



# Recertification

2012 Handbook & Application

Hand Therapy Certification Commission, Inc.

The Recognized Specialist in Hand Therapy

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The Hand Therapy Certification Commission, Inc., (HTCC) is a not-for-profit corporation established in 1989 for the purpose of sponsoring a voluntary credentialing program for occupational therapists and physical therapists who specialize in upper extremity rehabilitation. The Hand Therapy Certification Examination is offered solely by the Hand Therapy Certification Commission, Inc. The mission of the Hand Therapy Certification Commission, Inc. is to support a high level of competence in hand therapy practice and to advance the specialty through a formal credentialing process.

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# Overview of Recertification

## Philosophy

From its inception, the Board of Directors of HTCC envisioned a two-step process of Certification and Recertification. Recertification provides assurance to the public that the Certified Hand Therapist continues to meet the high standards set by HTCC. It is the personal responsibility of each Certified Hand Therapist to maintain the credential in order to demonstrate current knowledge and skills. Because of changes in the profession, every CHT is required to demonstrate continued professional development and competency by recertifying every five years.

## Recertification Options

If the general eligibility requirements are met, there are three options for renewing the CHT credential, or you may choose to become Inactive.

### 1. Recertification by Professional Development: First Time Recertifying

A CHT may recertify with 2,000 hours of work experience in hand therapy (1,000 hours must be in hand therapy clinical practice or formal teaching directly related to hand therapy) and 80 professional development hours.

### 2. Recertification by Professional Development: Recertified Once or More

A CHT may recertify with 2,000 hours of work experience in hand therapy (there are no hand therapy clinical practice requirements) and 80 professional development hours.

### 3. Recertification by Examination

Any CHT may recertify by passing the examination, but it is the only option available to CHTs who have let their certification lapse.

## Inactive Status

Inactive Status is available for up to five years to CHTs who do not meet recertification requirements, do not want to take the exam, and do not want to lose their CHT status permanently. To be granted Inactive Status, a CHT must meet the General Eligibility Requirements for Inactive Status and must submit an Inactive Status Application Form to HTCC by December 31. Inactive Status must be renewed annually.

## Please note:

1. Work hours from any country are accepted for recertification.
2. CHTs deployed by the military may now apply for an automatic two-year extension following their tour of duty to allow time to complete the recertification requirements.
3. Your new accrual cycle for professional development hours begins after you have paid your recertification fee and your application has been approved.
4. CHTs can earn credit for reviewing articles in professional journals, or serving on an editorial review board.
5. A maximum of 10 hours can be submitted per recertification cycle for courses in complementary medicine.
6. Professional Development and Work Experience Credit for therapists who participate in volunteer activities in another country (for example, participation as a hand therapist on a hand surgical trip or educational program in a developing country): up to 10 hours per week of formal and informal teaching in Category E plus 30 hours per week towards work experience or 40 hours per week towards hand therapy work experience.

# Overview of Recertification

## Deadline Extensions

There are no extensions for recertification, except for members of the armed forces. If you are unable to complete the requirements by November 15th of the year your credential expires, you may apply for Inactive status. If you are in the military and deployed overseas, you may request a two-year extension to complete the recertification requirements. Please send HTCC a copy of your orders with your request. Contact the HTCC office for more information.

## How to Contact HTCC

Hand Therapy Certification Commission, Inc.  
1337 Howe Avenue, Suite 230  
Sacramento, CA 95825-3397

Tel: 800-860-7097  
Tel outside North America: +1-916-566-1140  
Fax: Toll free in US: 866-329-1476  
Fax outside US: 1+916-922-0210  
Email: [info@htcc.org](mailto:info@htcc.org)  
Web: [www.htcc.org](http://www.htcc.org)

# How to Recertify by Professional Development

## Recertification by Professional Development: First Time Recertifying

CHTs seeking Recertification by Professional Development must satisfy the eligibility requirements based on their appropriate accrual cycle.

This information applies to you if you have never recertified. It also applies if you became Inactive rather than recertifying the first time.

The CHT exam is administered in both May and November. For both groups, the accrual cycle will be for a period of five years starting either May 1st or November 1st until November 15, 2017.

## General Requirements

1. Be a current CHT (Active or Inactive) in good standing (no unresolved disciplinary actions against you).
2. Hold a current professional credential to practice as an occupational therapist or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential that you need to legally practice in that location. This credential must be active and you must be in good standing with the agency that issued it.

## Work Requirements

Accrue a minimum of 2,000 hours of work experience. These hours may be obtained in any country.

The 2,000 hours of work experience in hand therapy must have been obtained in your accrual cycle. 1,000 hours must be in hand therapy clinical practice as defined below or formal teaching directly related to hand therapy. All 2,000 hours may be in clinical practice.

Hand therapy clinical practice experience is the direct provision of patient care through assessment and implementation of an individualized treatment plan, including but not limited to: splinting/orthotics, modalities and/or exercise to prevent dysfunction, maximize functional recovery, or influence the effect of pathology in the upper extremity. Hand Therapy clinical practice does not include time spent in administration, research, teaching, or consultation.

Up to 1,000 hours may be accrued in one or more of the following areas:

- a. Formal teaching directly related to hand therapy;
- b. Research directly related to hand therapy;
- c. Direct supervision or administration of a hand therapy clinical program;
- d. Consultation related to hand therapy;
- e. Activities supporting professional organizations related to hand therapy (i.e. American Society of Hand Therapists, the American Hand Therapy Foundation, the International Federation of Societies of Hand Therapists, the Hand Therapy Certification Commission, the American Association for Hand Surgery, the Hand Therapy Section of the American Physical Therapy Association, etc.). Please note: The Employment Verification Form on page 2-5 can be used for most work hours. Specialized forms for Consultation and Activities Supporting Professional Practice can be downloaded from the "Forms" section at [www.htcc.org](http://www.htcc.org).

## Professional Education Requirements

Accrue 80 contact hours of professional education, with a minimum of 36 hours in Category A (all 80 hours may be in Category A).

# Recertification by Professional Development

## Recertification by Professional Development: Recertified Once or More

CHTs seeking Recertification by Professional Development must satisfy the eligibility requirements based on their appropriate accrual cycle.

This information applies to you if you have recertified at least once. It also applies if you became Inactive after recertifying the first time.

### General Requirements

1. Be a current CHT (Active or Inactive) in good standing (no unresolved disciplinary actions against you).
2. Hold a current professional credential to practice as an occupational therapist or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential that you need to legally practice in that location. This credential must be active and you must be in good standing with the agency that issued it.

### Work Requirements

Accrue a minimum of 2,000 hours of work experience. These hours may be obtained in any country.

The 2,000 hours of work experience may be any combination of the following areas:

- a. Hand Therapy Clinical Practice experience
- b. Formal teaching directly related to hand therapy;
- c. Research directly related to hand therapy;
- d. Direct supervision or administration of a hand therapy clinical program;
- e. Consultation related to hand therapy;
- f. Activities supporting professional organizations related to hand therapy (i.e. American Society of Hand Therapists, the American Hand Therapy Foundation, the International Federation of Societies of Hand Therapists, the Hand Therapy Certification Commission, the American Association for Hand Surgery, the Hand Therapy Section of the American Physical Therapy Association, etc.). Please note: The Employment Verification Form on page 2-5 can be used for most work hours. Specialized forms for Consultation and Activities Supporting Professional Practice can be downloaded from the "Forms" section at [www.htcc.org](http://www.htcc.org).

### Professional Education Requirements

Accrue 80 contact hours of professional education, with a minimum of 36 hours in Category A (all 80 hours may be in Category A).

## General Information

### Policies for Recertification by Professional Development

1. A CHT who meets the eligibility requirements, and applies for, but does not meet the criteria for Professional Development, may:
  - Appeal the decision following the appeal procedures.
  - Apply to take the examination.
  - Apply for Inactive Status.
2. Certificants who meet all requirements for recertification by Professional Development will receive notice no later than December 31st that their certification has been renewed for a new five-year period. Those who do not meet the requirements will receive notice that their CHT status has lapsed.

### Dates and Fees for Recertification by Professional Development

Application completed online or post marked not later than:

Online Applications (in CHTs only)		
Dates		Fees
November 15	All Work Experience & Professional Development hours must be completed, no matter when or how the application is submitted	
Jan. 1 - Nov. 15		\$450
Nov. 16 - Dec. 15	Late Application Period	\$550

Pencil & Paper (Mailed)		
Dates		Fees
November 15	All Work Experience & Professional Development hours must be completed, no matter when or how the application is submitted	
Jan. 1 - Nov. 15		\$550
Nov. 16 - Dec. 15	Late Application Period	\$650
	Incomplete Application	\$75
	Returned Check	\$25

Please note that all Work Experience & Professional Development hours must be completed by November 15th no matter when application is submitted.

Fees may be submitted by credit card, check, or money order in U.S. funds made payable to "HTCC."

### Refunds for Recertification by Professional Development

- A CHT who has applied for and been denied Recertification by Professional Development will receive a refund minus a \$75.00 processing fee.
- If the CHT wishes to then apply for Inactive Status, \$75 will be retained as a processing fee, \$100 will be applied towards Inactive Status, and the remainder will be refunded.

### Professional Development Hours for Recertification by Professional Development

Professional development activities accepted for Recertification encompass a wide spectrum of formal and informal educational experiences. There are several categories under which professional development hours can be accrued. A CHT must accumulate a minimum of 80 contact hours of professional development activities, with a minimum of 36 hours in clinical hand therapy programs (Category A) during their five-year accrual period.

In addition to attending professional education courses, contact hours are awarded for other activities such as publishing, presenting, teaching, participating in quality assurance programs in hand therapy, and promoting professional practice.

### Policies for Recertification by Professional Development

- Professional development contact hours may be applied only to the renewal cycle in which they were earned.
- There will be no retroactive credit, nor carry over of excess hours into the next period.
- Credit will not be awarded for presenting the same course more than once per recertification cycle.
- Hours spent in teaching or researching that are applied to the 2,000-hour work eligibility requirement may NOT be applied toward professional development contact hours in Category E.
- Contact hours for professional education obtained outside the U.S. that meet the criteria described in each category may be included in contact hours for Recertification.

**For all applications submitted before November 15th, a new accrual cycle will begin only after the recertification fee has been paid and your application has been approved. No exceptions will be made to this date.** For example, a CHT whose application is approved on February 1, 2012, will have a new accrual cycle of February 1, 2012 to November 15, 2017.

If an application is submitted (either online or by mail) between November 15th and December 15th, the accrual cycle will be November 15, 2012 to November 15, 2017.

