



OT Section Ethics Update

OOTA – Fall 2026

Board@otptat.ohio.gov

<https://otptat.ohio.gov/>

614-466-3774



**Occupational Therapy,
Physical Therapy, and
Athletic Trainers Board**



Topics

OTPTAT Board Overview

Occupational Therapy Licensure
Compact

Frequently Asked Questions

Duty to Report

Enforcement Cases

OT Section Mission

The OT Section is committed to proactively:

- Provide **education** to the consumers of OT services;
- **Enforce** practice standards for the protection of the consumer of OT services;
- **Regulate the profession** of OT in an ever-changing environment;
- Regulate ethical and multicultural **competency** in the practice of OT;
- Regulate the **practice** of OT in all current and emerging areas of service delivery



The mission of the Ohio OT
Section is to protect the public.

OOTA and AOTA advocate for
the profession.

Purpose of Regulatory Boards



Establishing & checking

Requirements for entry into the profession



Adopting

Administrative rules



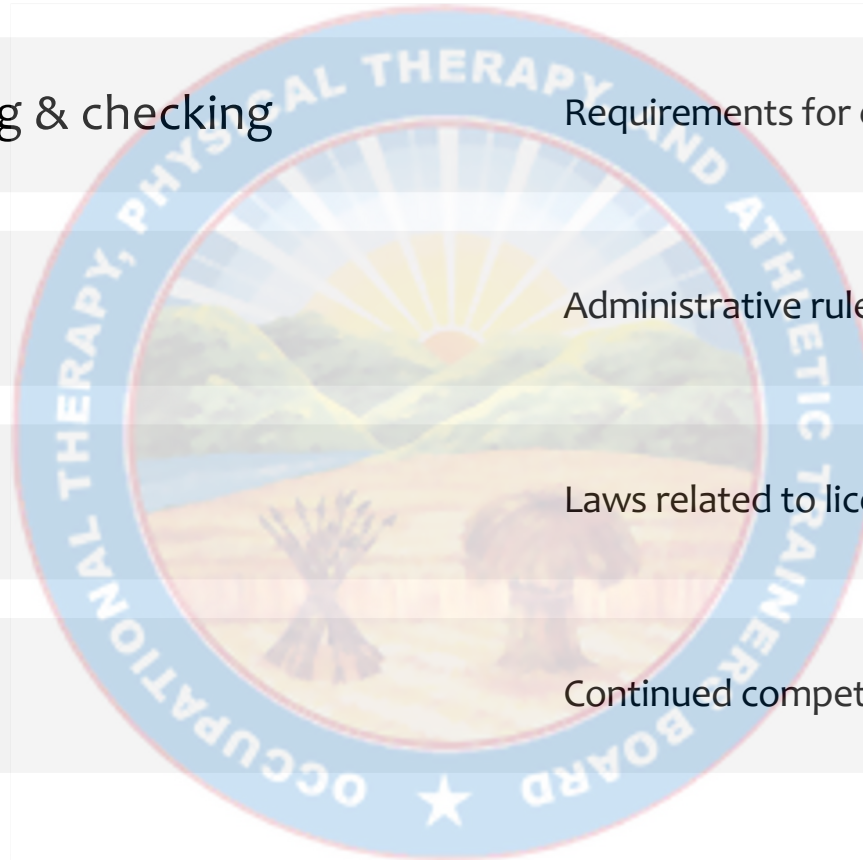
Enforcing

Laws related to licensure



Assuring

Continued competence of licensees





OT Section Members

Member	City	Term Expires	Term
Cheryl Boop, OTR/L, Secretary	Grove City	2028	1 st
Nichole Dearth, MOT, OTR/L	Ada	2027	2 nd
Sarah Heldmann, BS, COTA/L	Toledo	2027	2 nd
Marnie Renda, OTD, OTR/L Chair	Cincinnati	2028	2 nd
Melissa Van Allen, OTR/L	Columbus	2026	3 rd

All terms expire on Aug. 27 of the designated year. Pursuant to ORC 4755.01, members shall not serve for more than three (3) consecutive terms

To seek appointment to the Board, contact the Governor's Office and download the application (<http://governor.ohio.gov>)



