1. REQUEST FOR PROPOSALS (RPF)

This announcement solicits applications for the pilot Department of Veterans Affairs (VA) Occupational Therapy (OT) Residency training program and provides information and procedures for those applications. According to the American Occupational Therapy Association (AOTA) the purpose of establishing an accredited residency program is to recognize sites offering a program that is dedicated to advancing the knowledge and skills of an OT practitioner in a specialized area of practice. This is a pilot OT residency program with up to six residency positions (1-2 residents per site) available at 3-6 VA Health Care System sites. Each site may request a maximum of two resident positions in one OT specialty.

The following specialty areas will be considered, and sites are limited to selecting one specialty:

Board Certification
- Gerontology
- Mental Health
- Physical Rehabilitation

Specialty Certification
- Driving and community mobility
- Environmental Modification
- Low Vision (residency site must be in Visual Impairment Services Outpatient Rehabilitation (VISOR) or inpatient Blind Rehabilitation Center location)

Other specialty areas
- Assistive Technology
- Hand Therapy

Residents who successfully complete an accredited residency program will be eligible to apply for AOTA Board Certification (e.g., gerontology, mental health and physical rehabilitation) with reduced number of years of practice, three instead of the normal five years. Sites that offer a residency program that aligns with one of the three AOTA specialty certifications (e.g., driving and community mobility, environmental modification and low vision), must track the progress of the resident relative to the certification requirements in order to recommend approval for Specialty Certification, (600 hours of which must be direct delivery of OT services with clients). Hours of direct clinical care in assistive technology may be applied to Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) certification hour requirements. Hours of direct patient hand therapy time may be included in the 4,000 hour of direct experience hours required to sit for the Hand Therapy Certification Examination, (Classroom, instruction and observation time cannot be included).
The residency site must:

- Have a minimum of two OTs (hired in the OT occupational series) who have advanced practice in the specialty area, one of the two, will be designated as the OT residency director.
- Adequate patient population for experience in specialty area. These OT residency positions are full time (2080 hours) and the expectation is that the OT resident will spend the majority of time in the specialty area of practice to obtain the hours needed for pursuing certification.
- Ensure that a minimum of 50% of the resident’s time is spent with mentored delivery of OT services in the identified area of specialty practice (note this is different from supervision, which is expected throughout the entire training program).

The RFP protocol will require both an internal (VA) and external (AOTA) application process.

**A. Step 1: Internal process (within VA):**

1. Letter of Intent (LOI) to the Veterans Health Administration (VHA) Office of Academic Affiliations (OAA) is due no later than **Wednesday, April 26, 2017**.
2. Formal application (8 pages maximum) that aligns with the AOTA application due to OAA no later than **Wednesday, May 31, 2017**.
   
   Note: Sites will be notified of the award decision on or before **Wednesday, July 19, 2017**.

**B. Step 2: External process (AOTA)** Refer to the AOTA website for details: [http://www.aota.org/Education-Careers/Advance-Career/Residency.aspx](http://www.aota.org/Education-Careers/Advance-Career/Residency.aspx)

1. Statement of Intent for sites awarded funding by OAA must be submitted to AOTA between October 15 and November 15, 2017.
2. AOTA will notify accepted sites by December 1, 2017. Full payment of $150.00 (applies toward application fee of $1960.00), nonrefundable application processing fee, is due on or before December 15, 2017.
3. Once payment is received, application sites must begin to develop the comprehensive AOTA application.
4. A facility site representative will be required to attend a residency training webinar in January 2018.
5. The AOTA full application deadline for VA programs (note that date is different from non-VA programs) is **February 1, 2018**.
6. Sites will be notified of candidacy status by AOTA, ~May 1- June 1, 2018.
7. If approved for candidacy status, the site may officially begin recruiting candidates. The goal is to have resident onboard between July 1 and October 1, 2018.
   