### Application instructions for Recertification by Professional Development

There are two application options when you are recertifying by Professional Development:

#### 1. Apply Online

To prepare for Recertification Online, therapists must enter their Professional Development Hours (work experience and continuing education) in the 'CHTs Only' section on the HTCC website. This can be done at any time. Once the supporting documentation is faxed or mailed to HTCC, the hours are processed within 3-5 working days.

When you are ready to complete the application, log into 'CHTs Only' and click on 'Recertification Application' in the left hand navigation bar. The system will calculate and verify that you have previously entered, and had approved, the correct number of Professional Development Hours online. If you do not have the correct number of hours in the correct categories (e.g. less than 36 hours in Category A), you will not be able to proceed with the online application. You may also check your eligibility for recertification by logging into 'CHTs Only' and clicking on 'Check Eligibility for Recert.' You will get a report of the work and educational hours that have been approved.

When you enter the application, you will:

1. Review & sign-off on the Disciplinary Policy.
2. Complete the Recertification Application Agreement.
3. Confirm that you have a current credential to practice as an occupational therapist or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential you need to legally practice in that location. This credential must be active and you must be in good standing with the agency that issued it.
4. Pay your online Recertification Fee by credit card.

## 2. Apply by Mail

### ■ Download the Handbook

CHTs can download the Recertification Handbook from the website for free. The handbook has all the current information needed for Recertification and can be used as a planning tool as well as for applying to recertify.

### ■ Order a Printed Handbook

If you want a printed handbook in notebook form, you can order it from the HTCC office for \$50, with a credit card or a check made payable to HTCC.

Your mailed application must include:

1. 2012 Recertification Application Form (page 2-4), **completed in full**.
2. Photocopy of current professional credential as an occupational therapist or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential you need to legally practice in that location. It must be active and you must be in good standing with the agency that issued it.
3. Signed Employment Verification Form to verify the number of hours you have worked in Hand Therapy (page 2-5).
4. Signed and dated Recertification Application Agreement (pages 2-6 & 2-7).
5. Record of your Professional Development Hours by Category using the pages provided. These hours must occur within your accrual cycle. You must include copies of your certificates for the courses you have submitted.
6. Record of your category totals on the Summary of Professional Development Hours form.
7. If you have previously submitted (and had approved) Professional Development Hours or Work Experience on the HTCC website, you may print the summary pages and include them with your application. In this case, no additional documentation of hours is required, but you do need to include pages 2-4, 2-6 and 2-7, as well as a copy of your OT or PT license.

# 2012 Recertification Application Form

Please print or type all information.

## Background Information:

### Personal Information

\_\_\_\_\_  
Last Name/First/Middle

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Country (Outside US)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

### Business Information

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Country (Outside US)

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

I would prefer to have all correspondence sent to:  Home Address  Business Address

Initials as they should appear in the CHT online directory (e.g. OTR, PT, CHT etc.): \_\_\_\_\_

Former name(s) if you originally certified under a different name: \_\_\_\_\_

Date of Initial Certification: \_\_\_\_\_ Year of Last Recertification: \_\_\_\_\_

CHT ID # (appears on ID card, please do not use a number that begins with "C"): \_\_\_\_\_

## Payment Information

Check enclosed (payable to "HTCC") Check # \_\_\_\_\_

Please charge to my:  MasterCard  Visa  Discover  American Express

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

# Employment Verification Form

## Note to Employer/Supervisor:

You are being asked to complete this form for an employee or former employee, someone you have supervised in an advisory or consulting capacity, or someone who has served with you in a volunteer capacity, who is applying for Recertification as a Certified Hand Therapist. Each applicant must document 2,000 hours of work experience in hand therapy from a combination of the following areas:

- the direct provision of hand therapy;
- formal teaching directly related to hand therapy;
- research directly related to hand therapy;
- consultation;
- direct supervision or administration of a hand therapy clinical program; and/or
- activities supporting professional organizations directly related to hand therapy.

Please complete this form and return to the candidate so it can be included in the application packet. If you have any questions, please contact the Hand Therapy Certification Commission, Inc., at 800-860-7097, FAX number 916-922-0210 or toll free in U.S. 866-329-1476. Candidates outside of North America please call +1-916-566-1140. Thank you for your assistance.

**Please Print Clearly or Type:**

---

Certificant's Name	Certificant's Job Title	CHT ID Number
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Facility Where Experience was Acquired

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Address	City/State/Zip Code
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The hours listed below were acquired between \_\_\_\_\_:

This employment represents: \_\_\_\_\_ hours in clinical practice; \_\_\_\_\_ hours in other (teaching, research, administration, consultation, supervision and activities supporting professional organizations directly related to hand therapy). Dates of employment with this employer: \_\_\_\_\_ to \_\_\_\_\_.

By signing below, I certify that the hours listed here are true and correct to the best of my knowledge and that I have personally verified them for accuracy. I am aware that my inaccurate or false representation of these hours may lead to penalties, including, but not limited to, HTCC's refusal to accept further verification from me.

**For Self-Verification:** In addition, I understand that if I am the certificant listed above and signing this form because I am in private practice, my inaccurate or false representation of these hours may lead to penalties including, but not limited to, revocation or denial of my certification, recertification, or eligibility for certification.

---

Signature

---

Name	Title
------	-------

---

Work Address	City/State/Province
--------------	---------------------

---

Telephone/Ext.	Relationship to Certificant
----------------	-----------------------------

Please Note:

- CHTs should submit only as many forms as needed to verify 2,000 hours in the direct provision of hand therapy, teaching, research, supervision, administration, consultation, or professional activities directly related to hand therapy.
- In the first recertification cycle, a minimum of 1,000 hours must be obtained in the direct provision of hand therapy or formal teaching directly related to hand therapy.
- This form may be duplicated if needed for more than one employer, advisor, or sponsor.
- Candidates in private practice may sign their own form. Proof of ownership/partnership in a private practice may be requested by HTCC.

# 2012 Recertification Application Agreement

## 2012 Recertification Application Agreement

1. **Application.** I certify that all the information contained in my application is true and complete to the best of my knowledge. I hereby authorize the Hand Therapy Certification Commission and its officers, directors, employees, and agents (collectively “HTCC”) to review my application and to determine my eligibility for recertification.
2. **Compliance with HTCC Rules.**
  - A. I have read and agree to abide by HTCC’s standards, policies, and procedures, including but not limited to the Disciplinary Policy and the Use of Credential policy. I will read and keep up-to-date with these rules.
  - B. I agree that HTCC may take action regarding my application or my compliance during the recertification period in accordance with its Disciplinary Policy, and that the penalties for violation of a HTCC rule include (but are not limited to) denial, revocation, or limitation of my credential.
  - C. As specified within the Disciplinary Policy, I agree to notify HTCC of any change in name, address, telephone number, or email address, and of any development bearing on recertification such as (but not limited to) suspension, revocation, or expiration of a state license to practice, being sued by a patient, or being investigated or reprimanded by a state regulatory board.
3. **Cooperation.** I agree to cooperate promptly and fully in any review of my application or my compliance during the recertification period, and I agree to submit any additional information requested.
4. **Continuing Compliance.** I understand and agree that it is my responsibility to maintain and demonstrate continuous compliance with all HTCC standards, policies, and procedures.
5. **Certification Marks.**
  - A. The “CHT” credential and the stylized Certified Hand Therapist logo are the sole and exclusive property of HTCC and are subject to all applicable trademark and other rights of HTCC as owner under United States intellectual property law and international conventions. I agree to abide by HTCC’s instructions regarding use of its intellectual property, and to not use this intellectual property in any way without the express prior written consent of HTCC.
  - B. I agree to correct at my own expense any inaccurate or unauthorized use by me of HTCC’s credential and logo. I agree that if I refuse to make corrections, then HTCC is entitled to obtain all relief permitted by law, including but not limited to injunctive relief to enforce its rights with respect to the protection of its name, credential, logo, and other intellectual property.
6. **Information Release.** I agree that HTCC may release information regarding my application and recertification record to state and federal authorities, licensing boards, employers, and others. This information includes (but is not limited to) HTCC’s findings regarding review of my application, fraudulent statements made by me, information indicating noncompliance with laws or regulations or with policies of other organizations, and the pendency or outcome of disciplinary proceedings.
7. **Duration of Recertification.** This Application Agreement will become effective as of the date of my signature below and will remain in effect for the duration of my application review. If I am granted recertification, the terms of this Application Agreement will automatically continue in effect for the duration of my recertification. I acknowledge and agree that completion of recertification requirements, recertification applications, and reviews will be required to maintain certification.
8. **Waiver of Claims & Indemnification.**
  - A. I hereby waive all claims against HTCC arising out of my application and my participation in its program, including (but not limited to) claims arising out of (i) any release of information to state and federal authorities, licensing boards, employers, and others, and (ii) any investigation and review of my application and recertification by HTCC.
  - B. I agree to indemnify HTCC for any third-party claims arising out of any action taken pursuant to the policies and procedures of HTCC with regard to my application, the examination, or my recertification. In addition, I agree to indemnify HTCC for any third-party claims arising out of my professional practice and related activities.
  - C. The provisions of this Waiver of Claims & Indemnification section do not extend to claims based on the gross negligence or willful misconduct of HTCC.
  - D. My obligations and rights and those of HTCC under this Waiver of Claims & Indemnification section will survive beyond the termination or expiration of my recertification and remain in full force and effect.
9. **Governing Law & Venue.** This Agreement is governed exclusively by the laws of California without reference to its choice of law doctrine. The parties agree that the sole jurisdiction and venue for any litigation arising from this Agreement is the appropriate federal court for the Eastern District of California or state court located in Sacramento County, California. If a dispute arises, the parties shall make a good faith attempt to resolve the dispute through dialogue and negotiation prior to pursuing court action.

# 2012 Recertification Application Agreement

## Eligibility Questions

Please indicate your answers to the following questions. If you answer yes to any question, you must submit a letter of explanation. HTCC will review this information and determine whether you are eligible for recertification. During this review, your application will be kept on hold:

1. Have you ever been found to have acted with gross or repeated negligence or malpractice in the field of occupational therapy, physical therapy, or hand therapy?  
 YES    NO
2. Have you ever had a complaint filed against you before a governmental regulatory board or professional organization regarding public health and safety, occupational therapy, physical therapy, or hand therapy?  
 YES    NO
3. Have you ever been the subject of an investigation by law enforcement for conduct related to public health and safety, occupational therapy, physical therapy, or hand therapy?  
 YES    NO
4. Have you ever had your certificate or license to practice subject to limitation, discipline, revocation, or other sanction (including voluntary limitation) by a governmental regulatory board or professional organization relating to public health and safety, occupational therapy, physical therapy, or hand therapy?  
 YES    NO
5. Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor related to public health and safety, occupational therapy, physical therapy, or hand therapy, or are any such charges pending against you? (These include but are not limited to a felony involving rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and the prohibited sale, distribution, or use of a controlled substance.)  
 YES    NO

By signing below, I acknowledge that I have read and understand this Application Agreement and agree to its terms in consideration for the opportunity to seek recertification from HTCC.