Licensure Statistics

LICENSE TYPE	# ACTIVE LICENSEE (10/14/2026)
Athletic Trainer	3,039
Occupational Therapist	8,174
Occupational Therapy Assistant	4,562
Occupational Therapist Compact	16 OT/6 OTA
Physical Therapist	12,152
Physical Therapist Assistant	8,510
PT Compact/ PTA Compact Members	574/126
Orthotics, Prosthetics, Pedorthics	348
Total	37,507

CE Requirements – over two-year renewal period



ETHICS



MENTAL HEALTH

PDU vs. contact hour etc. – include an example of hour to count

HELPFUL HINTS

Put your CEs in a place where you will always be able to access them
– not your job

Storing in two places is a good idea – electronic and paper



New Licenses - 1st Renewal



Do not have to complete CE

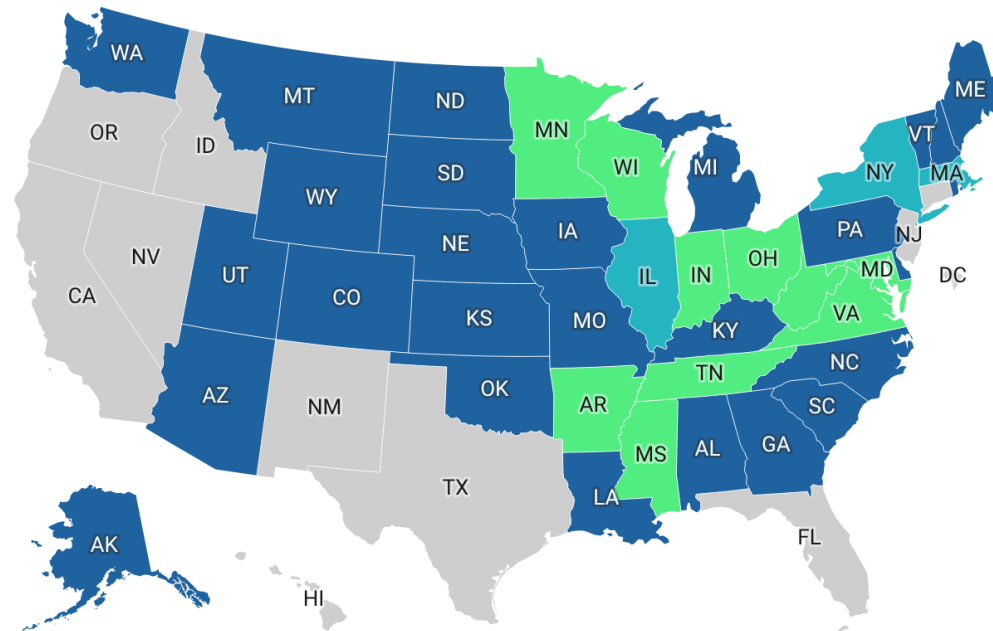


OT Compact Status

OT Compact Map (October 2026)

OT Compact Map

Compact Member - Issuing Privileges
Filed
Legislation Enacted - Compact Member
Legislation
No Active Legislation



Created with Datawrapper

The OT Compact: How It Works



Open to OT's and OTA's



**Mutual Recognition
Model** licensure

Mutual Recognition:
Compact member states
agree to **mutually
recognize** valid,
unrestricted licenses of
other compact member
states



Allows practitioners
to practice in compact
states via a **Compact
Privilege**

Compact Privilege
provides the same
benefits as licensure

Accessing: Compact Privilege

To receive a **Compact Privilege** an OT/OTA must:

- Hold a license in their home state (compact state)
- No encumbrance on **any** state license currently
- No adverse actions against **any license** or **compact privilege** within **2 years**
- Submit information for an **FBI Criminal Background Check** if they didn't already have one for initial licensure
 - For Ohio: anyone licensed prior to March 2008
- Meet **jurisprudence** requirements for the member state where seeking privilege
- ***Practitioners must adhere to the laws & regulations of the compact member state where practicing***