   * Notification of intent to develop an OT residency program may be sent before obtaining official candidacy status provided the accreditation status of the program is noted as pending candidacy status. Formal recruitment cannot take place until the program has received official AOTA candidacy status.
8. AOTA will schedule a site visit before the first resident(s) complete the program.
9. Within 45 – 60 days of completing a site visit, the AOTA Residency Program Committee will determine recognition for an OT Residency Accreditation site.
10. If OT residency positions are awarded, initial VHA OAA funding for academic year (AY) 19 (Summer/Fall 2018 through Summer/Fall 2019) will be authorized. In subsequent years funding will be contingent on achieving full accreditation, funding availability, and demonstrated success of the program.

11. 2018 AOTA fee schedule; all fees are the responsibility of the facility: facility purchase card may be used for professional services, under $3,500.

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Application fee</td>
<td>$1960.00</td>
</tr>
<tr>
<td>On site visit costs</td>
<td>$2840.00</td>
</tr>
<tr>
<td>Annual Fee</td>
<td>$980.00</td>
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<tr>
<td>Re-Approval Fee</td>
<td>$1,960 (every 10 years)</td>
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C. Additional information: Each facility is limited to one proposal per site. The proposal must be coordinated through the facility Designated Education Officer (DEO), who is the liaison with OAA. Funding decisions will be based on the quality of the proposals submitted and on their congruence with VA strategic initiatives. Selected sites will be provided with funding and positions effective AY 2019: (Summer/Fall 2018 through Summer/Fall 2019).

Since there are limited residency positions to allocate (no more than six positions), and we anticipate intense competition, only those programs that demonstrate the ability to offer high quality and innovative clinical education are encouraged to apply.

2. BACKGROUND

OAA leads VHA’s statutory education mission to train clinicians for VA and the Nation enabling VA to enhance the learning environment, provide excellent care to Veterans, and develop, recruit, and retain high quality professional staff. The VHA Workforce Succession Strategic Plan annually has identified OT as one of VHA’s top ten mission-critical priority professions for recruitment and retention. OT residency training programs are effective mechanisms for the development of a recruitment pool of skilled OTs who practice with advanced skills necessary to meet Veterans’ and Service members’ therapeutic needs.

VHA has a long history of funding OT training programs, providing a significant number of pre-professional positions nationally. AOTA recently began accrediting OT residency programs, which are designed to advance a practitioner’s performance and interprofessional skills, critical and ethical reasoning, and overall expertise in a focused area of practice. As of December 2016, there are nine AOTA-Approved Residency Sites in the United States, fourteen with Candidacy Status (including Durham VA Medical Center as first VA site), and fourteen with Application Status—(See description of each status at http://www.aota.org/Education-Careers/Advance-Career/Residency/ResidencySites.aspx).

3. POLICY

A. OAA’s Associated Health Education Section (OAA/10A2D) maintains overall responsibility for administration of VA’s pilot OT residency programs.

B. Each facility applying must specify the specialty of program being proposed and provide justification for the request (see list on first page). Agency priorities will be used in
situations where review committee rankings are similar and available funding is insufficient to fund all residency requests. Thus, if there is greater need to establish a residency in a specific specialty or to serve a distinct population, aligned with VA’s current priorities, those residencies may be supported first.

C. AOTA requires a minimum of 1,400 hours in no fewer than nine months and no more than 12 months. **All VA sites awarded funding for the pilot OT residency will be expected to complete a full year of training (2080 hours).** OT resident start times may be negotiated between July 2018 and October 2018. **NOTE: IF YOUR SITE DOES NOT INTEND TO ADMIT ITS FIRST RESIDENT BETWEEN JULY AND OCTOBER 2018, PLEASE DO NOT APPLY AT THIS TIME.**

D. Facilities requesting new residency programs must demonstrate the ability to provide quality training consistent with AOTA Residency Program Criteria, including:

1. **Curriculum of study:** The residency program will include didactic education (e.g., formal learning courses, study groups, case presentations, research, periodic examinations and community service) in an identified area.

2. **Mentored service delivery with clients:** The residency program will ensure that a minimum of 50% of the resident’s time is spent with mentored delivery of OT services in the identified area of specialty practice (note that mentoring is different than documentation of supervision required in VA for pre professional students).