---

Signature

Date

---

Print Name

## Information Release

If I am granted recertification, I hereby authorize HTCC to release my name and the fact that I have been granted certification or recertification to newspapers and other publications, and to release my name, employment information, address, and e-mail address in HTCC's online directory and mailing list.

---

Signature

Date

## Summary of Professional Development Activities by Category

Category	Activity	Hours
A	Formal Courses in Upper Extremity Therapy, Greater Than 3 Hours in Length (All 80 hours may be accrued in Category A)	Minimum 36 Hours
B	Informal Education in Upper Extremity Therapy, Less Than 3 Hours in Length	Maximum 30 Hours
C	Formal Courses with General Clinical OT or PT Content	Maximum 30 Hours
D	Hand Therapy Publications <ul style="list-style-type: none"> <li>▶ Four contact hours per page of printed text for each publication up to 10 pages for books, chapters in books, and articles in professional journals.</li> <li>▶ One contact hour per page for newsletters, trade journals, or journals that are not peer-reviewed.</li> <li>▶ Five contact hours for each 15 pages of editing in a book or journal.</li> <li>▶ One contact hour per year for editing a newsletter.</li> <li>▶ Two contact hours for publications written by a committee</li> </ul>	Maximum 45 Hours
E	Hand Therapy Presentations <ul style="list-style-type: none"> <li>▶ Four contact hours for each hour of formal presentation to health care professionals or health care students, for example, at a meeting that grants CEUs.</li> <li>▶ Eight contact hours for a formal scientific or clinical paper presented at a national meeting.</li> <li>▶ Two contact hours for each hour of informal presentation to health care professionals or health care students, for example, at an in-service program.</li> <li>▶ One contact hour for each hour of presentation to non-health care professionals.</li> <li>▶ Four contact hours for a poster presentation.</li> <li>▶ Two contact hours per six hours of course material for course coordination.</li> <li>▶ Up to 10 hours for teaching as part of a hand surgical trip or educational program in a developing country.</li> </ul>	Maximum 45 Hours
F	Activities Related to Practice Management <ul style="list-style-type: none"> <li>▶ One contact hour for each quarter year of completed activity.</li> </ul>	Maximum 6 Hours
G	Activities That Promote Professional Practice <ul style="list-style-type: none"> <li>▶ Contact hours awarded for a variety of professional activities.</li> </ul>	Maximum 12 Hours

### Contact Hours, CEUs, and Academic Credit Awarded

- ▶ The course being submitted must specify the number of contact hours awarded.
- ▶ 1 contact hour = 1 clock hour of education
- ▶ 1 CEU = 10 contact hours
- ▶ If the course is taken through a college or university
  - One Semester Hour or one credit equals 15 contact hours.
  - One Quarter Hour or one credit equals 10 contact hours.

# Summary of Professional Development Hours

## Procedures for listing Professional Development Activities

- 1. Record professional development activities by category.
- 2. Provide “acceptable proof” for each activity listed to the category page it is listed on.
- 3. Staple each category together individually, including your “acceptable proof” for the activities listed in that category.

“Acceptable proof” is proof of your participation in an activity that includes all of the following:

- 1. Your name;
- 2. Hours of involvement;
- 3. Date of activity;
- 4. The content of the activity;
- 5. Verification of involvement by the activity sponsor or administrator.

Should activity content be unclear from the proof you provide, additional proof will be requested.

Once you have completed each category, use this page to summarize the total number of professional development hours submitted and return it with your application.

Category A (Minimum 36)	Subtotal	_____
Category B (Maximum 30)	Subtotal	_____
Category C (Maximum 30)	Subtotal	_____
Category D (Maximum 45)	Subtotal	_____
Category E (Maximum 45)	Subtotal	_____
Category F (Maximum 6)	Subtotal	_____
Category G (Maximum 12)	Subtotal	_____
<b>Total Hours Submitted</b>		_____

## Category A: Formal Courses in Upper Extremity Therapy

### Category A: Formal Courses in Upper Extremity Therapy, 3 Hours or More in Length

Minimum required: 36 hours per 5-year accrual cycle; all 80 hours may be submitted in this category

Courses that may be applied to this category must be a minimum of three hours in length from the following areas:

- Formal professional development courses that award CEUs or contact hours
- Academic course work at a college or university
- Home study or web-based courses

### Description of Activities

Courses in Category A must contain content that relates to evaluation and treatment of the upper extremity and/or hand in the following areas:

- |             |              |              |                             |                  |
|-------------|--------------|--------------|-----------------------------|------------------|
| ■ Edema     | ■ Wound Care | ■ Function   | ■ Taping Techniques         | ■ Pilates for UE |
| ■ Pain      | ■ ROM        | ■ Endurance  | ■ Physical Agent Modalities |                  |
| ■ Sensation | ■ Strength   | ■ Ergonomics |                             |                  |
| ■ Scar      | ■ Dexterity  | ■ Orthotics  |                             |                  |

- The upper extremity includes the cervical spine, scapula, shoulder, elbow, wrist, and hand.
- Courses on topics such as ergonomics, edema management, taping, physical agent modalities, wound care, and strengthening may be placed in Category A.
- Courses with content that is a combination of the upper extremity and the lower extremity should be divided between Category A and Category C. When submitting hours for courses with mixed content, be sure to include the course outline as documentation of how the hours were divided.
- Courses with content specific only to the lower extremity belong in Category C.
- The only exceptions to length of courses for Category A are national conferences with lectures that are less than three hours each, but with a cumulative total of three hours or more.
- For the Journal of Hand Therapy “Read for Credit” or ASHT’s “Read and Respond,” enter the hours in Category A if your certificate is for three hours or more; enter the hours in Category B if your certificate is for one or two hours.
- Home study, Internet courses and courses on media such as CD-ROM can be entered into Category A if the content is related to the upper extremity and they are three hours or more in length.
- If you have presented a lecture for a course that you have also attended, you cannot apply the portion of the course that you taught in this category. You can, however, apply those hours in Category E.
- You may submit the same course for credit each time that you take it within the five-year period.

## Category A: Formal Courses in Upper Extremity Therapy

### Contact Hours, CEUs, and Academic Credit Awarded

- The course being submitted must specify the number of contact hours awarded.
- 1 contact hour = 1 clock hour of education
- 1 CEU = 10 contact hours
- If the course is taken through a college or university:
  - One Semester Hour or one credit equals 15 contact hours
  - One Quarter Hour or one credit equals 10 contact hours
- The specific number of hours of educational content must be indicated.

### Acceptable Proof

Submit a photocopy of the course certificate, the formal transcript, or grade report that contains:

1. Your name
  2. Date(s) of attendance
  3. Title of course
  4. Sponsoring organization
  5. Contact hours awarded
- If the course did not provide a certificate, submit written verification of attendance signed by a supervisor or course coordinator containing the same information as above.
  - If the course title does not include words that convey that content relates to therapy of the upper extremity and/or hand in examination and/or therapeutic management in the areas listed on page 2-10, you must submit the course or content outline.
  - If the course content is clear from the title, please do not submit the course outline or flyer.
  - If you are dividing the content between two categories, you must submit the course or content outline. A course schedule or overview is sufficient; the course syllabus is not necessary.
  - A course registration receipt alone is NOT sufficient proof of attendance.

## Category A: Formal Courses in Upper Extremity Therapy

Name: \_\_\_\_\_

### Credit for Category A

Minimum required: 36 hours per 5-year accrual cycle. All 80 hours may be submitted in this category.

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

(more spaces on next page)

# Category A: Formal Courses in Upper Extremity Therapy

Name: \_\_\_\_\_

Please photocopy before completing if more spaces are needed.

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Minimum 36 Hours Required      Subtotal \_\_\_\_\_

## Category B: Informal Education in Upper Extremity Therapy

### Category B: Informal Education in Upper Extremity Therapy, Less Than 3 Hours in Length

Maximum accepted: 30 hours per 5-year accrual cycle

#### Description of Activities

Category B encompasses education addressing subjects having direct application to the evaluation and treatment of upper extremity and/or hand therapy patients but are less formal and shorter in length than Category A courses. These include non-CEU courses and CEU courses that grant less than 3 contact hours. Examples of these courses are employer-related continuing education, in-service courses, journal clubs, and study groups. Observation of surgery (no matter how many hours were observed) should be entered in this category with verification from the surgeon. The content must address topics related to the hand or upper extremity.

#### Contact Hours Awarded

- 1 contact hour = 1 clock hour of education

#### Acceptable Proof

Submit written verification of attendance signed by a supervisor or program coordinator containing:

1. Your name
2. Date(s) of attendance
3. Title of course
4. Sponsoring organization
5. Contact hours awarded

- A sign-in sheet may be used for proof as long as it is legible and includes the information above.

Name: \_\_\_\_\_

#### Credit for Category B

Maximum accepted: 30 hours per 5-year accrual cycle.

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

(more spaces on next page)

## Category B: Informal Education in Upper Extremity Therapy

Name: \_\_\_\_\_

Please photocopy before completing if more spaces are needed.

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Maximum 30 Hours

Subtotal \_\_\_\_\_

## Category C: Formal Courses with General Clinical OT or PT Content

### Category C: Formal Courses with General Clinical OT or PT Content

Maximum accepted: 30 hours per 5-year accrual cycle

#### Description of Activities

This category encompasses courses that address the clinical application of general occupational therapy or physical therapy knowledge such as the following:

- Spine (other than the cervical spine)
  - Cardiac rehab
  - Coding or Billing
  - Injury Prevention
  - Infectious diseases
  - Medical Ethics
  - Research
  - CPR Training
  - Complementary Medicine
  - Reimbursement
  - Pilates (general course)
  - Practice Management
- Courses pertaining to practice management should be placed in Category C. Activities related to practice management (e.g. participation in quality assurance programs) should be placed in Category F, and activities related to promoting the profession (e.g. supervision of students) should be placed in Category G.
  - Courses too general for Category A may be appropriate for this category.
  - Some educational courses have content that are applicable to both Category A and Category C. Proof for such courses must delineate how many contact hours from the course content apply to Category A and how many contact hours apply to Category C. Only one copy of the course outline and certificate needs to be sent to HTCC when submitted online. However, it should be included in both categories if your recertification application is mailed to HTCC.
  - You may submit a combination of up to 10 hours earned in courses such as CPR training, health and safety courses, and courses related to practice management, and similar courses that may be required by your facility or state, during each five-year recertification cycle (e.g. 3 hours of CPR training for two years, and 1 hour of HIV Updates for four years = 10 contact hours).
  - You may submit a total of 10 hours in courses related to complementary medicine, such as acupuncture, Feldenkrais, magnet therapy and yoga as long as the courses are designed for health care professionals. You may not submit a yoga class that you attend as a participant.