Frequently Asked Questions

Issues for the Board vs. Other parties

- Role of the Board – Public protection
- Limitation for Board involvement:
 - Employment issues
 - Billing and documentation
 - Example: Inquiries from practitioners working in skilled nursing with regard to how many visits a patient can receive, frequency of re-evaluation, etc. – most of these are Medicaid/Medicare payer issues, which cannot be interpreted by the Board
 - FAQs: <https://otptat.ohio.gov/occupational-therapy/scope-of-practice>

Website

- Answers to all CE questions
- Practice Act Quick Reference
- Laws and Rules
- Minutes
- Rules under review
- Publications

PYT / Occupational Therapy



WELCOME

LICENSING

RENEWAL

CONTINUING EDUCATION

SCOPE OF PRACTICE/FAQS

LAWS & RULES

OT SECTION

FORMS

Occupational Therapy

What is Occupational Therapy?

Occupational therapy is a client-oriented approach to life skill development for individuals with physical, cognitive, or emotional impairments, activity limitations, and/or restrictions. Occupations are activities that give individuals a sense of identity. Examples of daily living activities (occupations) are: getting dressed, cooking, shopping, and watching a movie at the mall.

Occupational therapy practitioners use meaningful tasks or occupations to help individuals develop the ability to participate in meaningful daily life activities because of developmental, physical, or cognitive impairments.

An occupational therapy practitioner may: devise a substitute method for performing a task; use assistive technology; create community programs for people with learning challenges; or design, fabricate, and apply a splint for a person with a physical impairment.

An Occupational Therapist (OT) is...

An Occupational Therapist (OT) is a health care professional who evaluates and treats individuals with physical, cognitive, or emotional impairments. In Ohio, an OT must hold a valid Ohio occupational therapist license.

An Occupational Therapy Assistant Is...

An Occupational Therapy Assistant (OTA) is a health care provider who works under the supervision of an occupational therapist. In Ohio, occupational therapy assistants must hold a valid Ohio occupational therapy assistant license.

Duty to Report

OT Practice Act Requirement



Licensees have a responsibility and duty to report:

- Practitioners that are **incompetent, unprofessional, or unlawful**.
- Because *the public loses trust in that person or potentially the profession as a whole*.

The **complaint** is investigated

- If substantiated, appropriate action is taken.
- Board will work to correct the practitioner's behavior & increase the understanding of the problem.

If Not Reported.....

The practitioner can simply be fired or resign and seek employment at another facility with no consequence, **potentially putting others at risk.**



Duty to Report

OT Practice Act Requirement



- It is **YOUR** duty to report when you have reasonable cause to believe that
 - A practitioner is unable to practice safely
 - Has engaged in unprofessional conduct
 - Violated laws or rules, or
 - Committed unethical practices.
 - OAC 4755-7-08 (A)(9)
- **Failure to Report:** Can result in professional disciplinary action
- **Complaint Portal:** https://elicense.ohio.gov/oh_filecomplaint

Complaints are Confidential

Ohio Revised Code 4755.02 (E)(1), (E)(2)

Information & records
received or generated by the
board during an investigation:

- Are confidential
- Are NOT public records
- Are NOT subject to discovery





Duty to Report

Complaint Confidentiality

Named Complaint

- Able to:
 - Interview persons involved
 - Review Documentation
 - Physical Evidence
 - Medical Records

Anonymous Complaint

- Difficult to investigate b/c
 - No names of persons to interview
 - Can not identify and obtain evidence
- Does **NOT** fulfill Duty to Report
 - B/c will not know you filed a complaint

QUESTIONS: About the complaint & investigation process:

READ more on the Board website at <https://otptat.ohio.gov/Consumers/Enforcement>

CONTACT Board enforcement division at 614-466-3774 or Board@otptat.ohio.gov.

Power Dynamics

WHAT IS A POWER DIFFERENTIAL?

