KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
DPAM Course, Workshop, or Seminar
Provider Approval Application Instructions

According to 201 KAR 28:170 Section 2, Individuals or facilities applying for approval of DPAM Courses shall provide to each participant the following documentation:

- The names and addresses of the person or organization presenting the courses or training attended by the applicant;
- A copy of the course syllabus or a description of the course, workshop or seminar which includes a summary of the learning objectives and teaching methods employed in the course, workshop, or seminar;
- A timed agenda of the course, workshop, or seminar with (a) – (j) content areas as identified in Section 3 (2) of this regulation clearly detailed within the timeframes and hands-on laboratory times clearly marked;
- Qualifications of the instructor(s);
- Course approval documentation provided by the board to person or organization presenting the course, workshop, seminar;
- A statement signed by the designed program official confirming successful completion of the training or course of instruction; and
- The number of hours spent in the course in direct hands on laboratory practice with DPAMs.

(To apply for a DPAMs Certification, the total training and instruction shall include at a minimum eight (8) hours for an OTA/L and four (4) hours for an OT/L of hands on laboratory experience using modalities.)

The DPAM courses, workshops, or seminars [programs] shall meet requirements set forth in 201 KAR 28:170 Section 3, be at least four (4) hours in length, and be approved by the board on an annual basis.

The board will approve only contact hours covering Deep Physical Agent Modalities which is any device that uses sound waves or agents which supply or induce an electric current through the body, which make the body a part of a circuit; including iontophoresis units with a physician’s prescription ultrasound, transcutaneous electrical nerve stimulation units and functional electrical stimulation un, or microcurrent devices.

The Board will not approve for purposes of the required training and instruction for DPAM certification time spent on Superficial Physical Agent Modalities which is hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices.
KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
DPAM Course, Workshop, or Seminar
PROVIDER APPROVAL APPLICATION FORM

PLEASE PRINT OR TYPE

Individual Requesting Approval of CE Hours: __________________________________________
Sponsoring Agency: _________________________________________________________________
Address: _________________________________________________________________________

____________________________________  ______________________
City                                     State               Zip Code

Email Address: ________________________________________________________________

Program Title: _________________________________________________________________
Location of Program: ____________________________________________________________
Date(s) of Program: ____________________________________________________________

Total Hours applied for: _______________ Hours of hands on Laboratory time: ____________
(This shall not include time in courses, workshops, or seminars that were considered breaks, meals, or business meetings.)

Please attach an agenda with an itemized schedule for each day; you shall identify for each itemized time period which of the below (a) through (j) that is being covered and Lab time should be clearly marked. This form and the information submitted, including the itemized agenda, should be given to each participant applying for Kentucky DPAM Specialty Certification.

Qualifications of Presenter(s), including curriculum Vitae is attached?  Yes ☐  No ☐

Course Objectives: Check the following required subject areas that will be met in this program.

☐  (a) Principles of physics related to specific properties of light, water, temperature, sound and electricity;
☐  (b) Physiological, neurophysiological, and electrophysiological changes which occur as a result of the application of each of the agents identified in KRS 319A.010(8);
☐  (c) Theory and principles of the utilization of deep physical agents which includes guidelines for treatment or administration of agents within the philosophical framework of occupational therapy;
☐  (d) The rationale and application of the use of deep physical agents;
☐  (e) The physical concepts of ion movement;
☐  (f) Critical thinking and decision making regarding the indications and contraindications in the use of deep physical agents;
☐  (g) Types selection and placement of various agents utilized;
☐  (h) Methods of documenting the effectiveness of immediate and long-term effects of interventions;
☐  (i) Characteristics of equipment including safe operation, adjustment, and care of the equipment; and
☐  (j) Application and storage of specific pharmacological agents.

___________________________________________  ______________________
Signature of Representative of Sponsoring Agency                 Date