3. **Involvement in scholarly and/or professional activities:** The residency program includes activities in scholarship (e.g., evidence-based studies, advocacy initiatives).

4. **Program Evaluation:** The residency program has a program evaluation plan that includes competency-based evaluation of skills and content knowledge of the resident as well as effectiveness of the site in meeting objectives. In addition, it is expected that funded programs will provide OAA information outlined in Section 5V.

5. **Resources:** The human, physical, and fiscal resources needed to achieve the program’s goals are available.

E. Facilities awarded funding through this application process for a new pilot OT residency program will be expected to follow the timeline outlined on page two.

F. OT residents recruited by VA facilities must:
   - Be citizens of the United States,
   - Be a graduate from a degree program in OT approved by the Accreditation Council for Occupational Therapy Education (ACOTE),
   - Must have successfully passed the NBCOT,
   - Have a current, full, active, and unrestricted license to practice OT in the state where they will be completing the residency. Any licensed OT, including, Masters prepared or Doctoral prepared, would be eligible to apply for a residency
position OT Residents are expected to have license in the state they are practicing due to potential clinical work at private sector sites.

G. OAA will provide approved VA facilities with stipends, VA’s share of Federal Insurance Contribution Act (FICA) contributions, and VA’s share of health and life insurance premiums. Continuation of funding will depend on availability of funds as well as successful implementation and accreditation of the proposed program.

H. Facilities collaborating with another academic institution must follow the guidelines in VA Handbook 1400.03, VHA Educational Relationships.

4. CRITERIA FOR VA FACILITY ELIGIBILITY

A. The nature of the OT residency program, populations served, training experiences provided, and qualifications and skills of faculty and staff must be appropriate to VA’s mission and to AOTA’s accreditation standards. See more at: http://www.aota.org/Education-Careers/Advance-Career/Residency.aspx

B. Clinical settings must provide a range of experiences in the application of OT principles, provide exposure to patients of varying backgrounds and cultures, and foster substantial responsibility in carrying out professional functions.

C. The application must clearly reflect that this is an OT residency and that the training is focused on occupation (occupation is defined as activities/roles the clients want to, need to, or is expected to do.)

D. The process of formulating and implementing a therapeutic plan to facilitate occupational performance and participation must be culturally relevant; reflective of current OT practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference inherent to the OT profession (AOTA Residency Site Application Workshop, 2016).

E. The training needs to be consistent with AOTA Board Certification (e.g., gerontology, mental health, physical rehabilitation) or AOTA specialty certification (e.g., driving and community mobility, environmental modification, low vision) criteria and represent knowledge, critical and ethical reasoning, and interpersonal and performance skills that are specifically geared to OT. Specific information on Board and Specialty certification can be found at: http://www.aota.org/Education-Careers/Advance-Career/Board-Specialty-Certifications.aspx

F. Programs must be designed to meet OT residency and accreditation requirements. Facilities submitting proposals must consult the AOTA website for information on developing a residency program prior to and throughout the program and application planning; http://www.aota.org/Education-Careers/Advance-Career/Residency.aspx
G. The facility must provide evidence of committed leadership, appropriate clinical and educational programming, and sufficient workload to support a culture of excellence in OT training. The site must demonstrate:

1. VISN, facility, and clinical leadership commitment to build and sustain an outstanding learning environment.
2. Strong leadership by the facility’s DEO.
3. Evidence-based clinical activities and workload to support proposed training program.
4. Experience providing overall excellence in health professions education.
5. Experience with or commitment to interprofessional training and care models.
6. Administrative infrastructure to support the proposed OT residency program.
7. Evidence of sound strategies for programmatic and learner evaluation.
8. An identified OT leader to serve as the OT residency training director. A board – certified, specialty–certified or clinical specialist to serve as residency training director is recommended, however, if the OT residency director is not board – certified, specialty–certified or clinical specialist there must be evidence of advanced knowledge, skills and experience in the specialty area.
9. An identified OT residency director who has sufficient release time to manage training program-related activities. Written commitment for this administrative time should come from the identified OT leader, from the training director’s service line supervisor (if applicable), and from the medical center director. OT residency directors must have a minimum of 30% protected time in training-related activities, depending on the size and complexity of the training program. It is strongly recommended that training directors for new programs seeking accreditation have up to 50% release time until accreditation is achieved.
10. A minimum of two licensed VA employees hired in the OT occupation series must be on-site for provision of supervisory support, professional role modeling, mentoring, and administrative functions.
11. Release time for the OT staff who will supervise and mentor residents so they may engage in training-related activities. Support for this administrative time must come from the identified OT leader, from the OT staff’s service line supervisor (if applicable), and from facility Medical Center Director.
12. Stated commitment (in Medical Center Director’s letter of support detailed in Section 5) to fund accreditation application, site visit, and annual fees required by AOTA.
13. Funded facilities will be required to submit an annual report of activities and outcomes for the resident program to OAA through the PM&R Program Office. This should include at a minimum, number of applicants, lessons learned, changes proposed for the next year, analysis of feedback from resident(s), analysis of feedback from academic or other partners (if any), results of accreditation efforts, overall satisfaction with the program by resident and faculty, other developed outcome measures, certification status or graduates and job placement for graduating residents.
5. **APPLICATION INSTRUCTIONS**

A. **DEADLINES.** There are two key deadlines for part one (internal process and submission of RFP):

   - **April 26, 2017.** A non-binding Letter of Intent (LOI) is due to OAA no later than 11:59 pm Eastern Daylight Time (EDT) **Wednesday, April 26, 2017.** These letters are to allow OAA to project the demand for expansion positions and to allow time to plan the review panels that will be needed to review these proposals.

   - **May 31, 2017.** The full proposal is due to OAA no later than 11:59 pm EDT on **Wednesday, May 31, 2017.**

B. **LETTER OF INTENT (LOI) INSTRUCTIONS.** LOIs, not to exceed two pages with a completed cover page template (copy Appendix B), must be submitted by the medical center or health care system's DEO rather than by individual OT service line within the medical center. Each DEO is limited to one LOI submission for each facility or health care system. LOIs are non-binding, meaning that submitting an LOI does not compel the facility to submit a complete proposal.

   A special application entry point has been established for submission of both LOIs and full applications in response to this Program Announcement. All LOIs must be submitted through the following OAA portal: [http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=50](http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=50) LOIs are due no later than 11:59 pm EDT on **April 26, 2017** and must be uploaded to the OAA password protected web portal. Letters should be addressed to the Chief Academic Affiliations Officer, Dr. Robert Jesse (10A2D), and must include a completed cover page template (see Appendix B).

   The individual from the facility education office, or a designee assigned by the DEO, submitting the LOI must register upon the first use of this portal. As the full proposal will be posted on the same portal, “LOI” should be identified in the document title to distinguish between the LOI and proposal submissions. After the LOI is submitted and <complete> is selected on the left navigation tab, an automatically-generated confirmation e-mail will be forwarded both to the submitter and to OAA staff. Faxed, mailed, or e-mailed LOI's will NOT be accepted.

   **LOIs should be from the DEO (or designee) and should contain the following information** (OAA recognizes that some of this information may evolve or change with the development of a full proposal therefore, changes between the LOI and the actual proposal will not be considered detrimental to the review):

   - Name, credentials, and contact information for the person responsible for the proposed program (Cover page template in Appendix B must be included in LOI). Each facility or health care system’s DEO is limited to submitting one proposal.
   - Identify the health setting for proposed OT residency program (included in Cover Page Template).
   - Indicate the number of positions (maximum of two) next to one specialty area being requested (included in Cover Page Template).
Please note that you must complete the <notify list> (see details in Section 5.C.) in order for your LOI submission to be complete.

