

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

GUIDELINES FOR DPAM SUPERVISOR APPLICATION PROCESS

The supervised treatment sessions required for DPAM Specialty Certification shall be sufficiently detailed to allow the DPAM Specialty Certification Supervisor to determine the supervisee's skills. Treatment sessions shall be completed under the direct supervision of a person approved by the board. 201 KAR 28:170.

In accordance with the Occupational Therapy Practice Act, KRS 319A.080(4), and the Administrative Regulations, 201 KAR 28:170, which provides procedures for putting the Act into practice, licensed individuals seeking DPAM Specialty Certification shall demonstrate competence in DPAM application through completion of five (5) supervised treatment sessions. In order for an individual to be approved as a DPAM Specialty Certification Supervisor, the following items are required by KBLOT:

1. A completed *DPAM Supervisor Application Form*.
2. A copy of your licensure card.

Mail to:
Kentucky Board of Licensure for Occupational Therapy
PO Box 1360
Frankfort, KY 40602

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PO Box 1360
Frankfort, KY 40602

PLEASE DO NOT FAX

**DPAM SPECIALTY CERTIFICATION
SUPERVISOR APPLICATION**

1. Supervisor Name: _____
Last First Middle Maiden

2. Address: _____
Mailing Address

City State Zip Code

3. Daytime Phone: _____ Other Phone: _____

4. License Number: _____ 5. Email: _____

6. Yes No I am currently licensed or certified by the Kentucky Board for Occupational Therapy and am in good standing with the agency.

7. Yes No I certify that I have at least one year of clinical experience in the use of DPAMs.

8. Yes No I certify that I am qualified to determine a DPAM Specialty Certification Applicant's knowledge, skills, and competence in the following areas:

- (a) the ability to evaluate the client and make appropriate selection of the DPAM to be utilize,
- (b) knowledge of effects of the DPAM utilized in treatment,
- (c) the ability to explain precautions, contraindication, and rationale of the specific DPAM utilized,
- (d) the ability to formulate and justify the intervention plan specifically delineating the adjunctive strategy associated with the DPAM,
- (e) the capability to safely and appropriately administer the DPAM, and
- (f) the ability to properly document the parameters of intervention which include the client's response to treatment and recommendations for the progression of the intervention process.

9. Yes No I understand that each applicant supervised shall complete five treatment sessions; with at least one session from the following three modalities, and the additional two a choice from this list:

- (a) Ionotophoresis

- (b) Ultrasound, and
- (c) Electrical Stimulation

10. Yes No I have attached a copy of my current professional practice license.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my DPAM Supervisor status could be revoked by the Kentucky Board of Licensure for Occupational Therapy.

Signature of DPAM Supervisor Applicant

Date