2026
Continuing Competency Practice Analysis

for the Occupational Therapist
Registered OTR®

OTR®

NBCOT® National Board for Certification in Occupational Therapy

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About NBCOT

The National Board for Certification in Occupational Therapy NBCOT® is a national not-for-profit organization that provides initial and renewal certification for occupational therapy professionals.

NBCOT's mission is to protect the public through the validation of essential competencies for effective and safe occupational therapy practice. Initial certification by NBCOT is required for licensure in all 50 states, the District of Columbia, Guam, and Puerto Rico. NBCOT's certification programs are accredited by the National Commission for Certifying Agencies (NCCA).

NBCOT's certification programs serve the public by ensuring that occupational therapy practitioners meet standards for entry-level competence and by supporting ongoing professional development across the career span. Initial certification provides assurance that a practitioner has met education and experience requirements and has demonstrated the knowledge necessary for competent entry-level practice.

For the purposes of NBCOT's programs, entry-level practice refers to the first three years following initial certification. Beyond the entry level, occupational therapy practitioners are expected to maintain and expand their competence over time through continued learning, experience, and professional engagement. Certification renewal reflects a practitioner's ongoing commitment to professional development and supports the maintenance of continuing competence throughout a practitioner's career.

Overview of the Practice Analysis

NBCOT conducts practice analyses to ensure that its certification programs remain grounded in current occupational therapy practice. For initial certification, these studies identify the tasks and knowledge required for entry-level practice. These findings inform the development of exam content outlines, which guide content distribution across the certification exams.

Candidate scores on these exams are used to make certification decisions based on whether an individual has demonstrated the knowledge required for competent entry-level practice. Periodically conducting practice analyses helps ensure that exam content and resulting certification decisions remain aligned with current occupational therapy practice, supporting the validity of NBCOT’s certification programs.

NBCOT uses the same evidence-based practice analysis approach for its certification renewal program. The Continuing Competency Practice Analysis (CCPA) identifies the competencies required for safe and effective practice beyond the entry level, rather than the tasks and knowledge required for entry into practice.

The resulting OTR Continuing Competency Profile outlines the competencies expected of certified occupational therapists who have progressed beyond entry-level practice[MB1] . The profile serves as the foundation for NBCOT's certification renewal program, supporting alignment between its competency assessment tools and current practice. It also provides a shared framework for understanding the competencies expected of experienced OTR certificants across several audiences:

Who Uses the Competency Profile?

OTR CERTIFICANTS

Use the profile to guide self-reflection, identify professional development priorities, and plan continuing competency activities.

EMPLOYERS & PRACTICE LEADERS

Can reference the competencies to support hiring decisions and guide mentoring, supervision, performance, and professional development discussions with employees

STATE REGULATORY BOARDS

May consult the profile when considering continuing competence requirements for licensure renewal.

CLIENTS & THE PUBLIC

May access the profile to understand the competencies expected of OTR certificants beyond entry level.

