DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
Division of Professional Regulation

2000 Board of Occupational Therapy Practice

1.0 Definitions and Supervision/consultation Requirements for Occupational Therapy Assistants

1.1 Definitions. The following words and terms, when used in this regulation shall have the following meaning:

"**AOTA**" means the American Occupational Therapy Association.

"**CE**" means continuing education.

"**CEU**" means continuing education unit.

"**DOTA**" means the Delaware Occupational Therapy Association.

"**NCBOT**" means the National Board for Certification in Occupational Therapy.

"**Occupational therapy assistant**" means a person licensed to assist in the practice of occupational therapy under the supervision of an occupational therapist. 24 **Del.C.** §2002.

"**Under the supervision of an occupational therapist**" means the interactive process between the licensed occupational therapist and the occupational therapy assistant. It shall be more than a paper review or co-signature. The supervising occupational therapist is responsible for ensuring the extent, kind, and quality of the services rendered by the occupational therapy assistant.

• The phrase, "under the supervision of an occupational therapist," as used in the definition of occupational therapist assistant includes, but is not limited to the following requirements:

• Communicating to the occupational therapy assistant the results of patient/client evaluation and discussing the goals and program plan for the patient/client;

• In accordance with supervision level and applicable health care, educational, professional and institutional regulations, reevaluating the patient/client, reviewing the documentation, modifying the program plan if necessary and co-signing the plan;

• Case management;

• Determining program termination;

• Providing information, instruction and assistance as needed;

• Observing the occupational therapy assistant periodically; and

• Preparing on a regular basis, but at least annually, a written appraisal of the occupational therapy assistant's performance or discussion of that appraisal with the assistant.

1.2 Supervision for Occupational Therapy Assistants

1.2.1 Supervising occupational therapists must have at least 1 year clinical experience after they have received permanent licensure. The supervisor may assign to a competent occupational therapy assistant the administration of standardized tests, the performance of activities of daily living evaluations and other elements of patient/client evaluation and reevaluation that do not require the professional judgment and skill of an occupational therapist. The occupational therapy assistant may not evaluate or develop a treatment plan independently.

1.2.2 The amount of supervision should be determined by the occupational therapist before the individuals enter into a supervisor/supervisee relationship. The chosen amount of supervision should be reevaluated regularly for effectiveness. Special consideration should be given to experience and any changes in practice area concentrations.

1.2.3 The supervising occupational therapist, in collaboration with the occupational therapy assistant, shall maintain a supervisory plan specifying the amount of supervision. The amount of supervision should be determined by the occupational therapist and occupational therapy assistant before the individuals enter a supervisor/supervisee relationship. The chosen amount of supervision should be reevaluated regularly for effectiveness. This plan shall be reviewed at least every 6 months or more frequently as demands of service changes.

1.2.4 A supervisor who is temporarily unable to provide supervision shall arrange for substitute supervision by an occupational therapist licensed by the Board with at least 1 year of clinical experience, as defined above, to provide supervision as specified by Section 1.0 of this regulation.

2 DE Reg. 2040 (05/01/99)
12 DE Reg. 1232 (03/01/09)
13 DE Reg. 1095 (02/01/10)
18 DE Reg. 995 (06/01/15)
20 DE Reg. 821 (04/01/17)

22 DE Reg. 523 (12/01/18)
24 DE Reg. 380 (10/01/20)
27 DE Reg. 440 (12/01/23)
29 DE Reg. 794 (03/01/26)

2.0 Licensure Procedures

2.1 To apply for an initial license, including relicensure after expiration, an applicant shall submit to the Board:

2.1.1 A completed notarized application on the form approved by the Board;

2.1.2 Verification of a passing score on the NBCOT standardized exam submitted by the exam service or NBCOT. If the date of application for licensure is more than 3 years following the successful completion of the NBCOT exam, the applicant shall submit proof of 24 hours of continuing education in the 2 years preceding the application in accordance with Section 5.0 of this regulation.

2.1.3 Official transcript and proof of successful completion of field work submitted by the school directly to the Board office;

2.1.4 Fee payable to the State of Delaware.

2.2 To apply for a reciprocal license, in addition to the requirements listed in 24 **Del.C.** §2011, an applicant shall submit the following to the Board:

2.2.1 A completed notarized application on the form approved by the Board;

2.2.2 Verification of a passing score on the NBCOT standardized exam submitted by the exam service or NBCOT;

2.2.3 Letter of good standing from any state in which the applicant is or has been licensed (applicants are responsible for forwarding blank verification form to all states where they are now or ever have been licensed);

2.2.4 Fee payable to the State of Delaware.

2.3 Only completed application forms will be accepted. Any information submitted to the Board is subject to verification.

