-00; Amended at 19 Ok Reg 2779, eff 6-24-02 (emergency); Amended at 20 Ok Reg 982, eff 5-21-03]

#### **435:30-1-16. Responsible supervision**

(a) An occupational therapist will not sign the Form #5, Verification of Supervision, to be the direct clinical supervisor for more than a total of four occupational therapy assistants or applicants for licensure regardless of the type of professional licensure or level of training.

(b) It shall be the responsibility of the occupational therapist to monitor the number of persons under his/her direct clinical supervision. It shall be the responsibility of the occupational therapy assistant to inquire of the occupational therapist in regards to the number of persons being directly supervised.

(c) On a case-by-case basis, an occupational therapist may petition the Committee to receive permission to supervise additional occupational therapy assistants or applicants.

(d) If responsible supervision is not practiced, both the occupational therapist and occupational therapy assistant are in violation of this rule.

(e) If the licensed occupational therapist agrees to supervise an occupational therapy assistant, the occupational therapist shall:

(1) determine the frequency and manner of consultations, taking into consideration the treatment settings being used, client rehabilitation status, and the competency of the occupational therapy assistant being supervised;

(2) maintain a record of all consultations provided;

(3) document in the client treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present and directly supervises the treatment of a client by the occupational therapy assistant being supervised.

(4) make herself/himself available to the occupational therapy assistant in person or via telecommunication for consultation prior to implementation of any treatment program revisions; and

(5) review with the occupational therapy assistant in person or via telecommunication the diagnosis of the condition to be treated, the authorization of the procedure, dismissal of the client, and evaluation of the performance of the treatment given.

(f) The licensed occupational therapy assistant shall:

(1) consult with the supervising occupational therapist in person or via telecommunication prior to any treatment program revision; and

(2) notify the supervising occupational therapist of any significant changes in the

physical, cognitive and/or psychological status of the client. Contact, or attempts to contact the supervising occupational therapist will be documented in the record.

(g) Occupational therapy assistants with more than one employer must have a primary supervisor at each job who has completed a Form #5, Verification of Supervision.

(h) The evaluating occupational therapist will document transfer of care to the occupational therapist of record.

[Source: Added at 18 Ok Reg , eff 7-12-01 Amended at 20 Ok Reg 1613, eff 7-12-12]

#### **435:30-1-17. Role of Occupational Therapy Assistants in evaluations**

An Occupational Therapy Assistant's participation in evaluations is not independent. The Occupational Therapy Assistant works in collaboration with and under the supervision of an Occupational Therapist. It is the Occupational Therapist's responsibility to give appropriate supervision and the Occupational Therapy Assistant's responsibility to seek appropriate supervision. The Occupational Therapy Assistant may have a role in the evaluation process and in the administration of assessment tools and instruments under the supervision of an Occupational Therapist after competency has been established. It is the Occupational Therapist who initiates the evaluation process and delegates the appropriate assessment to be carried out by the Occupational Therapy Assistant. The Occupational Therapy Assistant may administer and score these assessments. The Occupational Therapist interprets the results with input from the Occupational Therapy Assistant to establish a treatment plan.

#### **435:30-1-18 Telehealth regulations**

(a) In order to provide occupational therapy services via telehealth defined in 435:30-1-2 of the Code, an occupational therapist or occupational therapy assistant providing services to a patient or client in this State must have a valid and current Occupational Therapy or Occupational Therapy Assistant license issued by State of Oklahoma.

(b) An occupational therapist shall determine whether an in-person evaluation or in-person interventions are necessary in lieu of telehealth provision, considering: the complexity of the patient's/client's condition; the provider's own knowledge, skills and abilities; the nature and complexity of the intervention; the requirements of the practice setting; and the patient's/client's context and environment. Clinical reasoning for providing occupational therapy via teletherapy must be documented at the onset of treatment in the patient's/client's record.

(c) All legal, regulatory, and ethical rules applicable to the delivery of in-person occupational therapy shall also apply to the delivery of occupational therapy via telehealth technology.

(d) Audio and video equipment must allow for interactive, real-time communications which permit the occupational therapist or occupational therapy assistant and the patient to see and hear each other. Any telehealth technology used by any occupational therapist or occupational therapy assistant must comply with confidentiality requirements imposed by federal or state law concerning network connection security in place for video and non-video connections, specifically including requirements under HIPAA.

(e) An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth shall:

(1) Exercise the same standard of care when providing occupational therapy services via

telehealth as with any other mode of delivery of occupational therapy services;

(2) Provide occupational therapy in a manner consistent with the standards of practice, ethical principles, rules and regulations for Oklahoma occupational therapy practitioners. Therefore, it is the occupational therapy practitioner's responsibility to determine when a telehealth encounter is not the appropriate treatment model;

(3) Determine if it is medically and clinically necessary for a licensed healthcare provider or technician trained in the use of the equipment to be utilized at the originating site to "present" the patient, manage the cameras, and perform any physical activities to successfully complete the initial patient evaluation; and

(4) Be proficient in the use of the telehealth and/or telemedicine technology.

(f) An occupational therapist or occupational therapy assistant that is providing therapy services via telehealth as a mode of service delivery will be required to have two (2) continuing education units in the area of telehealth practice each reporting period.

(g) An occupational therapist may utilize telehealth methods for routine and general supervision of Form 5-registered supervisees, but not when direct on-site supervision is required under 435:30-1-2.

(h) Fieldwork students must follow the Accreditation Council for Occupational Therapy Education ("ACOTE") standards, academic program rules, and practice setting policies regarding the use of telehealth service delivery as well as follow all applicable supervision rules under 435:30-1-15 and 435:30-1-16.

(i) Failure to comply with telehealth regulations shall be considered unprofessional conduct as set forth in Section 9 of the Occupational Therapy Practice Act.