C. NOTIFICATION OF DECISIONS (NEW REQUIREMENT)
   After the DEO or designee registers to the portal, it is important that they select the <Award Notify List> tab (in red) on the left side of the portal menu. This allows the submitter to enter the email addresses of all individuals who should be notified of the proposal review result. The email entry screen is linked to the VA Global Address List. This allows you to enter the name of a VA employee to be notified in the search box, and the individual’s email will be displayed. Select the correct name and then click the blue button <add to list below> to move an e-mail to the notification list at the bottom of the screen. You may add non-VA e-mail addresses directly at the bottom of the page, and only one address must be included per line. Only those e-mail addresses listed in the portal will be notified when award results are released.
   You must include the following individuals in your list:
   - Medical Center Director
   - Designated Education Officer
   - Program’s proposed Residency Director
   - Facility Chief of Rehabilitation
   - VISN Rehabilitation Lead (if designated)

D. PROPOSAL INSTRUCTIONS
   Proposals must be submitted by the medical center or health care system’s DEO (or designee) rather than by the individual service line within the medical center. Each DEO is limited to one narrative submission single spaced, with 12 point Arial or Calibri font. The core narrative page limit may not exceed 8 pages. Proposals are due no later than 11:59 pm EDT on Wednesday, May 31, 2017, and must be uploaded through the aforementioned OAA Portal (http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=50) with three separate documents:
   - Document 1 - Core Narrative
   - Document 2 - Letters of Support (combined)
   - Document 3 - Supplemental Materials (optional)

   The submission portal will only allow four documents to be uploaded, including the letter of intent. All final application materials may not exceed 35 pages total. Any pages in excess of 35 will not be read or reviewed. The three final documents must be submitted through the aforementioned OAA Portal where LOIs were initially uploaded. Only facilities that submitted a non-blinding LOI may complete a full application.

DOCUMENT 1: CORE NARRATIVE

Follow the AOTA website for information on developing a residency program prior to and throughout the program and application planning; http://www.aota.org/Education-Careers/Advance-Career/Residency.aspx

The application must clearly reflect that the residency’s focused on occupational performance and participation. Programs must be designed to meet occupational therapy residency and accreditation requirements.
I. PROGRAM SITE DATA:

A. Sponsoring Facility and location

B. Department Administrators: Name and credentials

C. Site Residency Director (needs to be an OT)

II. GENERAL INFORMATION ABOUT PROPOSED PROGRAM

A. Name of the residency program and general information about the proposed program; briefly describe the program purpose and how it integrates with the organization as a whole (goals/mission).

B. Which specialty program does this program align (page 1)

C. Describe current and previous OT and OTA pre-professional OT training programs and/or residency programs at your facility. List the name of institutions with which your facility currently has existing affiliation agreements. Describe ongoing training opportunities for staff. Describe outcomes in your training program, the measures you use and how these outcomes improve your programs.

D. Describe staffing, number and type of current Board Certified OTs, Specialty Certified OTs and Clinical Specialists. Briefly describe qualification of OT Residency Director. Describe how the residency program will meet the AOTA instructional staff criteria; skills in instructional methods and leaning process and that there are a sufficient in number of instructional staff and expertise in the content area.

E. Provide relevant statistics related to specialty areas of the proposed program, (e.g., number of patient beds, average daily census, length of stay, number of patients seen in inpatient and outpatient settings during FY 2016). Describe types of clinical programs, equipment for specialty program and approximate case mix of patients served relative to the specialty area being requested. Describe interprofessional relationships and how other professionals will contribute to the training environment and curriculum.