2.4 To apply for renewal, an applicant shall submit:

2.4.1 A completed online renewal application;

2.4.2 Renewal fee payable to the State of Delaware;

2.4.3 Evidence of completion of the required continuing education.

2.5 To apply for inactive status, a licensee may, upon written request to the Board and payment of the fee established by the Division of Professional Regulation, have the license placed on inactive status if the licensee is not actively engaged in the practice of occupational therapy in the State. To renew an inactive license, a licensee shall submit an online renewal application and renewal fee payable to the State of Delaware.

2.6 To apply for reactivation of an inactive license, a licensee shall submit:

2.6.1 A reactivation request form;

2.6.2 Proof of continuing education attained within the past 2 years (24 contact hours). The 24 hours must be in accordance with Section 3.0 of this regulation;

2.6.3 Fee payable to the State of Delaware.

2.7 To apply for renewal of an expired license, an applicant shall, within 1 year of the expiration date:

2.7.1 File a renewal application online at www.dpr.delaware.gov;

2.7.2 Attest on the renewal application to the completion of continuing education as required in accordance with Section 3.0 of this regulation;

2.7.3 Pay a renewal and late fee as determined by the Division of Professional Regulation;

2.7.4 All late renewals shall be audited for compliance with continuing education renewal requirements;

2.7.5 Any licensee whose license is in an expired status as of July 31, 2014 must either renew the license no later than July 31, 2016 or fulfill the requirements of subsection 2.1.

2.8 All applicants shall attest that they have read and understand the current AOTA code of ethics and agree to be bound by the AOTA code of ethics.

6 DE Reg. 1331 (04/01/03)
9 DE Reg. 1768 (05/01/06)
11 DE Reg. 926 (01/01/08)
13 DE Reg. 1095 (02/01/10)
18 DE Reg. 995 (06/01/15)
20 DE Reg. 821 (04/01/17)
22 DE Reg. 523 (12/01/18)
24 DE Reg. 380 (10/01/20)
29 DE Reg. 794 (03/01/26)

3.0 Continuing Education

3.1 Continuing education units (CEUs) are required for license renewal and shall be completed by July 31 of each even numbered year. Occupational therapists and occupational therapy assistants are required to complete 24 hours per biennial period.

3.1.1 Proof of continuing education is satisfied with an attestation by the licensee that the licensee has satisfied the requirements;

3.1.2 Attestation shall be completed electronically;

3.2 Random audits will be performed by the Board to ensure compliance with the CE requirement.

3.2.1 The Board will notify licensees after July 31 of each biennial renewal period that they have been selected for audit.

3.2.2 Licensees selected for random audit shall be required to submit verification within 10 business days of the date of notification of selection for audit.

3.2.3 Verification shall include such information necessary for the Board to assess whether the course or other activity meets the CE requirements in Section 3.0, which may include, but is not limited to, the information noted for each type of CE.

3.2.4 The Board shall review all documentation submitted by licensees pursuant to the continuing education audit. If the Board determines that the licensee has met the continuing education requirements, the license shall remain in effect. If the Board determines that the licensee has not met the continuing education requirements, the licensee shall be notified and a hearing may be held pursuant to the Administrative Procedures Act. The hearing will be conducted to determine if there are any extenuating circumstances justifying noncompliance with the continuing education requirements. Unjustified noncompliance with the continuing education requirements set forth in these rules and regulations shall constitute a violation of 24 **Del.C.** §2015(a)(5) and the licensee may be subject to 1 or more of the disciplinary sanctions set forth in 24 **Del.C**. §2017.

3.3 CEUs shall be prorated for new licensees in accordance with the following schedule:

3.3.1 *Twenty-one months up to and including 24 months remaining in the licensing cycle requires 24 hours;

3.3.2 *Sixteen months up to an including 20 months remaining in the licensing cycle requires 15 hours;

3.3.3 *Eleven months up to and including 15 months remaining in the licensing cycle requires 10 hours;

3.3.4 *Ten months or less remaining in the licensing cycle - exempt.

3.4 Continuing Education Content

3.4.1 Continuing education must be in a field of health and social services related to occupational therapy, must be related to a licensee's current or anticipated roles and responsibilities in occupational therapy, and must serve to protect the public by enhancing the licensee's continuing competence.

