MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE
301 SOUTH PARK, 4th FLOOR
PO BOX 200513
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CONTENT DOCUMENTATION FORM FOR SUPERFICIAL MODALITIES

SPECIFIC HOUR REQUIREMENTS ARE FOUND IN THE RULES

NAME: _____

LAST FIRST MIDDLE MAIDEN

DAYTIME PHONE _____ OTHER PHONE _____

Applicant: Please list instruction/training and the date completed. The areas included are identified by letter; please use the following list. YOU MUST ATTACH COPIES OF SUPPORTING DOCUMENTS. You must have successfully completed 16 hours of instruction or training, as approved by the board, in the following areas, in superficial physical agent modalities.

Attach a copy of your current license to this form.

A	Principles of physics related to specific properties of light, water and temperature, sound or electricity, as indicated by selected modality;
B	Physiological, neurophysiological and electrophysiological changes, as indicated, which occur as a result of the application of the selected modality;
C	The response of normal and abnormal tissue to the application of the modality;
D	indications and contraindications related to the selection and application of the modality;
E	The guidelines for treatment of administration of the modality within the philosophical framework of occupational therapy;
F	The guidelines for educating the patient including instructing the patient as to the process and possible outcomes of treatment, including risks and benefits;
G	Safety rules and precautions related to the selected modality;
H	Methods of documenting the effectiveness of immediate and long-term effects of treatment, in relation to task oriented activities;
I	Characteristics of the equipment including safe operation, adjustment and care of the equipment;
J	**LIMIT application of SUPERFICIAL AGENT modalities TO THE SHOULDER, ARM, ELBOW, FOREARM, WRIST and HAND.** A certified occupational therapy assistant who works under the direct supervision of a qualified occupational therapist may apply superficial physical agent modalities.

DATE OF COURSE	COURSE TITLE	NUMBER OF TOTAL HOURS	A	B	C	D	E	F	G	H	I	J
	TOTAL HOURS:											
	TOTAL HOURS COMPLETED:											

APPLICANT'S SIGNATURE AND LICENSE NUMBER: _____

BOARD APPROVED PROCTOR'S SIGNATURE AND LICENSE NUMBER: _____