F. Describe recruitment and retention of OT staff at your facility (statistics on turnover, average length of stay). Include outcome data related to retention of OT and OTA trainees. Describe how residents will be recruited and selected. Since the timeline for recruitment is compressed, explain what strategies will be implemented to meet the timeline. Note: It is strongly recommended that HR be contacted to ensure efficient processing of selected candidates. However, residents are trainees, not permanent employees, and special trainee recruitment procedures rather than the conventional HR employee selection processes is utilized (refer to section 7).
III. CURRICULUM

A. Describe the program’s philosophy on teaching and learning.

B. Provide examples of specific skills to be developed by residents, with an emphasis on how evidence-based care will be taught. Ensure that these skills are consistent with AOTA Board and specialty certification criteria and represent knowledge, critical and ethical reasoning and interpersonal and performance skills that are specifically geared to occupational therapy. Specific information on Board and Specialty certification can be found at: http://www.aota.org/Education-Careers/Advance-Career/Board-Specialty-Certifications.aspx

C. Provide an example of a learning activity and learning outcomes that will be part of the program; use the following format:
   Module description:
   Lecture outline:
   Educational objective:
   Teaching methods:
   Required reading:

D. Describe how mentoring services will be delivered in the identified practice area; hours that will be dedicated to mentoring (e.g., anticipate total hours of mentoring), and mentors expertise. "Mentorship is a personal developmental relationship where the more experienced and more knowledgeable therapist (mentor) helps guide a less experienced or less knowledgeable therapist (mentee), (AOTA Residency Site Application Workshop, 2016).

E. Given the resident will have a VA appointment, describe the mechanism to ensure that hours, supervision, and administrative oversight will be managed by VA.

IV. RESIDENCY LEARNING OBJECTIVES

A. Describe how the residency program will evaluate the resident’s knowledge, reasoning and performance skills, ethical practice and interpersonal skills.

B. Provide examples of how the resident will participate in scholarly and professional activities. Describe other areas of training that may take place outside VA in order to fulfill the needed requirements of the residency. Describe the partnerships that are available and the agreements that have been developed.
   - If partnering with an academic OT program, describe the support from the partner and the delineation of responsibilities for each in a memorandum of understanding. If a resident will be rotating to a non-VA facility this may not exceed one-sixth of their time in the program unless there is an even exchange with a without-compensation (WOC) resident from another accredited occupational therapy residency program. An affiliation agreement (form 10-0094h) must be established for any non-VA rotations. A memorandum of understanding alone is not sufficient in this instance.
V. PROGRAM EVALUATION

Describe how the residency program will meet AOTA criteria for program evaluation; competency based skills, effectiveness in meeting educational objectives, evaluation by the resident, and graduates' employment outcomes.

VI. RESOURCES

Describe how the residency program will meet AOTA criteria for learning environment. Include information on office space, clinic space, computer availability, library support, academic instructor availability and access to other unique training opportunities or equipment.

DOCUMENT 2: LETTERS OF SUPPORT must provide assurance of local facility and VISN support. Medical Center and VISN leadership must have a demonstrated commitment to health professions education, rehabilitation healthcare, and patient-centered practice models. There must be a letter of support from each of the individuals listed below. Submissions missing any letter of support will be considered incomplete and will not be reviewed.

1. Facility Director. The director’s letter must address the facility's commitment to the educational process, including sufficient release time for the OT residency training directors, mentors, and supervisors to be fully engaged in the educational mission and process. Similarly, sufficient release time should be identified supporting educational and administrative activities, including curriculum development. Note: It is estimated that at minimum, 30% of the training director's time will need to be devoted to this program and initial development may take substantially more time. **Facility directors must identify the percentage of release time authorized for each proposed residency training director.** The facility director must indicate willingness to obtain and pay accreditation and annual fees. These will include AOTA application fee of $1960 and $2840 for on-site visit and the annual fee thereafter (~$1,000 in 2019). Please note that a government purchase card may be used for accreditation fees not exceeding $3500 for each expense. Adequate resources, acquisition and financial, as well as time for planning and procurement is expected to assist the OT residency program to fulfill their critical mission to Veterans and Service members.

2. Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education.

3. Facility Physical Medicine and Rehabilitation (PM&RS) Chief or designee.

4. Proposed VA OT Residency Training Director.

5. **VISN Director.** The letter of support must be from the VISN Director or Acting/Interim VISN Director. Please note that a letter from the VISN PM&R lead may not replace a letter from the VISN Director.