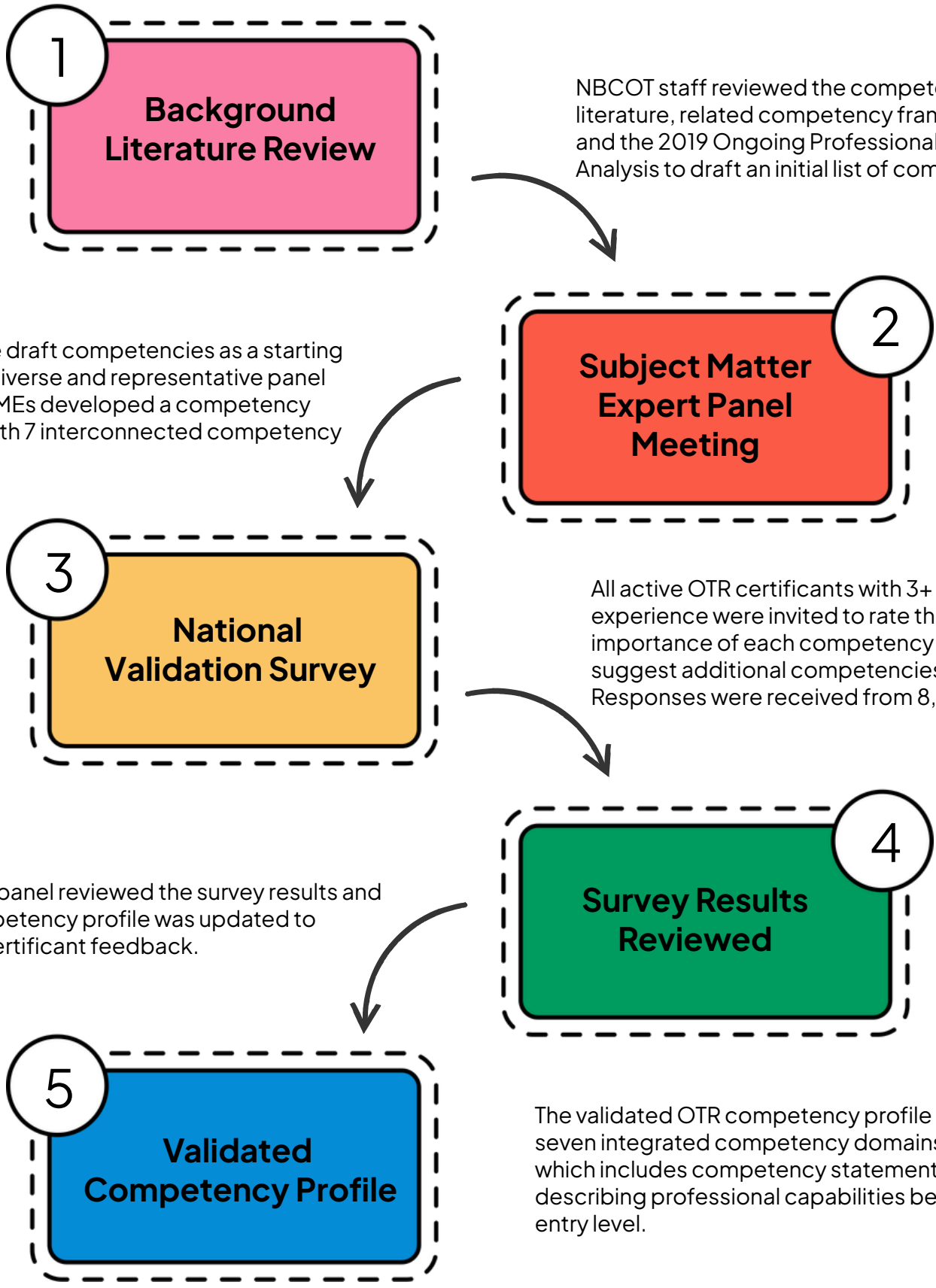
What Is Continuing Competence?

NBCOT defines continuing competence as the ongoing ability of a certified professional to integrate and apply the knowledge, skills, behaviors, and ethical decision-making required for safe, effective, and evidence-informed practice. It reflects a commitment to lifelong learning and professional growth, supporting the maintenance of competence beyond initial certification and throughout one's career. This includes staying current with emerging research, evolving practice standards, and the changing needs of clients, systems, and society.

Competencies are distinct from individual tasks or discrete skills. They describe broad professional capabilities that require judgment, adaptability, and the integration of knowledge, experience, and professional behavior across diverse practice situations.

Continuing competence builds on the foundation established at entry into practice. As OTR certificants gain experience, they may demonstrate greater independence, apply clinical reasoning to more complex situations, and adapt their practice to meet varied client needs and contextual demands. Depending on their role and practice setting, experienced OTR certificants may also contribute beyond direct service delivery through activities such as supervising, managing, and mentoring staff ; leading program development and quality improvement initiatives; and advocating to improve client outcomes. The OTR Continuing Competency Profile describes the competencies that reflect and support this level of practice.

Continuing Competency Practice Analysis Process



Continuing Competency Practice Analysis Process

The 2025 CCPA was conducted with OTR certificants who have three or more years of experience. The process included four key phases:

1

Background Literature Review

Staff from the Competency Assessment and Research and Psychometrics Departments reviewed competency frameworks across related healthcare disciplines, along with the task list developed from the 2019 Ongoing Professional Practice Analysis (the predecessor to the CCPA). Following this review, staff developed an initial draft competency profile for the OTR credential.