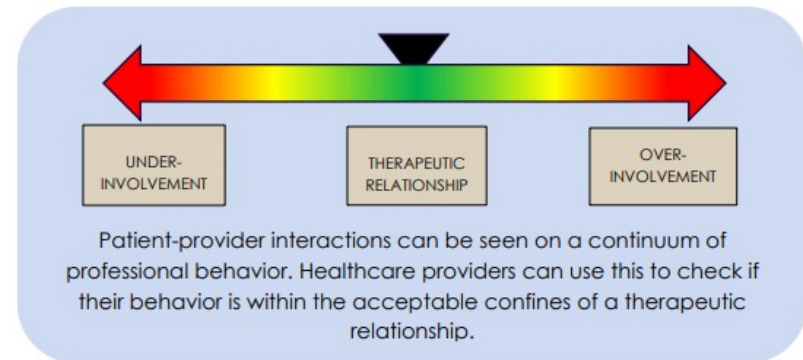
In any relationship, whether it's casual or formal, short-term or long-term, there's always an underlying balance of power at play. This power dynamic can shift based on many factors, from personal traits like height or age to external ones like experience or education.

For example, in a healthcare setting, the title of "Doctor of Physical Therapy" can immediately create a power imbalance. Patients are often in a vulnerable spot due to their condition and rely heavily on the therapist's expertise.

It is crucial for professionals to be aware of their influence and how their position might impact their interactions. Every comment, gesture, or interaction can carry more weight than intended, so being mindful of this power dynamic is essential.

WHAT IS A THERAPEUTIC RELATIONSHIP?

A therapeutic relationship between a patient/client and the provider is built on trust, respect, sensitivity, duty, and power. A provider must constantly re-evaluate his/her professional boundaries, be aware of the power imbalance between the clinician and patient/client, and repeatedly seek informed consent for procedures that involve touch.



Power imbalance: TIPS

WHAT TO DO:

- Be sensitive to the inherent power imbalance between a patient/client and the clinician.
- Keep the relationship with the patient/client professional.
- Provide contact information through the clinic/business contacts, not personal contacts.
- Review informed consent, the purpose of treatment, and receive ongoing consent.
- Give the patient/client permission to ask questions at any time.
- Be aware of workplace policies regarding the use of chaperones, patient/client contact outside of the care setting, and gift giving.
- Acknowledge the professional duty to report sexual misconduct and boundary violations.
- Review state rules/statutes regarding sexual misconduct.
- Be informed- understand the prevalence of sexual abuse and the impacts a history of sexual abuse may have on the patients/clients you treat.
- Be vigilant about potential perceived boundary crossings and make corrections.

WHAT NOT TO DO:

- Engaging in a sexual or romantic relationship with a patient/client, even if consensual
- Sexual jokes and comments (either by the provider or from the patient/client)
- Discuss intimate or personal issues with a patient/client
- Flirt with a patient/client
- Keep secrets with a patient or for a patient
- Discharge a patient/client in order to date them
- Meet a patient/client outside of the care setting
- Give out personal contact information to only select patients/clients

AREAS OF CONCERN:

- Spending more time with a patient/client than a treatment requires
- "Following/Liking/Friending" patients/clients on social media
- Socializing or communicating with patient/client outside of clinical hours
- Communicating privately with a patient/client via phone or social media

Informed Consent



Not just a piece of paper

- Explain the planned intervention in lay terms and identify possible providers of the intervention
- Disclose the risks associated with the intervention or the lack of intervention
- Outline the expected benefits of the intervention
- Present any reasonable alternatives to the intervention and their risks
- Review the anticipated time frames and costs of the intervention
- Provide the opportunity to ask questions and/or express concerns
- Reveal the use of technology including artificial intelligence (AI) when collecting medical history, recording treatment discussions, or documenting of informed consent
- Educate the patient/client of their right to modify or withdraw consent at any time
- Document the informed consent process



Safe Haven Program

OTPTAT Board Partnered with the Ohio Professionals Health Program (OPHP)

- OPHP is a nonprofit organization
- Provides confidential support for *healthcare professionals w/ illnesses* that may impact their health & well-being

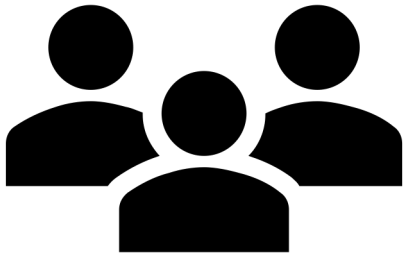


What does the Ohio Professionals Health Program (OPHP) do?