3.4.2 A licensee or continuing education provider may request prior approval by the Board by submitting an outline of the activity before it is scheduled. Continuing education sponsored or approved by NBCOT, the Delaware Occupational Therapy Association ("DOTA"), AOTA or offered by AOTA-approved providers is automatically approved.

3.4.3 CE earned in excess of the required credits for the 2-year period may not be carried over to the next biennial period.

3.4.4 Mandatory CE content

3.4.4.1 During every biennial renewal period during which a license is required to complete CE, the licensee must complete a minimum of 2 hours in elder or child abuse.

3.4.4.2 The mandatory CE content is not subject to proration under subsection 3.3.

3.5 A Continuing Education Unit is a measure for a continuing education activity. One continuing education unit equals 60 minutes in a learning activity, excluding meals and breaks.

3.6 Acceptable forms of continuing education include the following:

3.6.1 Attending Workshops, Courses, Independent Learning. One credit hour per semester shall be equal to 10 CEUs. Documentation for academic coursework shall include an official transcript with registrar's seal from accredited college/university. The transcript should be sent in a sealed envelope and should indicate successful completion of the course, dates, and a description of the course from the school catalogue or course syllabus.

3.6.2 Courses

3.6.2.1 Workshops, seminars, lectures, conferences, and non-patient-specific in-service training qualify under this provision as long as they are presented in a structured educational experience beyond entry-level academic degree level.

3.6.2.2 The same training may be claimed 1-time only for CEU. Excluded are any job-related duties in the workplace such a fire safety, OSHA, new staff orientation, and corporate compliance training.

3.6.2.3 One CPR course per biennial is acceptable.

3.6.2.4 Documentation for continuing education courses shall include a certificate of completion or similar documentation including name of attendee, event title, date, instructor, sponsoring organization, location, and number of hours earned.

3.6.3 Independent learning with assessment element (Online courses, workshops, seminars, lectures, conference, or self-study series). 1 hour = 1 CEU. Documentation shall include a certificate of attendance from the provider verifying dates, event title, attendee name, agenda and successful completion of assessment component at the end of the program. (e.g., scored test, project, paper).

3.6.4 Independent learning without assessment element (audited coursework, etc.). 2 hours = 1 CEU (Maximum 12 CEUs). Documentation shall include a summary report of learning with notation of hours spent.

3.6.5 Reading peer-reviewed, role-related professional journal article or textbook chapter, and writing a report describing the implications for improving skills in one's specific role. (Cannot claim CEU purposed if textbook is required reading for academic coursework/audited course). 2 articles or 2 chapters = 1 CEU. Documentation shall include an annotated bibliography and a report with analysis of how articles impacted improving skills in one's role.

3.6.6 Participating in professional study group designed to advance knowledge through active participation. 2 hours = 1 unit. (Maximum 12 CEUs). Documentation shall include group attendance record verifying time spent, study group goals, and analysis of goal attainment and learning.

3.6.7 Receive mentoring from a professional in good standing to improve the skills of the protégé. 2 hours = 1 unit. (Maximum 12 CEUs). Documentation shall include goals and objectives established in collaboration with the mentor and self-analysis of performance.

3.6.8 Presenting. Serve as the primary or co-presenter at a state, national, or international workshop, seminar, or conference. Credit is available 1 time per presentation per topic. 1 hour = 2 CEUs. Documentation for a presentation shall be a copy of the presentation and a copy of the program listing that includes the presenter name, times and title of the presentation.

3.6.9 Primary or co-presenter for local organization/association/group on practice area-related topic: (energy conservation, back care and prevention of injury). Credit for preparation and presentation shall be given for the first presentation only of the same topic. Credit is available 1 time per presentation per topic. 1 hour = 2 CEUs. (Maximum 12 CEUs) Documentation for a presentation shall include a copy of the presentation and a program listing that includes the presenter's name, date, time, and location of presentation and contact person for the organization.

3.6.10 Primary or co-presenter making a poster presentation for state, national, or international workshop, seminar, or conference. Credit for presentation shall be given for the first presentation only. 1 poster = 2 CEUs (Maximum 12 CEUs). Documentation shall include a copy of presentation or program listing. Presenter name and limes and title of presentation must be indicated on documentation.

3.6.11 Serving as adjunct faculty, teaching practice area-related academic course per semester (must not be one's primary role). Credit for presentation shall be given for first presentation of course title. 1 credit hour = 6 CEUs. Documentation shall include a letter of verification from school that includes dates, lecture/course title, length of session with course/lecture goals and objective, or a copy of the course syllabus.