2

Subject Matter Expert Panel Meeting

NBCOT convened a panel of experienced OTR certificants to review and revise the draft profile. These qualified subject matter experts (SMEs) were selected to represent the broader practitioner population across geographic region, years of experience, practice area and setting, and demographic characteristics. The panel added, consolidated, and refined competency statements to reflect current practice. Following the meeting, NBCOT staff conducted a final review to ensure consistency and incorporate all panel feedback. The resulting competency profile included seven domains.

3

National Validation Survey

To confirm the relevance of the proposed OTR competency profile among the broader certificant population, NBCOT conducted a national validation survey. All active OTR certificants who had been certified for three or more years were invited to participate in the survey. Respondents rated the importance of each competency in the profile. The survey reached practitioners across all 50 states and several U.S. territories and yielded a large, broadly representative sample of OTR certificants (see Appendix A for a demographic breakdown of respondents).After data cleaning and quality review, 8,943 survey responses were deemed complete and valid for analyses. This sample represents a 7% response rate, which is consistent with expectations for large-scale national surveys of practicing professionals. The validation survey results supported the retention of all competencies identified and verified by the SME panel.

4

Profile Refinement and Finalization

Open-ended survey responses and survey results were reviewed by NBCOT staff and shared with the SME panel for consideration. The panel reconvened virtually to discuss suggested additions. Based on this review, one competency in the *Innovation and Continuous Improvement* domain was revised to explicitly reference the integration of artificial intelligence, and a new competency addressing billing, insurance, and reimbursement was added to the *Professionalism and Accountability domain.*

Structure of the Competency Profile

The OTR competency profile is organized into seven interconnected competency domains, each representing a broad area of professional practice. Within each domain, competency statements describe integrated professional capabilities and how they are reflected in practice beyond the entry level. Effective occupational therapy practice requires integration of competencies across multiple domains. The domains are not intended to be interpreted as discrete or sequential, but rather as complementary dimensions of professional practice.

The full competency profile, including all competency statements, is provided in Appendix B. The seven domains are summarized below.

Domain 1: Core Occupational Therapy Expertise.

The foundational and advanced occupational therapy knowledge that practitioners apply across the full scope of the OT process, including knowledge of health conditions and contextual factors, OT models and frames of reference, evaluation and assessment, intervention planning and facilitation, and discharge.

Domain 2: Clinical Reasoning and Evidence-Based Practice.

Practitioner's ability to observe and interpret client performance, critically appraise and apply evidence, measure outcomes, and integrate best evidence with clinical experience and client factors to guide decision-making throughout the therapeutic process.

Domain 3: Client-Centered Care.

Practitioner's commitment to placing clients at the center of care by acknowledging their values and lived experiences, collaborating on meaningful goals, using therapeutic use of self, and adapting care to meet evolving client needs and contextual factors.

Domain 4: Collaboration and Communication.

Effective communication and relationship-building with clients, families, caregivers, and interprofessional and intraprofessional team members, as well as accurate documentation and constructive conflict resolution.

Structure of the Competency Profile Continued

Domain 5:Leadership and Advocacy.

Practitioner's role in mentoring and supervising others, participating in teams and organizations, and advocating for the profession and for clients who may face barriers to accessing occupational therapy services.

Domain 6: Professionalism and Accountability.

Ethical and safe use of evidence-based care for experienced practitioners, including adherence to laws and regulations, risk management, self-assessment and reflection, self-care, and compliance with billing and documentation requirements.

Domain 7:Innovation and Continuous Improvement.

Practitioner's engagement in lifelong learning, quality improvement, application of new technologies and emerging evidence, and awareness of evolving areas of practice.

Appendix A

OTR Respondent Demographic Characteristics

1. With which gender do you identify? (N = 8,588)

Gender	Percent
Female	90.88
Male	6.66
Nonbinary	0.21
Prefer to self-identify	0.14
Prefer not to answer	2.11
Total	**100**

2. Which of the following describes your race/ethnicity? (N = 8,950)

Race/Ethnicity	Percent
American Indian or Alaska Native	0.13
Asian	5.61
Bi or multi-racial	2.39
Black or African American	2.34
Hispanic, Latino or Spanish origin	2.7
Middle Eastern or North African	0.32
Native Hawaiian or other Pacific Islander	0.1
White	77.17
Prefer not to answer	9.23
Total	**100**

