

301 SOUTH PARK, 4th FLOOR

PO BOX 200513

HELENA MT 59620-0513

E-MAIL: (APPLICATION QUESTIONS) UnitB@mt.gov

WEBSITE: www.ot.mt.gov

Phone: (406) 841-2202

Fax: (406) 841-2305

Applicant checklist for Superficial and Deep Modalities.

Copy of course(s) syllabus/information that specifies the time spent in each modality (i.e., heat, cold, electrical, topical medications, sound and general topics).

Copy of certificate of completed courses that are used for your application for superficial and/or Deep Modalities with the following:

- a. Name of course attended
- b. Number of hours of course instruction/training
- c. Instructor of course
- d. Date of courses(s) attendance

OT Board form "Applicant worksheet of courses and division of hours for each modality" must be filled out and submitted with your application.

Appropriate fees must be included in your application, (Check the modality you applying for)

- \$20.00 Superficial
- \$35.00 Electrical and Sound (Applied for at the same time)
- \$35.00 Electrical
- \$35.00 Sound
- \$20.00 Iontophoresis (Topical)
- \$55.00 Deep Modality Endorsement (Electrical, Sound, & Topical applied for at the same time)

Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone No. _____

(Electronic Submission preferred)

CERTIFICATION: I certify that I have a current license and have successfully completed the required contact hours of instruction or training. Under penalties of perjury, I declare and affirm that the statements made in the foregoing application and attached documents are true, complete and correct. I understand that any false or misleading information on or in connection with my application, may be cause for denial or loss of licensure.

APPLICANT'S SIGNATURE: _____

DATE: _____

**REQUIREMENTS FOR DEEP AND SUPERFICIAL MODALITY CERTIFICATION FOR MONTANA
OCCUPATIONAL THERAPY BOARD APPROVAL**

Applicants must submit a course syllabus that specifies how much time was spent in instruction/training of each modality (i.e., heat, cold, sound, electrical and topical application of medicine). Applicants must also submit certification of course completion with their course syllabus.

Education that is more general in nature can be applied to all superficial and deep modalities except for application of topical medications (iontophoresis, phonophoresis, etc.). Example, if you have 10 hours of general topics, you can apply the 10 hours to superficial, sound and electrical. Education that is more general in nature includes but is not limited to:

1. Anatomy
2. Wound healing
3. Physiological responses to modalities
4. The principles of physics related to specific properties of light, water, temperature, sound and/or electricity
5. Theories of pain
6. Guidelines for treatment with modalities within the framework of Occupational Therapy.

Subject to approval by the board, continuing education may be earned through college course work, according to the following limitations:

- (a) The licensee must pass the course,
- (b) One semester credit shall equal 15 contact hours of continuing education, and
- (c) one quarter Credit shall equal ten contact hours of continuing education

MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE

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REQUIREMENTS FOR DEEP MODALITY CERTIFICATION:

1. SOUND: 20 hours of instruction/training in sound and five proctored treatments by an OT Board approved proctor in sound modalities; or 15 hours of instruction training in sound and 10 proctored treatments in sound modalities.
2. ELECTRICAL: 20 hours of instruction/training in electrical and five proctored treatments by an Occupational Therapist Board approved proctor or 15 hours in electrical instruction/training and 10 proctored treatments in electrical modalities.
3. TOPICAL MEDICATIONS: To apply topical medications (example: iontophoresis, phonophoresis, etc.)
 - a) 5 hours of instruction/training in topical drug interaction, adverse reactions and factors that modifies response of topical drugs, actions of topical drugs by therapeutic classes and techniques by which topical drugs are administered.
 - b) Three or four proctored treatments
 - 1) One direct application of topical medication and either
 - 2) Two proctored treatments in phonophoresis
 - 3) Three proctored treatments in iontophoresis.

NOTE: Applicants that are Certified Hand Therapists (CHT's) are exempt from the proctored treatment requirements. Please furnish your certificate.

SUPERFICIAL MODALITIES CERTIFICATION:

16 hours of instruction/training in superficial modalities **OR** 11 hours of video tape review of SPAMS (available through the Montana Occupational Therapy Association (MOTA), check MOTA for availability <http://www.mtota.org/>), two hours of testing on the above materials, two hours of in-lab time with mentor demonstrating appropriate techniques and reviewing test questions and one hour case study development/ presentation during lab time.

If the second option is chosen, the applicant must have the signature of the mentor (form from MOTA course of SPAMS can be used instead of this form for the second option.)

Applicant Worksheet of Courses and Division of Hours for each Modality

COURSE NAME _____

		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound) Specify part of course for General (name of topic)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION				

COURSE NAME _____

		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound) Specify part of course for General (name of topic)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION				

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		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound) Specify part of course for General (name of topic)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION				

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		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound) Specify part of course for General (name of topic)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION				

COURSE NAME _____

		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound) Specify part of course for General (name of topic)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION				

DEEP MODALITY PROCTORED TREATMENTS

SOUND: Proctored treatments (five proctored treatments if you have 20 hours of education, training in sound or 10 proctored treatments if you have 15 hours of education/training in sound.

	TREATMENT	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			
3)			
4)			
5)			

	TREATMENT	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			
3)			
4)			
5)			

DEEP MODALITY PROCTORED TREATMENTS

ELECTRICAL: Proctored treatments (five proctored treatments if you have 20 hours of education/training in electrical or 10 proctored treatments if you have 15 hours of education/training in electrical).

	TREATMENT	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			
3)			
4)			
5)			

	TREATMENT	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			
3)			
4)			
5)			

TOPICAL MEDICATION: Qualifications to apply topical medication:

- 1) One direct application of a topical medication is required. Medication must be a prescription medication such as debriding agents, anesthetic agents, anti-inflammatory agents, or adenocortico-steroids.

	MEDICATION	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			

EITHER two proctored treatments in phonophoresis

	MEDICATION	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			

OR three proctored treatments in iontophoresis.

	MEDICATION	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			
3)			