

The Maryland Board of Occupational Therapy Practice

Jurisprudence Examination: Code of Maryland Regulations (COMAR) 10.46

Directions: This is an “open book” examination. Please refer to the Board’s website: www.mdotboard.org for a complete copy of the Code of Maryland Regulations (COMAR) 10.46.01-06.

1. What following terms do not describe a case-resolution conference?
 - a. Involuntary
 - b. Informal
 - c. Confidential

2. A licensee wishing to render a license inactive for a specified renewal term may electively non-renew the license for that term.
 - a. True
 - b. False

3. Documentation of discharge summaries, verbal orders and clarification orders are to be in accordance with facility policies and procedures.
 - a. True
 - b. False

4. Which of the following activities is not to be performed by an aide under direct supervision of an OT or OTA?
 - a. Transfer practice
 - b. Functional exercise
 - c. Applying assistive devices
 - d. Documentation of treatment

5. If a licensee violates any regulations in 10.46.02.01 (General conduct), and/or 10.46.02.02 (sexual misconduct), the Board may take action to:
 - a. Reprimand the licensee
 - b. Place the licensee on probation
 - c. Suspend or revoke the licensee’s license
 - d. All of the above

6. Under COMAR 10.46, Chapter 1, General Regulations, “direct supervision” is defined as:
 - a. Face-to-face following treatment of a patient
 - b. Face-to-face during treatment of a patient
 - c. Occurring over the telephone or via e-mail
 - d. Occurring only with OTAs

7. Under COMAR 1, General Regulations, “on-site supervision” is defined as:
 - a. Supervisor must be within a 10-mile radius of the practitioner being supervised so face-to-face supervision may take place quickly
 - b. Supervisor does not need to be in the room where the patient treatment is occurring, unless indicated.
 - c. Supervisor must be within the building and readily available for face-to-face supervision during patient treatment if indicated
 - d. B and C

8. Which of the following scenarios does not meet the definition of periodic supervision?
 - a. A face-to-face meeting between the occupational therapist supervisor and occupational therapist practitioner takes place every 10 patient treatments
 - b. It includes review of charts and face-to-face meeting between the occupational therapist supervisor and occupational therapist practitioner
 - c. It means an exchange of email or telephone calls between the occupational therapist supervisor and occupational therapist practitioner as long as the emails or telephone calls occur between every 10 to 30 days
 - d. A face-to-face meeting between the occupational therapist supervisor and occupational therapist practitioner takes place every 30 calendar days if patients are being treated one time per week for six weeks.

9. Written notice of a hearing shall be sent by the Secretary of the Board to all interested parties at least _____ days before the hearing.
 - a. 10 days
 - b. 30 days
 - c. 60 days

10. Generally 3-4 Board members comprise the Case Resolution Committee (CRC).
- True
 - False
11. All licenses expire on June 30 of even-numbered years regardless of the original date of licensure.
- True
 - False
12. The Maryland Board of Occupational Therapy is comprised of seven members which consist of:
- 5 OT/L and 2 consumer members
 - The composition of members is randomly selected
 - 4 OT/L, 1 OTA/L and 2 consumer members
 - 2 OT/L, 2 OTA/L and 2 consumer members
13. Which organization issues licenses for occupational therapy practitioners in the State of Maryland?
- American Occupational Therapy Association (AOTA)
 - National Board for Certification in Occupational Therapy (NBCOT)
 - Maryland State Board of Occupational Therapy Practice
 - All of the above
14. Which of the following is a professional membership organization?
- American Occupational Therapy Association (AOTA)
 - National Board for Certification in Occupational Therapy (NBCOT)
 - Maryland State Board of Occupational Therapy Practice
 - All of the above
15. An "Aide" is not licensed by the Board to perform occupational therapy or limited occupational therapy, but may provide supportive services within the O.T. treatment program under _____ supervision of an occupational therapist or occupational therapy assistant:
- Periodic On-Site supervision
 - Direct supervision
 - General supervision