#### Contact Hours, CEUs, and Academic Credit Awarded

- The course being submitted must specify the number of contact hours awarded.
- 1 contact hour = 1 clock hour of education
- 1 CEU = 10 contact hours
- If the course is taken through a college or university:
  - One Semester Hour or one credit equals 15 contact hours
  - One Quarter Hour or one credit equals 10 contact hours
- The specific number of hours of educational content must be indicated.

#### Acceptable Proof

Submit a photocopy of the course certificate, the formal transcript, or grade report that contains:

1. Your name
  2. Date(s) of attendance
  3. Title of course
  4. Sponsoring organization
  5. Contact hours awarded
- If the course did not provide a certificate, submit written verification of attendance signed by a supervisor or course coordinator containing the same information as above.
  - A course registration receipt alone is NOT sufficient proof of attendance.

# Category C: Formal Courses with General Clinical OT or PT Content

Name: \_\_\_\_\_

Please photocopy before completing if more spaces are needed.

## Credit for Category C:

Maximum accepted: 30 hours per 5-year accrual cycle.

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Maximum 30 Hours

Subtotal \_\_\_\_\_

## Category D: Hand Therapy Publications

### Category D: Hand Therapy Publications

Maximum accepted: 45 hours per 5-year accrual cycle

#### Description of Activities

This category encompasses the publication of material that addresses hand therapy. The CHT may be an author or co-author, and the item must be accepted for publication or published during the applicable recertification period.

#### Contact Hours Awarded

- Four contact hours per page of printed text are awarded for each publication up to 10 pages for books, chapters in books, and articles in professional journals.
- One contact hour per page is awarded for newsletters, trade journals, or journals that are not peer-reviewed.
- Five contact hours are awarded for each 15 pages of editing in a book or journal.
- One contact hour is awarded per year for editing a newsletter.
- Two contact hours are awarded to each author who contributes to a publication that is sponsored by a professional organization and is written by a committee, regardless of the number of authors. An example would be treatment guidelines written for the American Society of Hand Therapists.
- One contact hour is awarded per review for a written review of an article or book that is published in a peer-reviewed book or journal. Both the subject of the review and the publication it appears in must be related to hand therapy.

#### Acceptable Proof

To receive credit for a publication, submit a copy of the publication or a condensed version including at least the title page, the table of contents, the first and last pages, and a sample of the content. Proof of authorship and the source of publication must be shown. If the manuscript is not yet published, include a letter of acceptance from the editor of the publication, indicating the anticipated number of printed pages and a draft of the material.

Name: \_\_\_\_\_

#### Credit for Category D:

Maximum accepted: 45 hours per 5-year accrual cycle.

Publication Title _____
Name & Publisher of Book, Journal or Newsletter _____
Date(s) _____ Pages _____ Contact Hours _____

Publication Title _____
Name & Publisher of Book, Journal or Newsletter _____
Date(s) _____ Pages _____ Contact Hours _____

*(more spaces on next page)*

## Category D: Hand Therapy Publications

Name: \_\_\_\_\_

Please photocopy before completing if more spaces are needed.

Publication Title _____
Name & Publisher of Book, Journal or Newsletter _____
Date(s) _____ Pages _____ Contact Hours _____

Publication Title _____
Name & Publisher of Book, Journal or Newsletter _____
Date(s) _____ Pages _____ Contact Hours _____

Publication Title _____
Name & Publisher of Book, Journal or Newsletter _____
Date(s) _____ Pages _____ Contact Hours _____

Publication Title _____
Name & Publisher of Book, Journal or Newsletter _____
Date(s) _____ Pages _____ Contact Hours _____

Publication Title _____
Name & Publisher of Book, Journal or Newsletter _____
Date(s) _____ Pages _____ Contact Hours _____

Publication Title _____
Name & Publisher of Book, Journal or Newsletter _____
Date(s) _____ Pages _____ Contact Hours _____

Maximum 45 Hours

Subtotal \_\_\_\_\_

## Category E: Hand Therapy Presentations

### Category E: Hand Therapy Presentations

Maximum accepted: 45 hours per 5-year accrual cycle

#### Description of Activities

This category encompasses participation as an instructor or presenter delivering hand therapy information. In order to receive credit hours for a presentation, it must be delivered within a structured framework of teaching/learning, such as a lecture, paper presentation, workshop at a professional meeting, or university course.

For courses that use other media, such as CD-ROM or Internet courses, submit supporting documentation that describes the course, the media, etc.

#### Contact Hours Awarded

- Eight contact hours for a formal scientific or clinical paper presented at a national meeting.
- Four contact hours will be awarded for each hour of formal presentation to health care professionals or health care students, for example, in a program that grants CEUs, or at a university.
- Two contact hours will be awarded for each hour of informal presentation to health care professionals or health care students, for example, at an in-service program.
- One contact hour will be awarded for each hour of presentation to non-health care professionals.
- Four contact hours will be awarded for a poster presentation.
- Two contact hours are awarded per six hours of course material for course coordination.
- Credit will not be awarded for presenting the same course more than once per recertification cycle.
- Hours submitted for credit in this category may not duplicate hours used in calculation of the 2,000-hour minimum work requirement for recertification.
- Up to 10 hours per week of formal and informal teaching as part of a hand surgical trip or educational program in a developing country.

#### Acceptable Proof

To receive credit for presentations, submit evidence of participation in the presentation (e.g., course, brochure, and/or course outline) that includes the following:

1. Number of actual hours presenting
2. Date(s) of presentation
3. Title
4. Sponsoring organization

Name: \_\_\_\_\_

#### Credit for Category E:

Maximum accepted: 45 per 5-year accrual cycle.

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____
<input type="checkbox"/> Informal or <input type="checkbox"/> Formal presentation <input type="checkbox"/> Healthcare or <input type="checkbox"/> Non-healthcare audience

(more spaces on next page)

## Category E: Hand Therapy Presentations

Name: \_\_\_\_\_

Please photocopy before completing if more spaces are needed.

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____
<input type="checkbox"/> Informal or <input type="checkbox"/> Formal presentation <input type="checkbox"/> Healthcare or <input type="checkbox"/> Non-healthcare audience

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____
<input type="checkbox"/> Informal or <input type="checkbox"/> Formal presentation <input type="checkbox"/> Healthcare or <input type="checkbox"/> Non-healthcare audience

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____
<input type="checkbox"/> Informal or <input type="checkbox"/> Formal presentation <input type="checkbox"/> Healthcare or <input type="checkbox"/> Non-healthcare audience

Course Title _____
Sponsoring Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____
<input type="checkbox"/> Informal or <input type="checkbox"/> Formal presentation <input type="checkbox"/> Healthcare or <input type="checkbox"/> Non-healthcare audience

Maximum 45 Hours      Subtotal \_\_\_\_\_

## Category F: Activities Related to Practice Management

### Category F: Activities Related to Practice Management

Maximum accepted: 6 hours per 5-year accrual cycle

#### Description of Activities

This category encompasses all activities that serve to define, assist, or promote the systemic improvement of patient care. The activities should fall outside of the therapist's primary job duties. They are often related to serving on a committee for the facility and are not related to the direct practice of hand therapy or patient treatment. These activities may include participation in:

- Safety Committee
- Case management
- Utilization review
- Quality Assurance/Peer review/Chart review
- Patient satisfaction survey
- Compliance Committee

#### Contact Hours Awarded

- One contact hour is awarded for each quarter year of completed activity.
- For peer review activity and chart reviews, one contact hour awarded for each review

#### Acceptable Proof

Submit written verification of project, activity, or committee involvement, including date(s) of involvement, signed by your supervisor.

#### Credit for Category F:

Maximum accepted: 6 hours per 5-year accrual cycle.

Activity _____
Institution _____
Date(s) _____ Location (State) _____ Contact Hours _____

Activity _____
Institution _____
Date(s) _____ Location (State) _____ Contact Hours _____

(more spaces on next page)

## Category F: Activities Related to Practice Management

Name: \_\_\_\_\_

Please photocopy before completing if more spaces are needed.

Activity _____
Institution _____
Date(s) _____ Location (State) _____ Contact Hours _____

Activity _____
Institution _____
Date(s) _____ Location (State) _____ Contact Hours _____

Activity _____
Institution _____
Date(s) _____ Location (State) _____ Contact Hours _____

Activity _____
Institution _____
Date(s) _____ Location (State) _____ Contact Hours _____

Activity _____
Institution _____
Date(s) _____ Location (State) _____ Contact Hours _____

Activity _____
Institution _____
Date(s) _____ Location (State) _____ Contact Hours _____

Maximum 6 Hours

Subtotal \_\_\_\_\_

## Category G: Activities That Promote the Profession

### Category G: Activities That Promote the Profession

Maximum accepted: 12 hours per 5-year accrual cycle

#### Description of Activities

This category encompasses leadership responsibilities or active committee participation in OT, PT, or hand therapy professional organizations such as the following:

- Serving as an officer or chairperson of an OT, PT or hand therapy association or regulatory body
- Serving as an active committee member of an OT, PT or hand therapy association
- Writing questions for a professional certification examination (including the Hand Therapy Certification Examination)
- Involvement in state and/or national legislative issues pertaining to occupational therapy or physical therapy
- Participation in health fairs that promote hand therapy
- Activities that promote public awareness of hand therapy (note: these activities will not be accepted if they also promote the therapist's facility)
- Outcome studies specific to the upper extremity
- Clinical protocol development specific to the upper extremity
- Supervision of OT or PT students
- Serving on the editorial board of a peer-reviewed OT, PT or hand therapy journal
- Completion of HTCC's Self-Assessment

#### Contact Hours Awarded

- Two contact hours per year of completed service for serving as an officer or chairperson of a committee of an OT, PT or hand therapy association
- One contact hour per year of completed service for serving as an active committee member of an OT, PT or hand therapy association
- Two contact hours for completed activities as described above
- One contact hour per year for participation at health fairs and activities that promote public awareness of hand therapy
- One contact hour per year for Clinical Protocol Development or Outcome Studies
- Two contact hours per student greater than one month of supervision
- One contact hour per student for less than one month of supervision
- Two contact hours per year for serving on an editorial review board. Please note that If hours are claimed in this category, they cannot be claimed in Category D.
- Three contact hours are awarded for completing the HTCC Self-Assessment; the assessment can be completed for credit twice during a recertification cycle with at least one year between each submission for a maximum of six contact hours per 5-year cycle.