3.6.12 Provide professional-in-training, instruction, or guest lecture as a primary or co-presenter for occupational therapists, occupational therapy assistant, or related professionals. One-time presentation per topic. 1 hour = 1 CEU. Documentation shall include a copy of attendance record and an outline of the presentation and a letter from the supervisor on letterhead verifying the presenter's name and the date/time/length of the presentation.

3.6.13 Professional Meetings and Activities

3.6.13.1 Approved credit includes attendance at: DOTA business meetings, AOTA business meetings, AOTA Representative Assembly meetings. NBCOT meetings, OT Licensure Board meetings. A licensee may only obtain credit for a maximum of 6 CEUs regardless of number of meetings attended beyond 6.

3.6.13.2 Credit will also be given for participation as an elected or appointed member/officer on a board, committee or council in the field of health and social service related to occupational therapy. (Maximum 6 CEUs). Documentation includes name of committee or board, name of agency or organization, purpose of services, and description of licensee's role. Participation must be validated by an officer or representative of the organization or committee.

3.6.14 Self-Assessment and Developing a Professional Development Continuing-Competency Plan

3.6.14.1 Only self-assessment and continuing competency plans sponsored by NBCOT or AOTA will be accepted.

3.6.14.2 Self-assessment (Maximum 1 CEU). Documentation shall include a certificate of completion.

3.6.15 Professional Development Continuing Competency Plan (Maximum 1 CEU). Documentation shall include a copy of the goal plan.

3.6.16 Competency Assessment Units (Maximum 10 CEUs). Documentation shall include certificate of completion.

3.6.17 Volunteering for an organization, population, or individual that adds to the overall development of one's practice roles. 5 hours = 1 unit. (Maximum 12 CEUs). Documentation shall include a verification of hours via a letter from the organization and a report describing the hours and outcomes of volunteer service.

3.6.18 Mentoring an OT colleague or other professional to improve skills of the protégé. 2 hours = 1 CEU. (Maximum 12 CEUs). Documentation shall include goals, objective, and analysis of mentee performance.

3.6.19 Peer review of practice-related research article or textbook. 5 CEU per review. (Maximum 12 CEUs.) Documentation shall include a letter from publishing organization.

3.6.20 Publications

3.6.20.1 Primary or co-author of practice-area related article in non-peer reviewed professional publication. (OT Practice, SIS Quarterly, Advance) 1 article=5 CEUs (Maximum 24 CEUs). Documentation shall include copy of published article.

3.6.20.2 Primary or co-author of practice area related article in peer-reviewed professional publication (journal, book chapter, or research paper.) 1 article = 10 units. (Maximum 24 CEUs). Documentation shall include copy of published article.

3.6.20.3 Primary or co-author of practice area related article in lay publication (newspaper or newsletter) 1 article = 2 CEUs. Documentation shall include copy of published article.

3.6.20.4 Primary or co-author of chapter in practice-area related professional textbook. 1 chapter = 10 CEUs. Documentation shall include copy of published chapter and a letter from editor.

3.6.20.5 Primary or co-primary investigator in extensive scholarly research activities or outcome studies, or externally funded service/training projects associated with grants or post-graduate studies. 1 study = 10 CEUs (Maximum 12 CEUs). Documentation shall include copy of completed research/study that indicates licensee as primary/co-primary investigator.

3.6.21 Specialty Certification: Approval for credit hours for specialty certification, requiring successful completion of courses and exams attained during the current licensure period. Examples include Certified Hand Therapist (CHT) and Occupational Therapist, Board Certified in Pediatrics (BCP). Documentation includes a certificate of completion or other documentation from the recognized certifying body that identifies satisfactory completion of the requirements for obtaining board certification of specialty certification.

3.6.22 Fieldwork Supervision

3.6.22.1 Level 1 fieldwork direct supervision (must not be one's primary role). 1 unit per student (Maximum 12 CEUs total for student supervision). Documentation shall include verification provided by the school to the fieldwork educator with the name of student, school, and dates of fieldwork.

3.6.22.2 Level II fieldwork direct supervision (must not be one's primary role). 1 unit per week of supervision per student supervised. (Maximum 12 CEUs total for student supervision) Documentation shall include verification provided by the school to the fieldwork educator with the name of the student, school, and dates of fieldwork. Co-supervision is acceptable; record dates and times when acting as primary student supervisor and apply appropriate CEU number based on time spent supervising. Supervision of more than 1 student at a time is acceptable.