3. What degree or certificate were you awarded upon completion of your OT education? (N = 8,448)

Degree	Percent
Entry-level Bachelor's degree (e.g., BA, BS)	31.29
Entry-level Doctoral degree (e.g., DrOT, OTD)	4.84
Entry-level Master's degree (e.g., MA, MS, MOT)	54.87
International OT degree (OTED)	0.98
Post-professional doctoral degree (e.g., PP-OTD)	6.39
Total	**100**

4. Indicate the year in which you completed your entry-level OT education. (N = 8,543)

Year	Percent
2020-2029	8.77
2010-2019	33.47
2000-2009	21.69
1990-1999	21.97
1980-1989	11.52
1970-1979	2.45
1960-1969	0.14
Total	**100**

5. In what state or jurisdiction is your primary OT employment setting located? (N = 8,310)

State/ Jurisdiction	Percent
Alabama	0.9
Alaska	0.2
Arizona	1.6
Arkansas	1
California	6.8
Colorado	2.8
Connecticut	1.6
Delaware	0.3
District of Columbia	0.2
Florida	4.1
Georgia	1.9
Guam	0
Hawaii	0.4
Idaho	0.5
Illinois	4.4
Indiana	2.3
Iowa	1
Kansas	0.9
Kentucky	1.6

State/ Jurisdiction	Percent
Louisiana	1.2
Maine	0.8
Maryland	2.5
Massachusetts	3.7
Michigan	3.4
Minnesota	3
Mississippi	0.5
New Mexico	0.5
New York	6.5
North Carolina	3.6
North Dakota	0.4
Ohio	4.3
Oklahoma	0.6
Oregon	1.2
Pennsylvania	6.2
Puerto Rico	0.1
Rhode Island	0.5
South Carolina	1.8
South Dakota	0.5

State/ Jurisdiction	Percent
Tennessee	1.8
Texas	5.4
Utah	0.6
Vermont	0.3
Virginia	3
Washington	2.2
West Virginia	0.4
Wisconsin	2.7
Wyoming	0.3
Other-International	0.9
Total	**100**

6. What is your primary OT practice setting? (N = 8,521)

Practice Setting	Percent
Academia	5.05
Assisted living facility	1.24
Early intervention	4.28
Group home	0.09
Home health	8.24
Hospital – inpatient rehab	5.19
Hospital – acute care	10.79
Hospital – mental health	1.27
Hospital – subacute care	0.43
Outpatient clinic – pediatric	8.68
Outpatient clinic – rehab	6.37
Outpatient clinic – specialty	6.42
School or special education cooperative	21.09
Skilled nursing facility	9.37
Telehealth	0.7
Other - please specify	6.63
N/A - I do not currently provide direct OT	4.15
Total	**100**

7. Which of the following populations do you work with most frequently in your OT practice? Select all that apply. (N = 8,514)

Population	Frequency
Infant/toddler (0-3)	1,409
Early childhood (3-5)	2,339
School-aged children (5-12)	3,034
Adolescents (12-18)	2,203
Young Adults (18-35)	2,458
Middle-Aged Adults (35-55)	2,822
Older Adults (55+)	4,440
N/A - I do not currently provide direct OT services	564

Note. Respondents were asked to select all that apply; therefore, frequencies rather than percentages are reported and total frequencies exceed the number of respondents.

8. Which area of practice best describes your current primary OT employment? (N = 8,415)

Practice Area	Percent
Acute Care	10.74
Administration and/or Management	1.93
Assistive Technology	0.64
Ergonomics	0.13
Hand therapy	5.55
Health/Wellness	0.65
Mental Health	2.28
Neuro Rehabilitation	4.74
Older Adults/Productive Aging	12.31
Orthopedics	2.55
OT Education/Research	3.89
Other OT-related area	3.51
Pediatrics	36.61
Physical Rehabilitation	10.9
Vision Rehabilitation	0.37
Vocational Rehabilitation	0.21
Work and Industry	0.39
My current job role is not directly related to OT	2.59
Total	**100**

9. Reflecting on your OT caseload, indicate the top 3 diagnoses from each of the following 6 categories of clients to whom you provide the majority of OT services.

Note. Respondents were asked to select all that apply; therefore, frequencies rather than percentages are reported and total frequencies exceed the number of respondents.