#### Acceptable Proof

Submit written verification of committee participation, organizational leadership, item writing, etc., including dates, signed by an officer or administrator of the organization.

#### Credit for Category G:

Maximum accepted: 12 hours per 5-year accrual cycle.

## Category G: Activities That Promote the Profession

Name: \_\_\_\_\_

Please photocopy before completing if more spaces are needed.

Position _____
Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Position _____
Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Position _____
Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Position _____
Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Position _____
Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Position _____
Organization _____
Date(s) _____ Location (State) _____ Contact Hours _____

Maximum 10 Hours

Subtotal \_\_\_\_\_

## Recertification by Examination

CHTs seeking Recertification take the same examination administered to candidates taking the examination for initial certification. The Hand Therapy Certification Examination is a four-hour written test consisting of 200 multiple-choice items. The CHT examination is administered via computer at Applied Measurement Professionals (AMP) testing centers. You will receive detailed information on how to make an appointment at an AMP site once your application is accepted.

The 2012 test will be administered over two windows of six-days each: Monday, May 7th through Saturday, May 12th; and Monday, November 5th through Saturday, November 10th.

### General Requirements

1. Be a current CHT (Active or Inactive) in good standing (Your certification may have lapsed, but it may not have been revoked).
2. Hold a current professional credential to practice as an occupational therapist or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential that you need to legally practice in that location. It must be active and you must be in good standing with the agency that issued it.

### Work and Professional Requirements

No work or professional development hours are required if you plan to recertify by taking the examination.

### Dates and Fees

Dates and Fees for May Exam		
Dates		Fees
May 7 - 12	Examination Administered	
Jan. 1 - April 15	Online application	\$500
	Pencil & paper application	\$600
April 15	Final date for refund (online)	\$425
	Final date for refund (P & P)	\$525
March 15	Final date to request a special accommodation	
	Hand Score Exam	\$50
	Incomplete Application	\$75
	Returned Check (P & P)	\$25

Dates and Fees for November Exam		
Dates		Fees
Nov. 5 - 10	Examination Administered	
July 1 - Oct. 15	Online application	\$500
	Pencil & paper application	\$600
Oct. 15	Final date for refund (online)	\$425
	Final date for refund (P & P)	\$525
Sept. 15	Final date to request a special accommodation	
	Hand Score Exam	\$50
	Incomplete Application	\$75
	Returned Check (P & P)	\$25

Fees may be submitted by credit card, check, or money order in U.S. funds made payable to "HTCC."

# Recertification by Examination

## Refunds

Eligible candidates who have submitted an application and fee, and who decide not to take the 2012 Hand Therapy Certification Examination, must send a written request for a refund to the HTCC Administrative Office by the date established for each exam administration.

- The initial registration fee will be returned minus a \$75 processing fee within 30 days after receipt of the refund request.
- If you withdraw from the examination, you may become Inactive and your exam fee will be applied towards the cost of Inactive Status.
- A CHT who takes the test to recertify, but who does not pass the examination, will receive no refunds.
- No refunds will be given once administration of the exam has begun.

## Policies

- If a CHT withdraws from the test prior to its administration, they may apply for Inactive Status.
- If the test is taken, but not passed, certification will expire on December 31st, and the CHT may not apply for Inactive Status.
- CHTs who pass the examination will receive notice by December 31st that their certification has been renewed and a new five-year recertification period will begin.

# Recertification by Examination

## Procedures for Recertification by Exam (Paper and Pencil, by Mail)

1. Complete 2012 Recertification Application by Examination Form in full (page 3-5).
2. Submit a photocopy of current professional credential as an occupational therapist or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential you need to legally practice in that location. This credential must be active and you must be in good standing with the agency that issued it.
3. Sign and date Recertification Application Agreement in ink (page 3-6 and 3-7).
4. Enclose Correct Payment. Please complete payment information at the bottom of the application (page 3-5).
5. Mail Completed Application to:  
Hand Therapy Certification Commission  
1337 Howe Avenue, Suite 230  
Sacramento, CA 95825-3397

Allow adequate time to mail application materials. If there is a discrepancy between a metered postmark and an official U.S. Postal Service postmark, the latter will be used as the postmark date. Materials delivered by hand, or by private courier, must arrive by the postmark deadline.

If you wish prompt verification of the receipt of your application, send the application by certified mail "return receipt requested," or by another traceable delivery service.

After the application has been processed and found to be complete, HTCC will send you an email verifying eligibility to take the examination.

## Procedures for Recertification by Exam (online application)

1. Click on "Recertification by Exam" in the Recertification section of the HTCC web site ([www.htcc.org](http://www.htcc.org))
2. Follow the prompts for filling out the online Application and Questionnaire, as well as the consent form.
3. FAX a photocopy of your current professional credential as an occupational therapist or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential you need to legally practice in that location. This credential must be active and you must be in good standing with the agency that issued it.
4. Complete the payment process by submitting your credit card information online.

After the application has been processed and found to be complete, HTCC will send an email to you verifying eligibility to take the examination. You will also receive instructions on making an appointment to test at an Applied Measurement Professionals (AMP) testing center.

# Recertification by Examination

## Test Sites

The 2012 examination will be given at Applied Measurement Professionals (AMP) testing centers which are available world wide. AMP test centers service over 175 metropolitan areas as well as many rural areas within the US and Canada. They also service over 30 test sites across 18 countries internationally.

## Special Accommodations

If you require special accommodations in order to sit for the examination, you should contact the HTCC administrative office. You and your health care provider will need to complete a form to document the disability and the need for accommodation. You must submit two forms with your application: the Candidate Form and the Provider Form. These forms may be obtained by contacting HTCC at 1-800-860-7097 or they may be downloaded from the HTCC website.

These forms require you to provide the:

- Diagnosis and nature of the disability
- Name of tests used to evaluate the condition
- Length of the condition
- Date that you were last seen
- What accommodation is suggested

The completed forms and accompanying documentation should be sent to the HTCC Administrative Office with your application. Special accommodations must be determined before eligibility data can be sent to AMP. Please note there is an early deadline for receipt of special accommodation requests.

If a candidate asks to have a special accommodation after submitting an application and making an appointment with AMP, it may not be possible to grant the accommodation.

**Please Note:** In order to receive special accommodations for certification testing, the candidate must provide medical documentation of the disability that is less than five years old. This means that you must have a current evaluation from the appropriate provider.

### Visit the HTCC website at [www.htcc.org](http://www.htcc.org) for more information on:

- Examination Scoring
- Test blueprint
- Examination Preparation
- Sample Questions
- List of Terms Used in the Examination
- Reference Materials

# 2012 Recertification by Examination Application Form

Please print or type all information.

## Background Information:

### Personal Information

_____
Last Name/First/Middle
_____
Home Address
_____
_____
_____
City/State/Zip
_____
Country (Outside US)
_____
Home Phone
_____
Fax
_____
E-mail

### Business Information

_____
Business Name
_____
Business Address
_____
_____
_____
City/State/Zip
_____
Country (Outside US)
_____
Business Phone
_____
Fax
_____
E-mail

I would prefer to have all correspondence sent to:  Home Address  Business Address  
Initials as they should appear in the CHT online directory (e.g. OTR, PT, CHT etc.): \_\_\_\_\_  
Former name(s) if you originally certified under a different name: \_\_\_\_\_  
Date of Initial Certification: \_\_\_\_\_ Year of Last Recertification: \_\_\_\_\_  
CHT ID # (appears on ID card, please do not use a number that begins with "C"): \_\_\_\_\_

Please provide a password to access your application status and passing status online:

\_\_\_\_\_  
Password

### Payment Information

Check enclosed (payable to "HTCC")      Check # \_\_\_\_\_  
Please charge to my:  MasterCard     Visa     Discover     American Express  
Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on Credit Card \_\_\_\_\_  
Signature of cardholder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(more on next page)

# 2012 Recertification by Examination Application Form

## 2012 Examination Application Agreement

1. **Application.** I certify that all the information contained in my application is true and complete to the best of my knowledge. I hereby authorize the Hand Therapy Certification Commission and its officers, directors, employees, and agents (collectively “HTCC”) to review my application and to determine my eligibility for certification or recertification.
2. **Compliance with HTCC Rules.**
  - A. I have read and agree to abide by HTCC’s standards, policies, and procedures, including but not limited to the Disciplinary Policy and the Use of Credential policy. I will read and keep up-to-date with these rules.
  - B. I agree that HTCC may take action regarding my application, examination, or certification in accordance with its Disciplinary Policy, and that the penalties for violation of a HTCC rule include (but are not limited to) denial, revocation, or limitation of my credential.
  - C. As specified within the Disciplinary Policy, I agree to notify HTCC of any change in name, address, telephone number, or email address, and of any development bearing on certification or recertification such as (but not limited to) suspension, revocation, or expiration of a state license to practice, being sued by a patient, or being investigated or reprimanded by a state regulatory board.
3. **Cooperation.** I agree to cooperate promptly and fully in any review of my application, examination, or certification or recertification, and I agree to submit any additional information requested.
4. **Examination Confidentiality.** I am seeking admission to take the examination for the purpose of pursuing certification or recertification and for no other purpose. Because of the confidential nature of the examination, I agree to not make or keep copies, excerpts, or notes of examination materials, and to not use or divulge information learned from the examination. The examination is the exclusive property of HTCC and I will not use it in any way without the express prior written consent of HTCC.
5. **Examination Administration.**
  - A. I agree to abide by HTCC’s reasonable rules regarding test administration. HTCC may refuse my admission to an examination if I do not have the proper identification (valid photo ID and admission ticket), or if administration has begun. The proctors may take steps as they believe necessary to maintain a secure and proper test administration, including (but not limited to) relocating me before or during the examination.
  - B. If I am refused admission or fail to appear at the test site, or if my examination performance is voided based upon my behavior, I agree that I will not receive a refund of the application or examination fees and there will be no credit for any future examination.
  - C. I understand that review of the adequacy of examination materials will be limited to computing accurate scoring; I hereby waive all further claims of examination review.
  - D. I acknowledge that HTCC is concerned with reporting only valid scores. I agree that HTCC may cancel an examination score if there is adequate reason to question its validity because of misconduct or other circumstances.
6. **Continuing Compliance.** I understand and agree that it is my responsibility to maintain and demonstrate continuous compliance with all HTCC standards, policies, and procedures.
7. **Certification Marks.**
  - A. The “CHT” credential and the stylized Certified Hand Therapist logo are the sole and exclusive property of HTCC and are subject to all applicable trademark and other rights of HTCC as owner under United States intellectual property law and international conventions. I agree to abide by HTCC’s instructions regarding use of its intellectual property, and to not use this intellectual property in any way without the express prior written consent of HTCC.
  - B. I agree to correct at my own expense any inaccurate or unauthorized use by me of HTCC’s credential and logo. I agree that if I refuse to make corrections, then HTCC is entitled to obtain all relief permitted by law, including but not limited to injunctive relief to enforce its rights with respect to the protection of its name, credential, logo, and other intellectual property.
8. **Information Release.** I agree that HTCC may release information regarding my application and certification or recertification record to state and federal authorities, licensing boards, employers, and others. This information includes (but is not limited to) HTCC’s findings regarding review of my application, fraudulent statements made by me, information indicating noncompliance with laws or regulations or with policies of other organizations, and the pendency or outcome of disciplinary proceedings.
9. **Duration of Certification or Recertification.** This Application Agreement will become effective as of the date of my signature below and will remain in effect for the duration of my application review. If I am granted certification or recertification, the terms of this Application Agreement will automatically continue in effect for the duration of my certification or recertification. I acknowledge and agree that initial certification is awarded only for a five-year period, and that completion of recertification requirements, recertification applications, and reviews will be required to maintain certification.