3.7 The Board may waive or postpone all or part of the continuing education activity requirements of these regulations if an occupational therapist or occupational therapy assistant submits written request for a waiver prior to renewal and provides evidence to the satisfaction of the Board of an illness, injury, financial hardship, family hardship, or other similar extenuating circumstance which precluded the individual's completion of the requirements.

6 DE Reg. 1331 (04/01/03)
9 DE Reg. 1768 (05/01/06)
11 DE Reg. 926 (01/01/08)
13 DE Reg. 1095 (02/01/10)
18 DE Reg. 995 (06/01/15)
20 DE Reg. 821 (04/01/17)
22 DE Reg. 523 (12/01/18)
24 DE Reg. 380 (10/01/20)
27 DE Reg. 440 (12/01/23)
29 DE Reg. 794 (03/01/26)

4.0 Telehealth

4.1 Telehealth is the use of electronic communications to provide and deliver a host of health-related information and health-care services including occupational therapy services as defined in 24 **Del.C.** §2002.

4.2 The Occupational Therapist and Occupational Therapist Assistant (referred to as "licensee" for the purpose of this regulation) who provides treatment through telehealth shall meet the following requirements:

4.2.1 Location of patient during treatment through telehealth. An occupational therapy practitioner is required to be licensed in Delaware if the practitioner provides occupational therapy services to a client who is in Delaware.

4.2.2 Informed consent. Before services are provided through telehealth, the licensee shall obtain written, informed consent from the patient, or other appropriate person with authority to make health care treatment decisions for the patient.

4.2.2.1 The use of electronic communications in the provision of care;

4.2.2.2 The potential breach of confidentiality, or inadvertent access, of protected health information using electronic communication in the provision of care.

4.2.3 Confidentiality. The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the patient's medical information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws. Confidentiality shall be maintained through appropriate processes, practices and technology, including disposal of electronic equipment and data.

4.2.4 Competence and scope of practice

4.2.4.1 The licensee shall be responsible for determining and documenting that telehealth is an appropriate level of care for the patient.

4.2.4.2 The licensee shall comply with the Board's law and rules and regulations and all current standards of care requirements applicable to onsite care.

4.2.4.3 The licensee shall limit the practice of telehealth to the area of competence in which proficiency has been gained through education, training and experience.

4.2.4.4 The occupational therapist who screens, evaluates, writes or implements the plan of care is responsible for determining the need for the physical presence of an occupational therapy practitioner during any interactions with clients.

4.2.4.5 Subject to the supervision requirements of Board subsection 1.2, the occupational therapist will determine the amount and level of supervision needed during telehealth.

4.2.4.6 The licensee shall document in the file or record which services were provided by telehealth.

20 DE Reg. 821 (04/01/17)
24 DE Reg. 380 (10/01/20)

5.0 Competence to Administer Treatment Modalities

Upon the request of the Board, or a member of the public, the licensee shall produce documentation demonstrating competence to administer a particular treatment modality. Competence may be shown by documented professional education, such as continuing education, in-service training or accredited higher education programs with documented coursework related to the modality in question. Determination of competence is at the discretion of the Board.

13 DE Reg. 1095 (02/01/10)
18 DE Reg. 995 (06/01/15)
20 DE Reg. 821 (04/01/17)
24 DE Reg. 380 (10/01/20)

6.0 Voluntary Treatment Option for Chemically Dependent or Impaired Professionals

6.1 If the report is received by the chairperson of the regulatory Board, that chairperson shall immediately notify the Director of Professional Regulation or the Director’s designate of the report. If the Director of Professional Regulation receives the report, the Director shall immediately notify the chairperson of the regulatory Board, or that chairperson's designate or designates.

6.2 The chairperson of the regulatory Board or that chairperson's designate or designates shall, within 7 days of receipt of the report, contact the individual in question and inform the individual in question in writing of the report, provide the individual written information describing the Voluntary Treatment Option, and give the individual in question the opportunity to enter the Voluntary Treatment Option.

6.3 In order for the individual to participate in the Voluntary Treatment Option, the individual in question shall agree to submit to a voluntary drug and alcohol screening and evaluation at a specified laboratory or health care facility. This initial evaluation and screen shall take place within 30 days following notification to the professional by the participating Board chairperson or that chairperson's designate.