- Conducts evaluation by licenses professionals
- Create and monitor treatment plans
- Free CE
- <https://www.ohiophp.org/otptatsafehaven>



Who Can Refer to Safe Haven Program?

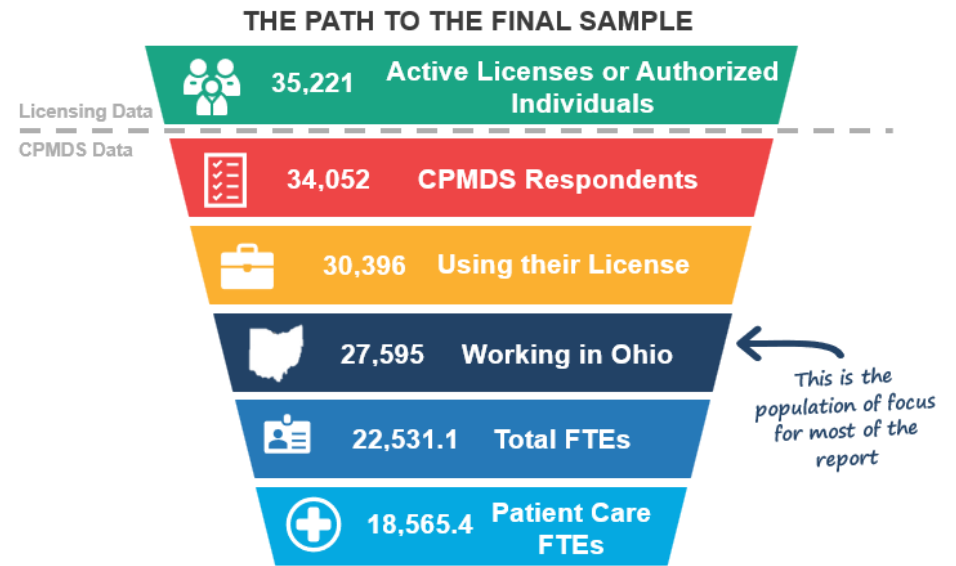


- 1) Self-Referral Encouraged
- 2) Employers
- 3) Co-workers
 - If you have a concern about mental health or addiction interfering with the care provided by a fellow license holder

Referral DOES fulfill your duty to report

COMING SOON

Workforce Data



Ohio's OTPTAT Workforce Snapshot

	OT	OTA	PT	PTA	AT
Authorized to practice	7,551	4,454	12,155	8,097	2,964
CPMDS respondents	7,375	4,406	11,503	7,895	2,873
Actively working	6,787	3,698	10,783	6,745	2,383
Working in Ohio	6,122	3,449	9,669	6,194	2,161
Full-time Equivalents (FTE)	4,993.5	2,702.1	8,018.1	4,858	1,959.4
Direct Patient Care FTE	3,779.2	2,192.4	6,785.3	4,300.5	1,508



Case #1

- On or about April 27, 2026, OTA005748, while employed as an occupational therapist assistant, was selected for a random drug test in which OTA005748 tested positive for amphetamines and cocaine. Said conduct constitutes a violation of the Ohio Revised Code sections 4755.11 (A)(8).
- On or about June 2, 2026, OTA005748 was referred to the Ohio Professionals Health Program (OhioPHP) by the Occupational Therapy Board regarding the April 27, 2026, random positive drug test. Ohio PHP recommended that Casto enter the Safe Haven program and enter into a Non-Practice agreement. Casto initially signed the agreement on July 7, 2026, but informed Ohio PHP on July 21, 2026, that she did not intend to comply. OTA005748 refused treatment and monitoring programs by OhioPHP and told a board investigator that she will not be pursuing other means of treatment elsewhere. Said conduct constitutes a violation of the Ohio Revised Code sections 4755.11 (A)(2) & (3) and Ohio Administrative Code rule 4755:1-2-01 (B)(7).
- Voluntary surrender/simultaneous revocation.

Case #2



While employed as an occupational therapist, OT013170 worked with an expired occupational therapist license from July 1, 2025, until September 22, 2025. On September 30, 2025, OT013170 license was reinstated. Said conduct constitutes a violation of the Ohio Revised Code section 4755.11(A)(2), (14) & (16), and Ohio Administrative Code rule 4755:1-2-01 (A)(4)(b).