# 2012 Recertification by Examination Application Form

## 10. Waiver of Claims & Indemnification.

- A. I hereby waive all claims against HTCC arising out of my application and my participation in its program, including (but not limited to) claims arising out of (i) any release of information to state and federal authorities, licensing boards, employers, and others, and (ii) any investigation and review of my application and certification or recertification by HTCC.
- B. I agree to indemnify HTCC for any third-party claims arising out of any action taken pursuant to the policies and procedures of HTCC with regard to my application, the examination, or my certification or recertification. In addition, I agree to indemnify HTCC for any third-party claims arising out of my professional practice and related activities.
- C. The provisions of this Waiver of Claims & Indemnification section do not extend to claims based on the gross negligence or willful misconduct of HTCC.
- D. My obligations and rights and those of HTCC under this Waiver of Claims & Indemnification section will survive beyond the termination or expiration of my certification or recertification and remain in full force and effect.

11. **Governing Law & Venue.** This Agreement is governed exclusively by the laws of California without reference to its choice of law doctrine. The parties agree that the sole jurisdiction and venue for any litigation arising from this Agreement is the appropriate federal court for the Eastern District of California or state court located in Sacramento County, California. If a dispute arises, the parties shall make a good faith attempt to resolve the dispute through dialogue and negotiation prior to pursuing court action.

## Eligibility Questions

Please indicate your answers to the following questions. If you answer yes to any question, you must submit a letter of explanation. HTCC will review this information and determine whether you are eligible for certification or recertification. During this review, your application will be kept on hold:

- YES    NO   1. Have you ever been found to have acted with gross or repeated negligence or malpractice in the field of occupational therapy, physical therapy, or hand therapy?
- YES    NO   2. Have you ever had a complaint filed against you before a governmental regulatory board or professional organization regarding public health and safety, occupational therapy, physical therapy, or hand therapy?
- YES    NO   3. Have you ever been the subject of an investigation by law enforcement for conduct related to public health and safety, occupational therapy, physical therapy, or hand therapy?
- YES    NO   4. Have you ever had your certificate or license to practice subject to limitation, discipline, revocation, or other sanction (including voluntary limitation) by a governmental regulatory board or professional organization relating to public health and safety, occupational therapy, physical therapy, or hand therapy?
- YES    NO   5. Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor related to public health and safety, occupational therapy, physical therapy, or hand therapy, or are any such charges pending against you? (These include but are not limited to a felony involving rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and the prohibited sale, distribution, or use of a controlled substance.)

By signing below, I acknowledge that I have read and understand this Application Agreement and agree to its terms in consideration for the opportunity to seek certification or recertification from HTCC.

---

Signature

Date

---

Print Name

## Information Release

If I am granted certification or recertification, I hereby authorize HTCC to release my name and the fact that I have been granted certification or recertification to newspapers and other publications, and to release my name, employment information, address, and e-mail address in HTCC's online directory and mailing list.

---

Signature

Date

# Inactive Status

Inactive Status is available to therapists who are due to recertify, but who do not have enough hours to meet the requirements to recertify by professional development. It gives you additional time to meet the recertification requirements without having to take the examination. Inactive status can be selected for one year at a time.

## General Requirements

1. You must be a current CHT (Active or Inactive) in good standing.
2. You must have a current professional credential to practice as an occupational or physical therapist. Depending on your profession and where you practice, a professional credential may include a license, certificate, or registration. In all cases, it is the credential that you need to legally practice in that location. This credential may be Inactive at the time you apply for Inactive status as a CHT, but it will need to be reactivated if you later apply for recertification.
3. You can apply for Inactive Status only at the time you are due to recertify, not during your recertification cycle.

## Work and Professional Requirements

No work or professional development hours are required if you plan to become Inactive.

## Recertification Procedures for CHTs Who Are Currently Inactive

If you are currently Inactive and wish to apply for Recertification, you must meet the general requirements. You may then recertify either by:

- Taking the CHT exam, which is offered in May and November.
- or by
- Meeting Work and Professional Development Requirements for Recertification by Professional Development

For 2012, your accrual cycle for Professional Development Activities will be January 1, 2007 through November 15, 2012.

## Policies for Inactive Status

- Inactive Status must be renewed annually. If it is not renewed, certification will lapse.
- Work hours and professional development hours can only be accrued in the most recent five years, and the accrual cycle advances one year each year that a CHT is Inactive.
- A CHT may remain Inactive for up to five years.
- A CHT may take the exam at any time it is offered to reactivate status.
- An Inactive CHT will not be displayed in the HTCC online directory.
- During the time of Inactive Status, therapists are not allowed to use the CHT credential. Therapists who use the CHT credential during an inactive period lose the right to reactivate their credential by any means (professional development activities or examination) for a period of 10 years.
- The CHT must sign the application form, acknowledging the conditions of Inactive Status.
- Inactive Status will take effect January 1st.

# Inactive Status

## Example:

- A CHT is due for recertification but cannot meet the requirements and applies for Inactive Status, which becomes effective on January 1st of the next year.
- Each year the CHT is Inactive, the accrual cycle for work and professional development activities also advances one year.
- When the CHT meets the requirements and submits an application for Recertification, a new accrual cycle for work experience and continuing education begins the day the application is approved and ends on November 15, five years later.
- The initial CHT number is retained, but the new recertification cycle will be for five years from the date of renewal.

## Dates and Fees

December 31st	Final application deadline for Inactive Status	\$100
	Return Check Fee	\$25

## How to Apply

### Apply Online

Click on the Inactive Status Application in CHTs Only.

### Apply by Mail

You may apply anytime during the year your certification expires, but you must submit your application by December 31st of that year. If you do not, your certification will expire and you will have to take the examination to renew it.

# Inactive Status Application Form

**Please print or type all information.**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ CHT ID# \_\_\_\_\_

Effective Date of Status Change: January 1, \_\_\_\_\_

**This form must be signed before your application can be processed.**

I understand that during the time of Inactive Status I am not allowed to use the CHT credential. Should I use the CHT credential during an inactive period, I will lose the right to reactivate my credential by any means (work experience/CE or examination) for a period of 10 years. By signing below, I agree to the conditions for Inactive Status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information

For Inactive Status, there is an annual fee of \$100, due by December 31st of each year while Inactive. No other forms are necessary to complete application for Inactive Status.

Check enclosed (payable to "HTCC")      Check # \_\_\_\_\_

Please charge to my:     MasterCard     Visa     Discover     American Express

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Use of Credential

Successful candidates will be granted certification as a CHT by HTCC and are permitted to use the “CHT® ” and “Certified Hand Therapist™” Marks as long as valid certification is maintained with HTCC, including compliance with all HTCC standards, policies, and procedures as they may be amended. The “CHT® ” and “Certified Hand Therapist™” Marks are owned by HTCC, and HTCC has the sole right to control the use of these designators; however, with continued certification and compliance, HTCC will permit use of the Marks, including:

- Displaying the Certificate issued by HTCC granting CHT status;
- Stating that an individual is a “Certified Hand Therapist,” a “CHT® ,” or otherwise indicating certification by HTCC;
- Using the Marks on business cards and stationery;
- Using the Marks in yellow page advertisements for services as a Certified Hand Therapist;
- Using the Marks on other promotional materials, provided that the materials are reviewed and approved in advance by HTCC.

If you have any questions regarding proper use of the Marks, and for all uses of the Marks other than on business cards, stationery, and yellow page advertisements, submit a sample of the proposed use to HTCC for review. HTCC reserves the right to control the quality of all promotional materials on which the Marks are used. The Marks may not be used in any manner that implies that you have any relationship with HTCC other than as a certificant or in any other manner that is in conflict with HTCC philosophy or principles as expressed in HTCC’s standards, policies, and procedures. From time to time, HTCC may ask you to provide to HTCC a sample of stationery, business cards, or other promotional materials so that HTCC can determine whether the Marks are being used in the manner which complies with this Agreement. If you fail to comply with the permitted use of the Marks, or if you fail to maintain valid certification with HTCC, you will no longer have the right to use the Marks in any manner and may not distribute any materials containing the Marks that you may already have prepared. HTCC shall be the final judge as to whether any use of the Marks is consistent with HTCC’s standards, policies, and procedures.

Your employer is permitted to use the Marks to advertise your services as a Certified Hand Therapist, provided that the advertisements are truthful and not misleading. CHTs and their employers are not permitted to use HTCC’s “hands” logo; this logo is for HTCC’s organizational use only.

## Disciplinary Actions

Failure to continually meet HTCC’s certification standards may result in revocation of hand therapy certification; furthermore, it is the individual CHT’s responsibility to notify HTCC of any actions that may affect the status of the CHT credential within 90 days of the action.

