KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
DPAM SPECIALTY CERTIFICATION

SUPERVISED TREATMENT SESSIONS FORM

The information in the table below **SHALL** be completed by the **KBLOT approved DPAM supervisor** providing direct supervision for the treatment session. **Each** session shall be **signed and dated** on the date the treatment occurred.

DPAM Applicant's Name: ________________________________
DPAM Supervisor Print Name: ______________________________
DPAM Supervisor License number**:** ________________________

"**DPAM Specialty Certification**" means the certification issued to a Kentucky-licensed occupational therapist or licensed occupational therapist assistant who meets the standards set forth in **KRS 319A.180, 201 KAR 28:170 Section 3 (2) (a) through (h)** and who has been certified by the board.

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 rational 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

Specific DPAM Utilized	Demonstration of knowledge skill and competence in the areas of						Signature of DPAM Supervisor Approved by the Board and Date
	a	b	c	d	e	f	
Iontophoresis	☐	☐	☐	☐	☐	☐	
Ultrasound	☐	☐	☐	☐		☐	
Electrical Stimulation	☐	☐	☐	☐		☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

The supervised treatment sessions shall include at least one session of iontophoresis, ultrasound and electrical stimulation. The remaining two sessions may cover any DPAM identified in KRS 319A.101 (8).

DPAM SPECIALTY CERTIFICATION SUPERVISOR'S AFFIDAVIT
(each supervisor shall sign)

I, **the supervisor**, do hereby certify under penalty of law that I personally understand 201 KAR 28:170, Section 4, (1) through (5) and have determined that items (a) through (f) have been addressed during the supervised treatment sessions and that the applicant for DPAM Specialty Certification has sufficiently answered all individual items and that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Deep Physical Agent Modalities Supervisor Certification could be revoked or actions may be taken to have my license revoked by the Kentucky Board of Occupational Therapy.

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Signature of Deep Physical Treatment Session Supervisor **Date**