Neurological Diagnoses (N = 8,115)	Frequency
Amyotrophic lateral sclerosis	96
Cerebral palsy	2,257
Cerebrovascular accident	3,475
Complex regional pain syndrome	383
Dysphagia	394
Guillain-Barré Syndrome	127
Low vision	1,009
Multiple sclerosis	408
Muscular dystrophy	328
Neurocognitive disorder/dementia	2,231
Other (please specify)	622
Parkinson's disease	2,068
Peripheral nerve lesion	284
Peripheral neuropathy	829
Spina bifida	373
Spinal cord injury	610
Traumatic brain injury	1,669
Vestibular dysfunction/disorder	495
I do not provide services to this diagnostic category	1,226
Total (excluding those who do not provide services)	**17,658**

Developmental Diagnoses (N = 7,916)	Frequency
Autism Spectrum Disorder	3,610
Congenital anomalies	430
Developmental coordination disorder/dyspraxia	898
Developmental delay	2,928
Feeding and/or swallowing disorders	831
Fetal alcohol syndrome/spectrum disorder	125
Genetic disorders	666
Intellectual disability	1,503
Learning disability/disorder	1,278
Malnutrition	318
Other (please specify)	184
Sensory processing/sensory integrative disorder	2,254
Visual processing deficit	715
I do not provide services to this diagnostic category.	2,693
Total (excluding those who do not provide services)	**15,740**

Musculoskeletal/Orthopedic Diagnoses (N = 7,751)	Frequency
Hand injuries	1,448
Low back pain	1,533
Osteoarthritis	2,359
Other (please specify)	303
Pelvic floor dysfunction	246
Sprains	294
Strains	261
Tendinopathy	603
Upper and/or lower extremity amputations	1,475
Upper and/or lower extremity fractures	3,123
Upper and/or lower extremity joint replacements	2,530
I do not provide services to this diagnostic category.	3,014
Total (excluding those who do not provide services)	**14,175**

Cardiopulmonary Diagnoses (N = 7,751)	Frequency
Chronic obstructive pulmonary disease	3,112
Congestive heart failure	3,244
Coronary artery bypass graft	829
Long COVID	352
Myocardial infarction	1,163
Other (please specify)	265
Pneumonia	1,948
Tuberculosis	44
I do not provide services to this diagnostic category.	3,810
Total (excluding those who do not provide services)	**10,957**

Psychosocial Diagnoses (N = 7,880)	Frequency
Anxiety disorders	3,857
Attention deficit/Hyperactivity Disorder	3,004
Bipolar and related disorders	1,010
Depressive disorders	2,253
Disruptive, impulse-control, and conduct disorders	1,386
Feeding and eating disorders	962
Other (please specify)	174
Personality disorders	306
Schizophrenia spectrum and other psychotic disorders	671
Somatic symptom and related disorders	200
Substance-related and addictive Disorders	904
Trauma- and Stressor-Related Disorders	1,561
I do not provide services to this diagnostic category.	1,861
Total (excluding those who do not provide services)	**16,288**

General Medical/Systemic Diagnoses (N = 7,980)	Frequency
Autoimmune disorders	725
Bariatric	811
Burns	272
Cancer	1,813
Diabetes	2,325
Fibromyalgia, chronic fatigue syndrome	641
General deconditioning/debilitation	2,469
HIV/AIDS	60
Lipedema	123
Lymphedema	642
Open wounds/decubitus ulcers	736
Organ transplantation	179
Other (please specify)	133
Rheumatoid arthritis	1,338
Trauma/polytrauma	1,460
Total (excluding those who do not provide services)	**13,727**

Appendix B

OTR Respondent Demographic Characteristics

Domain 1: Core Occupational Therapy Expertise

Apply foundational and advanced occupational therapy knowledge to support client-centered occupational participation and performance.

Competencies:

1.1 Integrate knowledge of complex health conditions, diagnoses, and contextual factors to determine how they impact occupational participation and performance.

1.2 Apply relevant OT models, theories, and frames of reference to guide services across the occupational therapy process.

1.3 Select and administer evaluations and assessments and interpret the results to develop a plan of care, monitor client progress, and revise goals as needed.

1.4 Develop and facilitate client-centered interventions using activity/task analysis.

1.5 Establish discharge plans based on the client's personal and contextual factors.

Domain 2: Clinical Reasoning and Evidence-Based Practice

Apply clinical reasoning and evidence-based decision-making across the occupational therapy process.