## Name/Address Change

It is the responsibility of the CHT to promptly notify HTCC in writing of any changes in his/her name or address. Notice of renewal of certification depends on accurate information. You may update your information by any of the following methods: (1) Log into CHTs Only. Once logged in, click on “Update Your information.”; (2) Email to HTCC at [info@htcc.org](mailto:info@htcc.org); or (3) Contact HTCC in North America at: 1-800-860-7097

## Release of Information

HTCC will maintain a complete listing of CHTs. HTCC will verify the CHT status, but not examination scores, for employers, credentialing agencies, academic institutions, etc., upon request. Examination scores are held in strict confidence by HTCC and are not released.

## Non-Discrimination

The Hand Therapy Certification Commission, Inc., and its testing company, AMP, endorse the principles of equal opportunity. Eligibility criteria for examination and certification under the Hand Therapy Certification program are applied equally to all certificants regardless of race, religion, sex, national origin, veteran status, age, or handicap.

## Eligibility Review and Appeal Policy

The Hand Therapy Certification Commission (“HTCC”) has adopted this Eligibility Review and Appeal Policy to establish a fair process for addressing application and examination issues.

### 1. Eligibility.

- A. **Complete Application.** Each applicant shall truthfully complete and sign an application in the form provided by HTCC, pay the required fees, and provide additional information as requested.
- B. **Criminal Convictions.** An individual convicted of a felony directly related to public health and safety, occupational therapy, physical therapy, or hand therapy is ineligible to apply for certification or recertification for a period of three (3) years from the exhaustion of appeals, final release from confinement (if any), or the end of probation, whichever is later. Convictions of this nature include (but are not limited to) felonies involving rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and prohibited sale, distribution, or possession of a controlled substance. An individual who is incarcerated, or for whom incarceration is pending, as of the application deadline date is ineligible for certification or recertification.
- C. **Pending Disciplinary Action.** An individual against whom disciplinary allegations are pending will not be awarded certification or recertification (if otherwise qualified) until HTCC has made a final determination regarding the allegations.
- D. **Reinstatement of Eligibility.** Following a period of ineligibility based on this policy or noncompliance with the Disciplinary Policy, the individual may apply for reinstatement of eligibility by demonstrating that he/she has been rehabilitated. Proof is by preponderance of the evidence. Unless adequate evidence is submitted, the individual will remain ineligible.

### 2. Examination.

- A. The examination is the sole and exclusive property of HTCC and may not be used in any way without the express written consent of HTCC. No one is permitted to make or keep copies, excerpts, or notes of examination materials.
- B. Individuals are prohibited from using or divulging information learned from the examination.
- C. Failure to pass the examination may not be appealed.
- D. HTCC may withhold an examination score pending resolution of an examination irregularity. HTCC may cancel an examination score if there is adequate reason to question its validity because of misconduct or other circumstances. Candidates shall cooperate in any investigations carried out by HTCC or its testing contractor.

### 3. Initial Review & Determination.

HTCC office staff in consultation with members of the Certification and Recertification Committees will determine whether a candidate is eligible for certification or recertification. If an individual has not met the certification or recertification criteria, then he/she may be permitted another opportunity to supplement his/her application and/or have the application further reviewed. The timeframe and other conditions for further review will be provided by office staff in writing and an additional fee may apply. If the outcome of this initial review is not favorable to the individual, then the individual may proceed with an appeal as provided below in Section 4.

### 4. Appeals Process.

- A. A denial of eligibility for certification or recertification may be appealed. However, an individual may appeal the decision only if certification or recertification was denied for a reason other than failing the examination.
- B. Failure to comply with any HTCC deadline may not be appealed.
- C. The individual may request an appeal within twenty-one (21) calendar days after receipt of the denial letter. After this time, the individual may not request an appeal.
- D. All appeals must be submitted in writing and sent to HTCC by traceable mail or delivery service.
- E. The appeal must specify a valid basis for the appeal.
- F. An appeal of a certification eligibility denial will be forwarded to the Certification Committee. An appeal of a recertification denial will be forwarded to the Recertification Committee. The Chair of the Committee will appoint two members of the Committee to review the appeal. These two members may not: (a) be the same individuals who initially reviewed the application, (b) review any matter in which their impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest.
- G. HTCC office staff may file a written response to the appeal request.
- H. The Committee members will render a decision based on the written record.
- I. In order to overturn a denial of eligibility or recertification, the individual must demonstrate that the denial was incorrect because of a material error of fact or a failure to follow HTCC's published standards, policies, or procedures. Proof is by preponderance of the evidence.
- J. The decision of the Committee is final.
- K. The individual will be notified of the Committee members' decision.
- L. Only one appeal per application is permitted. If that appeal upholds the original denial, the individual must complete and submit a new application in order to seek certification at another time. In the case of a denial for failure to meet the continuing education requirements for recertification, the individual may apply to recertify by examination or may apply for inactive status.
- M. The individual is responsible for all expenses incurred by him/her related to the appeal of a denial of eligibility, and must pay an appeal administrative fee.

## Disciplinary Policy for Certified Hand Therapists

The mission of the Hand Therapy Certification Commission (“HTCC”) is to support a high level of competence in the practice of hand therapy and to advance the specialty through a formal credentialing process. HTCC adopted this Disciplinary Policy to articulate standards of conduct for individuals seeking certification and recertification, and holding certification. This Disciplinary Policy was also adopted to establish a fair process for addressing noncompliance. Matters are investigated by a Disciplinary Review Committee and presented for judgment before a Disciplinary Hearing Committee. These committees operate independently of one another. The HTCC Board of Directors is available to hear appeals of Disciplinary Hearing Committee decisions and is the final decision-maker on behalf of HTCC.

### A. General Principles.

#### Individuals must:

1. be truthful, forthcoming, prompt, and cooperative in their dealings with HTCC;
2. be in continuous compliance with HTCC rules (as amended from time to time by HTCC);
3. respect HTCC’s intellectual property rights;
4. abide by HTCC’s reasonable test administration rules;
5. abide by laws related to occupational therapy, physical therapy, and hand therapy, and to general public health and safety; and
6. carry out their professional work in a competent and objective manner.

### B. Grounds for Disciplinary Action.

#### Grounds for disciplinary action include:

1. Providing fraudulent or misleading information to HTCC;
2. Ineligibility for certification, regardless of when the ineligibility is discovered;
3. An irregular event in connection with an examination;
4. Unauthorized possession or misuse of HTCC’s credentials, examinations, and other intellectual property;
5. Misrepresentation of certification status;
6. Failure to provide requested information in a timely manner;
7. Failure to inform HTCC of changes or adverse actions;
8. Gross negligence or willful misconduct in professional work;
9. Failure to maintain a current professional credential as required by the jurisdiction in which the individual practices (this may be a license, certificate, or registration);
10. The conviction of, plea of guilty to, or plea of no contest (nolo contendere) to a felony or misdemeanor related to public health and safety, occupational therapy, physical therapy, or hand therapy;
11. Disciplinary action by a licensing board or professional organization other than HTCC; and
12. Other failure to maintain continuous compliance with HTCC’s standards, policies, and procedures.

### C. Compliance with HTCC Standards, Policies and Procedures.

An individual must be in continuous compliance with all HTCC standards, policies and procedures. Each individual bears the burden for demonstrating and maintaining compliance at all times.

## **D. Complaints.**

1. Persons concerned with possible violation of HTCC rules are encouraged to contact HTCC. The person should submit a written statement identifying the persons alleged to be involved and the facts concerning the alleged conduct in detail, and the statement should be accompanied by any available documentation. The statement should also identify others who may have knowledge of the facts and circumstances concerning the alleged conduct. The person making the complaint should identify him-/herself by name, address, email address, and telephone number. However, HTCC will consider anonymous complaints.
2. Actions taken under this Disciplinary Policy do not constitute enforcement of the law. Individuals bringing complaints under this Disciplinary Policy are not entitled to any relief or damages by virtue of this process.

## **E. Contact Information Changes.**

An individual must notify HTCC within ninety (90) calendar days of any change in name, address, telephone number, or email address.

## **F. Adverse Actions.**

An individual must notify HTCC of any development bearing on certification. Developments that must be reported to HTCC include (but are not limited to) arrests, complaints, inquiries, indictments, and charges pending against the individual before a state or federal regulatory agency, professional certification organization, or judicial body directly relating to public health and safety, occupational therapy, physical therapy, hand therapy, or any matter described in Section B, above. An individual must report events such as (but not limited to) suspension, revocation, or expiration of a state license to practice, being sued by a patient, or being investigated or reprimanded by a state regulatory board. The individual must notify HTCC within ninety (90) calendar days after he/she first learns of the development, and must provide documentation of the resolution of the matter within ninety (90) calendar days after resolution.

## **G. Disciplinary Review Procedures.**

1. Initial Evaluation by Executive Director.
  - i. Upon receipt of a complaint or an adverse action notice, the Executive Director will confer with the Chair of the Disciplinary Review Committee. The Chair or the Executive Director may request supplemental information.
  - ii. If the Executive Director and Chair determine that the complaint is frivolous, that the adverse action is not relevant to certification, or that HTCC lacks jurisdiction over the complaint or the person(s) who are the subject of the complaint, no further action will be taken.
  - iii. If the Executive Director and Chair determine that the complaint is not frivolous or that the adverse action may be relevant to certification, it will be forwarded to the Disciplinary Review Committee for investigation.
  - iv. If the Executive Director and Chair determine that a matter is beyond the jurisdiction of HTCC, they may refer the matter to the appropriate governmental agency or another entity engaged in the administration of law.
  - v. Individuals submitting adverse action notices and persons submitting complaints will be notified of the decision of the Executive Director and Chair.

### 2. Audits.

HTCC may conduct one or more compliance audits. If HTCC discovers a possible violation of HTCC rules, the Executive Director will confer with the Chair of the Disciplinary Review Committee to determine whether the allegation will be forwarded to the Disciplinary Review Committee for investigation.