6.4 A regulated professional with chemical dependency or impairment due to addiction to drugs or alcohol may enter into the Voluntary Treatment Option and continue to practice, subject to any limitations on practice the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate may, in consultation with the treating professional, deem necessary, only if such action will not endanger the public health, welfare or safety, and the regulated professional enters into an agreement with the Director of Professional Regulation or the Director's designate and the chairperson of the participating Board or that chairperson's designate for a treatment plan and progresses satisfactorily in such treatment program and complies with all terms of that agreement. Treatment programs may be operated by professional Committees and Associations or other similar professional groups with the approval of the Director of Professional Regulation and the chairperson of the participating Board.

6.5 Failure to cooperate fully with the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate in regard to the Voluntary Treatment Option or to comply with their requests for evaluations and screens may disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board chairperson or that chairperson's designate or designates shall cause to be activated an immediate investigation and institution of disciplinary proceedings, if appropriate, as outlined in subsection 4.8 of this section.

6.6 The Voluntary Treatment Option may require a regulated professional to enter into an agreement which includes, but is not limited to, the following provisions:

6.6.1 Entry of the regulated professional into a treatment program approved by the participating Board. Board approval shall not require that the regulated professional be identified to the Board. Treatment and evaluation functions must be performed by separate agencies to assure an unbiased assessment of the regulated professional's progress.

6.6.2 Consent to the treating professional of the approved treatment program to report on the progress of the regulated professional to the chairperson of the participating Board or to that chairperson's designate or designates or to the Director of the Division of Professional Regulation or the Director's designate at such intervals as required by the chairperson of the participating Board or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate, and such person making such report will not be liable when such reports are made in good faith and without malice.

6.6.3 Consent of the regulated professional, in accordance with applicable law, to the release of any treatment information from anyone within the approved treatment program.

6.6.4 Agreement by the regulated professional to be personally responsible for all costs and charges associated with the Voluntary Treatment Option and treatment programs. In addition, the Division of Professional Regulation may assess a fee to be paid by the regulated professional to cover administrative costs associated with the Voluntary Treatment Option. The amount of the fee imposed under this subparagraph shall approximate and reasonably reflect the costs necessary to defray the expenses of the participating Board, as well as the proportional expenses incurred by the Division of Professional Regulation in its services on behalf of the Board in addition to the administrative costs associated with the Voluntary Treatment Option.

6.6.5 Agreement by the regulated professional that failure to satisfactorily progress in such treatment program shall be reported to the participating Board's chairperson or the chairperson's designate or designates or to the Director of the Division of Professional Regulation or the Director's designate by the treating professional who shall be immune from any liability for such reporting made in good faith and without malice.

6.6.6 Compliance by the regulated professional with any terms or restrictions placed on professional practice as outlined in the agreement under the Voluntary Treatment Option.

6.7 The regulated professional's records of participation in the Voluntary Treatment Option will not reflect disciplinary action and shall not be considered public records open to public inspection. However, the participating Board may consider such records in setting a disciplinary sanction in any future matter in which the regulated professional's chemical dependency or impairment is an issue.

6.8 The participating Board's chairperson, the chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate may, in consultation with the treating professional at any time during the Voluntary Treatment Option, restrict the practice of a chemically dependent or impaired professional if such action is deemed necessary to protect the public health, welfare or safety.

6.9 If practice is restricted, the regulated professional may apply for unrestricted licensure upon completion of the program.

6.10 Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment program shall disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board shall be notified and cause to be activated an immediate investigation and disciplinary proceedings as appropriate.

6.11 Any person who reports pursuant to this section in good faith and without malice shall be immune from any civil, criminal or disciplinary liability arising from such reports, and shall have their confidentiality protected if the matter is handled in a nondisciplinary matter.

6.12 Any regulated professional who complies with all of the terms and completes the Voluntary Treatment Option shall have their confidentiality protected unless otherwise specified in a participating Board's rules and regulations. In such an instance, the written agreement with the regulated professional shall include the potential for disclosure and specify those to whom such information may be disclosed.

13 DE Reg. 1095 (02/01/10)
20 DE Reg. 821 (04/01/17)
24 DE Reg. 380 (10/01/20)
29 DE Reg. 794 (03/01/26)

7.0 Crimes substantially related to practice of occupational therapy

7.1 Conviction of any of the following crimes, or of the attempt to commit or of a conspiracy to commit or conceal or of solicitation to commit the following crimes, is deemed to be a crime substantially related to the practice of occupational therapy in the State of Delaware without regard to the place of conviction:

7.1.1 Unlawful harm to law enforcement or seeing eye dogs. 7 **Del.C.** §1717
7.1.2 Aggravated menacing. 11 **Del.C.** §602(b)
7.1.3 Reckless endangering. 11 **Del.C.** §604
7.1.4 Abuse of a pregnant female in the second degree. 11 **Del.C.** §605
7.1.5 Abuse of a pregnant female in the first degree. 11 **Del.C.** §606
7.1.6 Assault in the second degree. 11 **Del.C.** §612
7.1.7 Assault in the first degree. 11 **Del.C.** §613
7.1.8 Felony abuse of a sports official. 11 **Del.C.** §614
7.1.9 Assault by abuse of neglect. 11 **Del.C.** §615
7.1.10 Felony Terroristic threatening. 11 **Del.C.** §621
7.1.11 Unlawful administering drugs. 11 **Del.C.** §625
7.1.12 Unlawful administering controlled substance or counterfeit substance or narcotic drugs. 11 **Del.C.** §626
7.1.13 Vehicular assault in the first degree. 11 **Del.C.** §629
7.1.14 Criminally negligent homicide. 11 **Del.C.** §631
7.1.15 Manslaughter. 11 **Del.C.** §632
7.1.16 Murder by abuse or neglect in the second degree. 11 **Del.C.** §633
7.1.17 Murder by abuse or neglect in the first degree. 11 **Del.C.** §634
7.1.18 Murder in the second degree. 11 **Del.C.** §635
7.1.19 Murder in the first degree. 11 **Del.C.** §636
7.1.20 Sexual harassment. 11 **Del.C.** §763
7.1.21 Unlawful sexual contact in the second degree. 11 **Del.C.** §768
7.1.22 Unlawful sexual contact in the first degree. 11 **Del.C.** §769
7.1.23 Rape in the fourth degree. 11 **Del.C.** §770
7.1.24 Rape in the third degree. 11 **Del.C.** §771
7.1.25 Rape in the second degree. 11 **Del.C.** §772
7.1.26 Rape in the first degree. 11 **Del.C.** §773
7.1.27 Sexual extortion. 11 **Del.C.** §776
7.1.28 Bestiality. 11 **Del.C.** §777
7.1.29 Continuous sexual abuse of a child. 11 **Del.C.** §778
7.1.30 Dangerous crime against a child. 11 **Del.C.** §779
7.1.31 Unlawful imprisonment in the first degree. 11 **Del.C.** §782
7.1.32 Kidnapping in the second degree. 11 **Del.C.** §783
7.1.33 Kidnapping in the first degree. 11 **Del.C.** §783A
7.1.34 Acts constituting coercion. 11 **Del.C.** §791
7.1.35 Burglary in the second degree. 11 **Del.C.** §825
7.1.36 Burglary in the first degree. 11 **Del.C.** §826
7.1.37 Robbery in the second degree. **11 Del.C.** §831
7.1.38 Robbery in the first degree. 11 **Del.C.** §832
7.1.39 Carjacking in the second degree. 11 **Del.C.** §835
7.1.40 Carjacking in the first degree. 11 **Del.C.** §836
7.1.41 Extortion. 11 **Del.C.** §846
7.1.42 Identity theft. 11 **Del.C.** §854