6. **Program Director** for any affiliated OT programs or non-VA facility that may be involved in curriculum development, mentoring or rotations (if applicable) indicating accreditation.
status (academic institutions or non-VA residency programs) and interest in affiliating with a VA OT residency program.

**DOCUMENT 3: OPTIONAL SUPPLEMENTAL MATERIALS**, such as brief biographical sketches for the program training faculty, curricula rotational schedule, and/or calendar of didactic seminars may be added as desired, so long as the total number of pages for the full proposal **does not exceed 35**.

*Please contact the OT program office for assistance with this proposal/curriculum development process – Deborah Voydetich, OTR/L, National Lead Occupational Therapists, at: Deborah.Voydetich@va.gov or at 612-629-7465 or Bill Wenninger, MS PT at Bill.Wenninger@va.gov or at 414-384-2000 ext. 41104*

6. **REVIEW PROCESS**
An ad hoc, interprofessional peer review committee designated by the Chief Academic Affiliations Officer (CAAO) will assess the merits of applications. Reviewers will have demonstrated expertise and leadership in clinical health professions education and patient care. The CAAO may, at her/his discretion, create subsets of applications for special review according to considerations such as rurality, site complexity, and other needs consistent with VA goals and missions. Applications will be reviewed within the context of AOTA accreditation criteria, VA standards, and support of VA’s strategic plans. The committee will evaluate specific items in the application that reflect the following criteria:

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<tr>
<th>Criteria</th>
<th>Points</th>
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<tbody>
<tr>
<td>A. Demonstrated commitment from the local VA facility and VISN, including executive and program management levels to establish an OT residency program, including previous OT training provided and availability of infrastructure and resources such as support staff, office and clinic space, library support, and computer access. A facility should have a current pre-professional OT training program and should further demonstrate readiness for establishing an OT residency program.</td>
<td>20 points</td>
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<tr>
<td>B. Strength of the proposed faculty and curriculum including potential to achieve the primary objective of training the OT resident with the specific advanced skills in the specialty and obtain accreditation for the program.</td>
<td>20 points</td>
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<tr>
<td>C. Evidence of a clear understanding of the program’s purpose, philosophy, and goals and objectives. The application reflects that the residency is focused on occupation, and is reflective of current OT practice; based on available evidence; and theoretical perspectives, models of practice and frames of reference inherent to OT profession.</td>
<td>30 points</td>
</tr>
<tr>
<td>D. Quality of training to be offered, including quality and diversity of specific training settings and qualifications of supervisory staff. Clear understanding of proposed clinical, didactic, research and teaching opportunities. A clear plan for accomplishing accreditation within the first year of the residency program must be presented.</td>
<td>30 points</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>100 points</td>
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7. **APPOINTMENT AND PAY**

**A. Governance.** OAA maintains overall responsibility for the administration of VA’s health professions education. All “associated health” trainees (defined here as clinical trainees not in dentistry, medicine, or nursing) included in these teams shall comply with the Program Requirements of the respective discipline’s educational accreditation bodies and with VA provisions for training in those disciplines.

**B. Program Sponsorship.** Currently allocated facility associated health trainee positions may be included in activities undertaken as a part of this Program Announcement. All funded pilot program OT residencies sponsored by the VA, in first year of the pilot program, must achieve candidacy status before formally recruiting the first residents.

**C. OAA Support for Trainees.** OAA will provide funds to VA facilities for trainee stipends and fringe benefits.

**D. Appointment and Compensation of Trainees.**

1. **Appointment authority.** Appointments will be made under 38 U.S.C. 7405.

2. **Stipend rates:** OT residency stipends are identified based on geographical adjustment. Stipend rates for OT Post-Masters Residents may be found at [http://vawww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx](http://vawww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx).

**E. Liability.** Trainees will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).

**F. Trainee expenses.** Except as specified above, expenses connected to trainee recruitment, educational activities, or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the trainee.