### 3. Disciplinary Review Committee.

- i. A Disciplinary Review Committee will be established as provided in the Bylaws to investigate alleged violations of this Disciplinary Policy or any other HTCC standard, policy, or procedure. A Disciplinary Review Committee member may not: (a) serve on the Disciplinary Hearing Committee, (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest. When a committee member is unavailable, the President will designate another individual to serve as an interim member. Committee action is determined by majority vote.
- ii. The Disciplinary Review Committee may contact the individual who submitted the complaint, the individual in question, and others who may have knowledge of the facts and circumstances surrounding the allegations.
- iii. If the Committee determines after its investigation that the facts are inadequate to sustain a finding of a violation of HTCC's rules, no further action will be taken. Individuals submitting adverse action notices and persons submitting complaints will be notified of this decision.
- iv. If the Committee finds that good cause exists to question whether a violation of a HTCC rule has occurred, the Committee will transmit a statement of the allegations to the individual by traceable mail or delivery service setting forth:
  - a. the applicable rule;
  - b. the facts constituting the alleged violation;
  - c. that the individual may request an oral hearing (in person or by phone) or a review by written briefing for the disposition of the matter, with the individual bearing his or her own expenses;
  - d. that the individual has thirty (30) calendar days after receipt of the statement to notify the Chair of the Disciplinary Review Committee if he/she disputes the allegations, has comments on available sanctions, and/or requests an oral hearing in person, an oral hearing by phone, or a review by written briefing;
  - e. that, in the event of an oral hearing in person or by phone, the individual may appear in person with or without the assistance of counsel, may examine and cross-examine any witness under oath, and produce evidence on his/her behalf;
  - f. that the truth of the allegations or failure to respond may result in sanctions including revocation; and
  - g. that if the individual does not dispute the allegations or request a review or hearing, the individual consents to the Disciplinary Review Committee rendering a decision on the evidence before it and applying available sanctions.
- v. The Disciplinary Review Committee may offer the individual the opportunity to negotiate a specific sanction in lieu of proceeding with a written review or hearing. The individual may ask the Disciplinary Review Committee to modify its offer, and the Committee may do so in its sole discretion. Any agreed-upon sanction must be documented in writing and signed by HTCC and the individual. If the individual is unwilling to accept the Disciplinary Review Committee's offer, the requested review or hearing will proceed as provided below.

4. Disciplinary Hearing Committee.
  - i. The Board of Directors will appoint a Disciplinary Hearing Committee to consider the allegation. This Committee is composed of three (3) members drawn from current certificants. A Disciplinary Hearing Committee member may not: (a) serve on the Disciplinary Review Committee, (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest. When a committee member is unavailable, the President will designate another individual to serve as an interim member. Committee action is determined by majority vote.
  - ii. Written Review. If the individual requests a review by written briefing, the Disciplinary Review Committee will forward the allegations and response of the individual to the Disciplinary Hearing Committee. Written briefing may be submitted within thirty (30) calendar days following receipt of the written review request by the Disciplinary Hearing Committee. The Disciplinary Hearing Committee will render a decision based on the record below and written briefs (if any) without an oral hearing.
  - iii. Oral Hearing. If the individual requests a hearing:
    - a. The Disciplinary Review Committee will:
      - (1) forward the allegations and response of the individual to the Disciplinary Hearing Committee; and
      - (2) designate one of its members to present the allegations and any substantiating evidence, examine and cross-examine witnesses, and otherwise present the matter during the hearing.
    - b. The Disciplinary Hearing Committee will:
      - (1) schedule a hearing after the request is received, allowing for an adequate period of time for preparation; and
      - (2) send by traceable mail or delivery service a Notice of Hearing to the individual. The Notice of Hearing will include a statement of the time and place selected by the Disciplinary Hearing Committee. The individual may request modification of the time and place for good cause. Failure to respond to the Notice of Hearing or failure to appear without good cause will be deemed to be the individual's consent for the Disciplinary Hearing Committee to administer any sanction which it considers appropriate.
    - c. The Disciplinary Hearing Committee will maintain a verbatim oral or written transcript.
    - d. HTCC and the individual may consult with and be represented by counsel, make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements and present written briefs as scheduled by the Disciplinary Hearing Committee.
    - e. The Disciplinary Hearing Committee will determine all matters related to the hearing. Formal rules of evidence do not apply. Relevant evidence may be admitted. Disputed questions will be determined by the Disciplinary Hearing Committee.
  - iv. In all written reviews and oral hearings:
    - a. The Disciplinary Hearing Committee may accept, reject, or modify the recommendation of the Disciplinary Review Committee, either with respect to the determination of a violation or the recommended sanction.
    - b. Proof is by preponderance of the evidence.

- c. Whenever mental or physical disability is alleged, the individual may be required to undergo a physical or mental examination at the individual's expense. The examination report may be admitted as evidence.
  - d. The Disciplinary Hearing Committee will issue a written decision following the review or hearing and any briefing. The decision will contain factual findings, conclusions regarding HTCC rules that provide the basis for its decision, and any sanctions applied. It will be mailed promptly by traceable mail or delivery service to the individual.
5. If the decision rendered by the Disciplinary Hearing Committee finds that the allegation is not established, no further action on the matter will occur.
6. If the decision rendered by the Disciplinary Hearing Committee is not favorable to the individual, the individual may appeal the decision to the Board of Directors.
7. Individuals submitting adverse action notices and persons submitting complaints will be notified of the decision of the Disciplinary Hearing Committee.

### **H. Board of Directors.**

1. A Director may not: (a) review a matter at the appeal stage if he/she investigated the matter as a member of the Disciplinary Review Committee or heard the matter as a member of the Disciplinary Hearing Committee; (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest.
2. The individual may request an appeal within thirty (30) calendar days after his/her receipt of the Disciplinary Hearing Committee's decision. After this time, the individual may not request an appeal.
3. All appeals must be submitted in writing and sent to HTCC by traceable mail or delivery service.
4. The appeal must specify a valid basis for the appeal.
5. The Disciplinary Review Committee may file a written response to the appeal request.
6. Written briefing may be submitted within thirty (30) calendar days following receipt of the appeal request by the Board of Directors.
7. The Board of Directors will render a decision based on the record below and written briefs (if any) without an oral hearing. Alternatively, the Board of Directors may choose to conduct a new in-depth review of all the facts and rules (a "de novo" review). Only facts and conditions up to and including the time of the Disciplinary Hearing Committee's determination are considered during an appeal.
8. In all reviews:
  - i. The Board of Directors may affirm or overrule and remand the determination of the Disciplinary Hearing Committee.
  - ii. In order to overturn a decision of the Disciplinary Hearing Committee, the individual must demonstrate that the Committee's decision was incorrect because of a material error of fact or a failure to follow HTCC's published standards, policies, or procedures. Proof is by preponderance of the evidence.
  - iii. The Board of Directors will issue a written decision following the review and any briefing. The decision will contain factual findings, conclusions regarding HTCC rules that provide the basis for its decision, and any sanctions applied. It will be mailed promptly by traceable mail or delivery service to the individual.
9. A decision rendered by the Board of Directors is final.
10. Individuals submitting appeals and persons submitting complaints will be notified of the decision of the Board of Directors.

## I. Summary Procedure.

If the Executive Director and Chair of the Disciplinary Review Committee determine that there is cause to believe that a threat of immediate and irreparable injury to the public exists, they will forward the allegations to the Board of Directors. The Board of Directors will review the matter immediately, and provide telephonic or other expedited notice and review procedures to the individual. If the Board of Directors determines (following this notice and opportunity to be heard) that a threat of immediate and irreparable injury to the public exists, certification may be suspended for up to ninety (90) calendar days pending a full review as provided above.

## J. Sanctions.

1. HTCC may impose one or more of the following sanctions for a violation of this Disciplinary Policy:
  - i. Denial or suspension of eligibility;
  - ii. Denial or suspension of certification;
  - iii. Revocation of certification;
  - iv. Non-renewal of certification;
  - v. Reprimand;
  - vi. Probation;
  - vii. Notification of other legitimately interested parties; or
  - viii. Other corrective action.
2. The sanction must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the individual and deterrence of similar conduct by others. The sanction decision may also take into account aggravating circumstances, prior disciplinary history, and mitigating circumstances. No single sanction will be appropriate in all situations.
3. Non-payment of fees when due results in automatic termination of certification.

## K. Probation

- A. As provided above, HTCC may impose probation as a sanction for the violation of any HTCC standard, policy, or procedure. Probation is a corrective action that follows a finding of a violation. Failure of the individual to comply with each and every condition of probation may result in further disciplinary action by HTCC.
- B. An individual on probation is required to suspend use of and reference to HTCC certification, and meet other conditions as may be specified by HTCC. A certificant on probation may make no claim to CHT certification except to note that the certificant is on probation.
- C. The specific conditions of probation will be determined by HTCC, and may vary depending on the facts of the violation. Potential conditions include, but are not limited to: monitoring; education; training; supervision; counseling; mental and/or physical examinations; limitations on a particular conduct or activity; reexamination; notification; and/or reporting.
- D. The probation period may be either a definite or indefinite term. If the probation is for an indefinite term, HTCC shall establish a minimum probation period and at the conclusion of that period consider whether the individual has fulfilled the conditions of probation.

- E. Upon completion of the term and conditions of probation, HTCC shall make a determination whether the conditions of probation have been completed successfully. The individual may be required to demonstrate successful rehabilitation to the satisfaction of HTCC. If probation is determined to have been successfully completed, then the individual will have sixty (60) calendar days to fulfill all of the requirements for continuing and/or renewing certification. Upon a showing that such requirements have been fulfilled, HTCC shall permit the individual to resume active certification status. If probation is determined not to have been successfully completed, then HTCC may impose further disciplinary sanctions.
- F. HTCC may stipulate that the probation is reciprocal, that is, may be imposed pursuant to a similar action (e.g., probation, suspension, practice limitation, etc.) taken by a state licensing agency, other regulatory body, or a professional organization other than HTCC. If HTCC imposes reciprocal probation, then it is the responsibility of the individual to report to HTCC as frequently as to the third party imposing probation. The individual shall also report to HTCC the final result determined by the third party. Such reporting shall include, but not be limited to, providing HTCC with copies of official paperwork and personal narratives detailing how the individual is meeting each and every condition of probation. HTCC reserves the right, in its sole discretion, to render its own decision and take independent action based on the progress or results of reciprocal probation.

### **L. Period of Ineligibility Following Revocation.**

- 1. If certification is revoked based on noncompliance with this Disciplinary Policy, then the individual is automatically ineligible to apply for certification or recertification for the periods of time listed below:
  - i. in the event of a felony conviction directly related to public health and safety, occupational therapy, physical therapy, or hand therapy, no earlier than three (3) years from the exhaustion of appeals, final release from confinement (if any), or the end of probation, whichever is later;
  - ii. in any other event, no earlier than three (3) years from the final decision of revocation.
- 2. After these periods of time, eligibility will be considered as set forth in HTCC's Eligibility Review and Appeal Policy.

### **M. Continuing Jurisdiction.**

HTCC retains jurisdiction to review and issue decisions regarding any matter which occurred prior to the termination, expiration, or relinquishment of certification.

### **N. Inactive Status.**

- 1. HTCC may take action with respect to eligibility, certification, recertification, or a disciplinary matter while an individual is on inactive status.
- 2. Individuals whose certification expires while undergoing disciplinary review may apply for inactive status and HTCC may allow the individual to be on inactive status until the individual's right to appeal the matter has been exhausted.



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