7.1.43 Felony forgery. 11 **Del.C.** §861
7.1.44 Falsifying business records. 11 **Del.C.** §871
7.1.45 Felony unlawful use of a credit card. 11 **Del.C.** §903
7.1.46 Insurance fraud. 11 **Del.C.** §913
7.1.47 Health care fraud. 11 **Del.C.** §913A
7.1.48 Dealing in children. 11 **Del.C.** §1100
7.1.49 Endangering the welfare of a child. 11 **Del.C.** §1102
7.1.50 Endangering the welfare of an incompetent person. 11 **Del.C.** §1105
7.1.51 Unlawfully dealing with a child. 11 **Del.C.** §1106
7.1.52 Sexual exploitation of a child. 11 **Del.C.** §1108
7.1.53 Unlawful dealing in child pornography. 11 **Del.C.** §1109
7.1.54 Possession of child pornography. 11 **Del.C.** §1111
7.1.55 Sexual offenders; prohibitions from school zones. 11 **Del.C.** §1112
7.1.56 Sexual solicitation of a child. 11 **Del.C.** §1112A
7.1.57 Terroristic threatening of public officials or public servants. 11 **Del.C.** §1240
7.1.58 Felony abetting the violation of driver's license restrictions. 11 **Del.C.** §1249
7.1.59 Felony offenses against law enforcement animals. 11 **Del.C.** §1250
7.1.60 Felony hate crimes. 11 **Del.C.** §1304
7.1.61 Felony stalking. 11 **Del.C.** §1312A
7.1.62 Felony cruelty to animals. 11 **Del.C.** §1325
7.1.63 Felony maintaining a dangerous animal. 11 **Del.C.** §1327(a)
7.1.64 Felony violation of privacy. 11 **Del.C.** §1335(a)
7.1.65 Adulteration. 11 **Del.C.** §1339
7.1.66 Promoting prostitution in the second degree. 11 **Del.C.** §1352
7.1.67 Promoting prostitution in the first degree. 11 **Del.C.** §1353
7.1.68 Obscenity. 11 **Del.C.** §1361
7.1.69 Carrying a concealed deadly weapon. 11 **Del.C.** §1442
7.1.70 Felony unlawful dealing with a dangerous weapon. 11 **Del.C.** §1445(a)
7.1.71 Felony possession of a deadly weapon during the commission of a felony. 11 **Del.C.** §1447
7.1.72 Possession of a firearm during a commission of a felony. 11 **Del.C.** §1447A
7.1.73 Possession and purchase of deadly weapons by persons prohibited. 11 **Del.C.** §1448
7.1.74 Felony Possession of a weapon in a Safe School and Recreation Zone. 11 **Del.C.** §1457
7.1.75 Duty to report child abuse or neglect. 16 **Del.C.** §903
7.1.76 Abuse, neglect, mistreatment or financial exploitation of residents or patients in a nursing or similar facility. 16 **Del.C.** §1136
7.1.77 Felony falsification or destruction of records related to maintenance medical treatment. 16 **Del.C.** §2513
7.1.78 Manufacture, delivery or possession with intent to deliver schedule I or II narcotic drugs. 16 **Del.C.** §4751
7.1.79 Manufacture, delivery or possession with intent to deliver Schedule I, II, III, IV, or V non-narcotic drugs. 16 **Del.C.** §4752
7.1.80 Unlawful delivery or noncontrolled substances. 16 **Del.C.** §4752A.
7.1.81 Possession, consumption, or use of controlled substances. 16 **Del.C.** §4753.
7.1.82 Trafficking in marijuana, cocaine, illegal drugs, methamphetamines, L.S.D., or designer drugs. 16 **Del.C.** §4753A
7.1.83 Possession, consumption, or use of non-narcotic controlled substances classified in Schedule I, II, III, IV, or V. 16 **Del.C.** § 4754
7.1.84 Crimes related to controlled substances. 16 **Del.C.** §4756
7.1.85 Distribution of controlled substances to persons under 21 years of age. 16 **Del.C.** §4761
7.1.86 Distribution, delivery or possession of a controlled substance within 1,000 feet of school property. 16 **Del.C.** §4767
7.1.87 Distribution, delivery or possession of a controlled substance within 300 feet of park, recreation area, church, synagogue or other place of worship. 16 **Del.C.** §4768
7.1.88 Felony obtaining benefit under false representation. 31 **Del.C.** §1003
7.1.89 Felony falsification of reports, statements, or documents. 31 **Del.C.** §1004
7.1.90 Kickback schemes and solicitation. 31 **Del.C.** §1005
7.1.91 Conversion of benefit payment. 31 **Del.C.** §1006
7.1.92 Intentional abuse, neglect, mistreatment, or exploitation of an infirm adult. 31 **Del.C.** §3913
7.1.93 Trafficking an individual, forced labor, and sexual servitude. 11 **Del.C.** §787

7.2 Crimes substantially related to the practice of occupational therapy shall be deemed to include any crimes under any federal law, state law, or valid town, city or county ordinance, that are substantially similar to the crimes identified in this regulation.

8 DE Reg. 1449 (04/01/05)
9 DE Reg. 587 (10/01/05)
13 DE Reg. 1095 (02/01/10)
20 DE Reg. 821 (04/01/17)
29 DE Reg. 794 (03/01/26)

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2 DE Reg. 2040 (05/01/99)
6 DE Reg. 1331 (04/01/03)
8 DE Reg. 1449 (04/01/05)
9 DE Reg. 587 (10/01/05)
9 DE Reg. 1768 (05/01/06)
11 DE Reg. 926 (01/01/08)
12 DE Reg. 1232 (03/01/09)
13 DE Reg. 1095 (02/01/10)
18 DE Reg. 995 (06/01/15)
20 DE Reg. 821 (04/01/17)
22 DE Reg. 523 (12/01/18)
24 DE Reg. 380 (10/01/20)
27 DE Reg. 440 (12/01/23)
29 DE Reg. 794 (03/01/26)