Ladder to Professional Certification:
The Career Mobility Program

(upward mobility, internships, academic equivalencies, alternative to classroom, self-study program)

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The Career Mobility Program provides an opportunity for certified occupational therapy assistants to become occupational therapists, registered. Data were compiled about the 43 therapists who completed the program during its first 5½ years. Performance on the certification examination and the candidates' educational and employment backgrounds were studied. The advantages and disadvantages of participating in the program were gathered via follow-up questionnaires. More than 70 percent of 26 reported career advancement.

In 1971, the Delegate Assembly of the American Occupational Therapy Association (AOTA) adopted a resolution to develop procedures to provide the certified occupational therapy assistant (COTA) with an opportunity for career advancement without returning to a formal academic setting (1).

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In the Career Mobility Program (CMP), developed in response to the resolution, it was recognized that knowledge of and skills in occupational therapy could be developed through accumulated, related, academic, clinical, or practical experience. Individuals who met criteria established for the program were permitted to take the Certification Examination for Occupational Therapist, Registered (OTR). The first candidate was admitted to the examination in June 1973. Two subsequent resolutions adopted by the AOTA amended the criteria to ensure that future candidates would be better qualified and more accurately assessed (2, 3).

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There are three criteria: One, the applicant must maintain certification by paying annual fees. Criterion two requires a minimum of 4 years of qualifying COTA practice, which is defined as performing COTA functions, delivering direct client services under the supervision of an OTR, and performing at a satisfactory level. Criterion three is successful completion of at least 6 months of therapist-level fieldwork experience, approved and evaluated by the Career Mobility Review Committee. This experience should be in centers with established fieldwork experience programs and separate from the applicant’s place of employment.

An applicant to the CMP pays a processing fee of $150, which is effective for 4 years. During this time the Committee reviews the applicant’s qualifications for the criteria and provides advice in regard to independent study and fieldwork experience. Five people comprise the review Committee: a representative from an assistant’s educational program, a fieldwork coordinator from a basic professional level educational program, a COTA, a fieldwork supervisor in physical disabilities, and a fieldwork supervisor in psychosocial dysfunction.

The AOTA receives several hundred inquiries each year about the CMP. However, the number of COTAs enrolling in the program is much smaller, and some participants drop out. Participants are often in the program for more than 2 years. The process involves self-assessment, feedback from OTR supervisors, independent learning, use of the AOTA Study Guides (4), use of available clinical and academic resources, and fieldwork experience.

This report summarizes some demographic characteristics of those who completed the CMP within a 5½-year period, describes their preparation for the OTR examination, reports their subsequent career status, and gives their views of the process in retrospect.

Method
During the early period of the program those qualifying to take the OTR examination were sent a follow-up letter asking what they had found helpful in preparing for the examination and what their current career status was. During the next few years those who completed the program were sent a questionnaire. This questionnaire was revised and sent to those who completed the career mobility program subsequently as well as to those who had received the letter. Demographic data were obtained from the applicant’s files.

Results
On March 1, 1979, of 189 COTAs who were accepted for the CMP, 55 were still enrolled in the program, 81 had dropped out, and 53 had met the criteria to take the OTR examination. Of these 53 who took the examination, 42 passed the examination the first time (79%), 8 took it a second time, and 5 of these passed. The 47 who passed applied and were certified as OTRs. Of the 6 who had not passed the examination, 5 were from one state and had become COTAs through hospital-based programs.

The success rate of COTAs from the CMP passing the examination the first time was 79 percent, compared with an average of 93 percent during the same period for students from traditional university programs in the nation.

Criteria Changes. To study the effects of the changes in criteria for the program, all candidates who qualified for the OTR examination during the 5½-year period were
divided into three groups, depending upon the criteria under which they qualified.

The initial criteria adopted in 1971 required 2 years of employment experience only. There were 30 candidates in this group, and 26 passed. Of the 30 candidates, 17 had fieldwork experience, although that was not included in the criteria at the time. The experience may have been completely voluntary, or it may have been recommended to the candidate by the reviewers. Two of the 17 did not pass the examination, and 9 who passed did not have fieldwork experience.

The 1975 criteria amendment required 4 years of employment experience. Of 11 candidates in this group, 9 passed. All 11 candidates had fieldwork experience.

The 1976 amendment established the current criteria, which require 4 years of employment experience and 6 months of fieldwork experience. All 12 candidates in this group passed. Although the changes in criteria resulted in more candidates passing the OTR examination the first time, these figures should be viewed only as trends. The third group is less than half as large as the first.

Follow-up Study. The following data cover the 43 COTAs who became OTRs through the CMP from June 1973, through June 1978. There are 36 men. Sixteen (37%) resided in New York state at the time of their application. Sixteen other states were represented: Minnesota, 5 (12%); Maryland, 4 (9%); California, Michigan, Ohio, and Pennsylvania, 2 each; and 1 each from Connecticut, Florida, Georgia, Illinois, Nebraska, Nevada, New Hampshire, Oregon, Texas, and Wisconsin. Three of these states had no OTR academic program (Nebraska, Nevada, Oregon).