16. A fine will be assessed if a licensee fails report a change of address, in writing, within 30 days of the change.

- a. True
- b. False

17. An occupational therapy assistant may assist and participate in the screening, evaluation, reevaluation, and discharge planning process by:

- a. Collecting data, such as records;
- b. General observation;
- c. Conducting a general interview;
- d. Using assessment tools; or
- e. All of the above

18. An occupational therapy assistant may practice limited occupational therapy under the supervision of an occupational therapist if it is at a minimum:

- a. Periodic supervision
- b. Face-to-face basis, for each client who is being treated by the licensed occupational therapy assistant supervisee, occurring the earlier of at least: once every 10 therapy visits; or once every 30 calendar days.
- c. All of the above

19. A temporary license to practice limited occupational therapy authorizes the licensee to practice limited occupational therapy with:

- a. On-site supervision
- b. Direct supervision
- c. Periodic supervision

20. Continuing Competency Contact Hour means _____ spent in a continuing competency activity:

- a. 6 hours
- b. 1 hour
- c. 1 unit

21. The period for completing continuing competency requirements extends from January 1 of the initial even year to:

- a. December 31 of the next odd-numbered year
- b. June 30 of odd-numbered years
- c. The date of original licensure

22. Of the total 24 hours of continuing competency required for licensure renewal,

A maximum of ____ contact hours may be obtained through occupational therapy role-related activities:

- a. 24
- b. 16
- c. 8

23. Cardiopulmonary resuscitation (CPR) courses are eligible for continuing competency credit:

- a. True
- b. False

24. A licensee may accrue contact hours by being involved in a broad variety of programs and activities to maintain professional competency, including:

- a. Volunteering
- b. Mentoring
- c. Internet learning experiences
- d. All of the above.

25. Continuing competency documentation is to be maintained by the licensee and available to the Board upon notification of audit and/or request for period of:

- a. 5 years
- b. 10 years
- c. 4 years
- d. Indefinitely

26. Except for _____, the following are examples of electrical physical agent modalities:

- a. Therapeutic ultrasound
- b. Iontophoresis
- c. Phonophoresis
- d. Paraffin

27. Competency requirements for use of electrical physical agent modalities include:

- a. Ten hours of didactic education and 5 hours total of supervised applications
- b. Completion of 15 contact hours of continuing education for each specific modality; and application of five patient treatments per modality under direct clinical education
- d. 24 hours of continuing education

ANSWER SHEET

Please circle the best answer and return this sheet only to the Board office at Maryland Board of Occupational Therapy, Spring Grove Hospital Center, 55 Wade Avenue, Baltimore, MD 21228. Retain a copy of the exam and your answers.

Question 1	A	B	C	D	E
Question 2	A	B	C	D	E
Question 3	A	B	C	D	E
Question 4	A	B	C	D	E
Question 5	A	B	C	D	E
Question 6	A	B	C	D	E
Question 7	A	B	C	D	E
Question 8	A	B	C	D	E
Question 9	A	B	C	D	E
Question 10	A	B	C	D	E
Question 11	A	B	C	D	E
Question 12	A	B	C	D	E
Question 13	A	B	C	D	E
Question 14	A	B	C	D	E
Question 15	A	B	C	D	E
Question 16	A	B	C	D	E
Question 17	A	B	C	D	E
Question 18	A	B	C	D	E
Question 19	A	B	C	D	E
Question 20	A	B	C	D	E
Question 21	A	B	C	D	E
Question 22	A	B	C	D	E
Question 23	A	B	C	D	E
Question 24	A	B	C	D	E
Question 25	A	B	C	D	E
Question 26	A	B	C	D	E
Question 27	A	B	C	D	E

Submitted by: _____ SSN: _____
 Address: _____ Phone: _____

License Type: _____ Date: _____
 Initial Renewal Reinstatement /Reactivation

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 2008-2009 CCR Approved – 2 contact hours

OFFICE USE	
1 st Return: _____	Initials: _____ Score: _____
2 nd Return: _____	Initials: _____ Score: _____
3 rd Return: _____	Initials: _____ Score: _____
Date Completed: _____	Initials: _____