Competencies:

2.1 Observe, analyze, and interpret patterns in client performance to inform clinical reasoning when developing and adapting the plan of care and interventions.

2.2 Critically appraise appropriate resources and synthesize evidence to inform best practice throughout the therapeutic process.

2.3 Assess the efficacy of evidence-based interventions by measuring outcomes.

2.4 Integrate best evidence, clinical experiences, and client factors to advance therapeutic outcomes.

Domain 3: Client-Centered Care

Uphold equitable, inclusive, and client-centered occupational participation throughout the plan of care.

Competencies:

3.1 Develop an occupational profile to establish goals and guide client-centered intervention and treatment planning.

3.2 Acknowledge and respect clients' values, identities, and lived experiences to deliver client-centered care.

3.3 Collaborate with the client and relevant others to identify meaningful goals, activities, and occupations

3.4 Utilize therapeutic use of self to engage with clients and promote positive health outcomes.

3.5 Adapt interventions in response to evolving client needs and contextual factors.

3.6 Provide care with awareness of the principles of equity, cultural humility, and trauma-informed care and their impact on client outcomes.

3.7 Empower clients by addressing their needs, facilitating resource access, and fostering self-advocacy.

Domain 4: Collaboration and Communication

Apply clinical reasoning and evidence-based decision-making across the occupational therapy process.

Competencies:

4.1 Communicate with clarity, empathy, and responsiveness across all audiences and modes of communication.

4.2 Engage in collaborative interprofessional care that fosters respect and trust while remaining within the OT scope of practice.

4.3 Foster healthy intraprofessional communication with occupational therapy practitioners to promote goal-directed client-centered care.

4.4 Facilitate interprofessional and intraprofessional learning and teamwork.

4.5 Address conflict using appropriate and constructive strategies and model self-awareness and empathy.

4.6 Document skilled occupational therapy services accurately, ethically, and in sufficient detail to support continuity of care.

4.7 Adapt communication across various levels of learning and understanding to effectively communicate with clients, caregivers, and other relevant parties.

Domain 5: Leadership and Advocacy

Advocate for practice environments and systems that improve outcomes and advance the profession.

Competencies:

5.1 Mentor, supervise, and coach students, occupational therapy practitioners, and other professionals.

5.2 Serve as a resource and leader within interdisciplinary teams, organizations, and communities.

5.3 Advocate for the OT profession by providing education on occupational therapy's distinct value in established and emerging practice areas.

5.4 Address occupational injustices by advocating for marginalized or underserved populations who receive or may benefit from OT services.

Domain 6: Professionalism and Accountability

Uphold high standards of ethical, safe, and evidence-based care.

Competencies:

6.1 Apply ethical decision-making in everyday practice while adhering to relevant laws and regulations.

6.2 Utilize and uphold the supervisory process to exchange information, collaborate, and problem solve.

6.3 Identify and mitigate risks to ensure the safety of clients, self, and others.

6.4 Model professionalism by adapting practice through self-assessment, reflection, and peer feedback.

6.5 Model self-awareness and adaptability by taking ownership of outcomes and actions across the therapeutic process.

6.6 Prioritize self-care to sustain personal well-being, prevent burnout, and uphold quality care in occupational therapy practice.

6.7 Demonstrate professionalism by prioritizing tasks and meeting clinical, administrative, and client-centered responsibilities in a timely and organized manner.

6.8 Apply knowledge of billing, insurance, and reimbursement within relevant practice settings to support accurate documentation and compliance with funding and regulatory requirements.

Domain 7: Innovation and Continuous Improvement

Engage in lifelong learning with a growth mindset and contribute to individual and practice advancement.

Competencies:

7.1 Identify individual learning needs and pursue ongoing professional development to advance competence

7.2 Utilize quality improvement initiatives, research, and outcome tracking to determine best practice.

7.3 Engage in ongoing critical analysis of research findings to inform occupational therapy practice and enhance professional competency.

7.4 Integrate new and emerging technologies, techniques, and strategies, including applications of artificial intelligence, when appropriate, to enhance service delivery.

7.5 Evaluate and adapt to sociopolitical changes as needed to sustain effective service delivery to individuals, communities, and populations.

7.6 Lead or contribute to initiatives that integrate new knowledge into current practice.

7.7 Keep current with emerging practice areas and apply insights to foster professional innovation.

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