The candidates’ COTA preparation varied: 21 (49%) completed educational programs administered by occupational therapy service agencies, hospitals, health departments, and the military; 16 (37%) completed college associate degree programs; and 6 (14%) attended nondegree college and adult education programs.

At the time they applied for the program, the 43 candidates had up to 9 years of COTA work experience: 30 (70%) had four years or more; 16 (37%) had had broad employment experience covering both physical and psychosocial dysfunction; 14 (33%) had experience primarily in psychosocial; and 12 (28%), primarily in physical dysfunction. One person’s experience was limited to geriatrics.

Of the 43 candidates, 31 (72%) responded by letter or questionnaire. In regard to preparation, a number cited employment experience and one or both fieldwork experiences as being the most helpful in answering the examination questions (i.e., they were able to call to mind similar patient cases). Twenty-four (77%) identified specific books, journals, and handouts as also helpful. A long reading list was often returned with the questionnaire. Nineteen (61%) took academic courses as part of their preparation for the examination; 15 mentioned specific workshops; and 12 reported that formal inservice education had been helpful. One found field trips to be beneficial. Several emphasized that they were committed to continuing education and that study and participation in workshops was not solely for the purpose of preparing for the examination.

The amount of OTR advice and counsel during the preparation period varied widely. Two had none, and, in three cases, the nature of the assistance was unknown. Two only had psychological support, eight received encouragement and suggestions, eight also received loans of books, two received an hour per week of more intensive discussion, and five received even more time. The comments from those 94 percent who had received some kind of support indicated that the support was meaningful, encouraging, and beneficial.

The follow-up study had some limitations. Respondents received questionnaires at different intervals after passing the examination. Presumably, those who received the questionnaire sooner would be more likely to have the same job classification. Also, since the questionnaire had been modified, the respondents answered slightly different questions.

Twenty-six respondents reported about various aspects of their work situation: 19 obtained a new title after becoming an OTR, whereas 2 did not; 18 reported that passing the examination had contributed to job advancement, whereas 5 said that it had not; 15 were still working in the same facility, but 11 were not; and 3 were working in different facilities in the same community, whereas 8 were working in different communities.

Nine reported that they had no problem getting a job. Eight said they encountered problems because they lacked a degree, and two of these cited licensure and military regulations. Two said they had no problem even though they lacked a degree. Two had problems getting a
job because the OTRs responsible for hiring had negative attitudes toward the Career Mobility Program. Others commented that hiring officials who were not OTRs had been impressed by the hard work involved in the process. One did not give a reason for having difficulty getting a job. In total, 11 mentioned problems in getting hired, and 11 said they had no problems. In three cases, special exceptions to requirements were made for the new OTRs who did not have a degree.

Four of those who completed the program have received a baccalaureate degree. Four more are in some stage of the process. The candidates enrolled in various academic programs that permitted part-time and evening course work. When asked “If you had it to do again, would you follow this route to credentialing as a therapist?” most respondents indicated that if their circumstances had been different and if the academic opportunity had been available, they would have preferred to attend an academic program. However, if their situations were to be the same, 20 would do it again; 8 would not.

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The general comments had some common themes. Many had not expected the program to be so difficult and time consuming, but they supported the criteria changes and the careful screening. Two specifically mentioned problems in obtaining fieldwork experience placements. Many thought the program required independence, perseverance, motivation, and discipline. Some commented that the simultaneous acquisition of theory and its application was an advantage or that being in the program reinforced their professional image. Two emphasized the need for OTRs to understand the program and the difficulties of meeting the criteria.

Two who completed the program subsequently received professional awards (5, 6).

Discussion

Of the three groups, those who completed the program under the current criteria had the highest rate for passing the OTR examination the first time. These criteria ensure better preparation, but other factors may be involved as well. For example, in the first two groups there may have been more COTAs who hastened to enroll and complete the program in order to become OTRs before a state licensure law went into effect. A number of COTAs enrolled when changes in the CMP criteria and fee were anticipated. The third group may have had a better rate because of the nature of the fieldwork experience. Under the current criteria, the experience must be in a facility with an established student program.

There were no discernable similarities among the COTAs who completed the CMP. In the areas examined, no single factor contributed to the successful completion of the process: more than half reported that they took one or more academic courses, but the effect of the course(s) could not be measured, and the effect of psychological support given to the COTAs by registered therapists could not be assessed. The amount of assistance resembled a bell curve, with the majority of COTAs receiving moderate assistance.

Summary

The Career Mobility Program is not for every COTA. It requires hard work and self-discipline. The number of those who successfully completed the program during the first 5½ years was small—47—compared to the number of COTAs in the profession at that time—4,105. Any COTA considering enrolling in the CMP should investigate the local licensure and degree requirements for employment as an OTR, and, in addition, reflect upon the effort, time, and money involved. The follow-up information in this report indicated that the subjects appreciated having had the opportunity to participate in the CMP but would have preferred the traditional academic route to certification if it had been feasible.

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REFERENCES

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