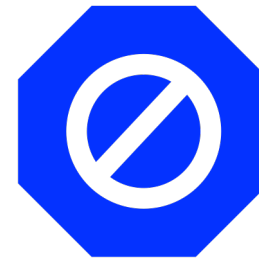
Written reprimand; pay a fine of \$300; employer notification.

Case #3



On May 20, 2026, as a result of being selected for disciplinary continuing education audit, Weisbecker was sent an audit notice via email. On June 21, 2026, Weisbecker sent her certificates for the disciplinary continuing education audit and only had six (6) continuing education units (CEU's) for the audit period. This constitutes a failed audit. Said conduct constitutes a violation of Ohio Revised Code sections 4755.11 (A)(24), and Ohio Administrative Code rule 4755:1-3-01 (A)(4) and (5), (E)(1) and (2).

Written reprimand; pay a fine of \$250.00; employer notification.



On April 4, 2025, Shear was selected for a continuing education (CE) audit conducted by the Board. Shear failed to complete the CE audit as required. Said conduct constituted a violation of Ohio Revised Code section 4755.11 (A)(24), and Ohio Administrative Code rule 4755:1-3-01 (A), (E)(1) & (2).

License Revocation.

Case #4

On March 2, 2026, while employed as an occupational therapist, OT002442 maltreated and exhibited aggressive behavior with a minor student with multiple disabilities. Said conduct constitutes a violation of the Ohio Revised Code sections 4755.11 (A)(3) and (17), and Ohio Administrative Code rule 4755:1-2-01 (C)(1)(e), (C)(10), and (C)(17)(c).

Shall complete the following courses: Crisis Prevention Training held at Crisis Prevention Institute; “Trauma Informed Care: what does an occupational therapy practitioner need to know?” held at occupationaltherapy.com; “Modern Emotional Regulation Supports for Neurodivergent Learners: Are you keeping with the times?” held at KellyMahler; “Compassion Fatigue Certification Training Course” held at PESI.

Case #5

On or about May 5, 2026, Burrows pled guilty to the following felony offenses before the Harrison County Court of Common Pleas:

- Aggravated Trafficking in Drugs, a felony of the fourth degree and a violation of section 2925.03(A)(1) and (C)(1)(a) of the Ohio Revised Code.
 - Aggravated Trafficking in Drugs, a felony of the fourth degree and a violation of section 2925.03(A)(1) and (C)(1)(a) of the Ohio Revised Code.
 - Aggravated Trafficking in Drugs, a felony of the fourth degree and a violation of section 2925.03(A)(1) and (C)(1)(a) of the Ohio Revised Code.
- Further, the court specifically found that Burrows' drug and/or alcohol usage was a factor leading to these criminal offenses. Said conduct constitutes a violation of the Ohio Rev. Code sections 4755.11 (A)(1) and (3), and Ohio Administrative Code rule 4755:1-2-01(B)(7).

Voluntary surrender/simultaneous revocation.

Call to action/Key Takeaways

You are good practitioners. Please share this information with others who aren't here

- One hour mental health/substance use, One hour ethics, jurisprudence, cultural competence
- The Board's job is public protection – our role is to guide practitioners in the ethical delivery of care – usually those two things are the same, however... there are roles for other organizations like OOTA and AOTA in terms of advocacy.

OTPTAT v. AOTA and OOTA vs. NBCOT

- CONTACT INFORMATION UP TO DATE

Board Communications



FaceBook

- <https://www.facebook.com/OhioOTPTATBoard>

Twitter

- <http://twitter.com/OhioOTPTATBd>

Listserv

- “Join a Board Listserv” link on the Board website homepage

Contact the Board



**Occupational Therapy,
Physical Therapy, and
Athletic Trainers Board**



Website <http://otptat.ohio.gov>



Email board@otptat.ohio.gov



Phone 614-466-3774



Fax 614-995-0816



Mail Ohio OTPTAT Board, 77 S. High
Street, 16th Floor, Columbus, OH
43215-6108