8. **POINTS OF CONTACT**

**General Information:** For information concerning this program announcement, contact Stacy Pommer, Health Systems Specialist, Associated Health Education, Office of Academic Affiliations, at [Stacy.Pommer@va.gov](mailto:Stacy.Pommer@va.gov) or at 202-461-9877, [Deborah.Voydetich@va.gov](mailto:Deborah.Voydetich@va.gov) or at 612-629-7465, or Bill Wenninger MS PT at [Bill.Wenninger@va.gov](mailto:Bill.Wenninger@va.gov) or at 414-384-2000 ext. 41104.

**Technical information:** For information regarding the online submission process, e-mail the OAA Help Desk [oaahelp@va.gov](mailto:oaahelp@va.gov) or contact David Bernett at 803-667-4100, [David.Bernett@va.gov](mailto:David.Bernett@va.gov).

9. **NATIONAL PROGRAM REVIEW**

This pilot program’s continuation is not guaranteed, but rather is dependent on availability of funding and measurable outcomes, including achieving full accreditation, resident completion, hiring of residents into VA, resident and program satisfaction, and growth of non-VA OT residencies nationally. OAA and the Office of Rehabilitation Services will jointly conduct the formal review to determine continuation.
10. **SCHEDULE**  
**Definition:**  
Internal: Steps required in VA  
External: Steps required with AOTA

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<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>April 4, 2017</td>
<td><strong>Internal:</strong> Request for Proposal announcement released</td>
</tr>
<tr>
<td>April 26, 2017</td>
<td><strong>Internal:</strong> Letter of intent due to OAA by 11:59 PM EDT. Submission must be uploaded to</td>
</tr>
<tr>
<td>July 19, 2017</td>
<td><strong>Internal:</strong> Notification of selected sites</td>
</tr>
<tr>
<td>October 15 -</td>
<td><strong>External:</strong> Statement of intent due to AOTA</td>
</tr>
<tr>
<td>November 15, 2017</td>
<td></td>
</tr>
<tr>
<td>December 15, 2017</td>
<td><strong>External:</strong> $150.00 fee due to AOTA. Government purchase card may be used locally.</td>
</tr>
<tr>
<td>January 2018</td>
<td><strong>External:</strong> Attend AOTA webinar- exact date TBD</td>
</tr>
<tr>
<td>February 1, 2018</td>
<td><strong>External:</strong> Deadline for application for candidacy status must be submitted to AOTA no later than this date.</td>
</tr>
<tr>
<td>May 1- July 1, 2018</td>
<td><strong>External:</strong> AOTA notifies programs they have achieved candidacy status and formal recruitment may begin</td>
</tr>
<tr>
<td>July 1, to October 1, 2018</td>
<td><strong>Internal:</strong> Resident begins program</td>
</tr>
<tr>
<td>Two years after Initiation of Program</td>
<td><strong>Internal:</strong> Program must achieve AOTA full accreditation status to receive continued funding</td>
</tr>
</tbody>
</table>

April 4, 2017
APPENDIX A

CHECKLIST FOR FINAL PROPOSAL SUBMISSION

This is a checklist to assist you in submitting a complete proposal. You need not submit this checklist with the proposal, as it is for your use only.

Notification of Decisions: DEO must select the <Award Notify> link on the left side of the OAA portal menu to enter the email addresses of individuals who should be notified of the proposal review result. Only those e-mail addresses listed in the portal will be notified when award results are released. You must include the following individuals in your list:
- Medical Center Director
- Designated Education Officer
- Program’s proposed Residency Director
- VISN Rehabilitation Lead (if designated)
- Facility Chief of Rehabilitation

Proposals are due no later than 11:59 pm EDT on Wednesday, May 31, 2017, and must be uploaded through the aforementioned OAA Portal (http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=50) with three separate documents:
- Document 1 - Core Narrative
- Document 2 - Letters of Support
- Document 3 - Supplemental Materials (optional)

1. Core Narrative: core narrative must include these elements (not to exceed eight pages):
- Program site data
- General Information about the proposed program
- Curriculum
- Residency learning objectives
- Program evaluation
- Resources

2. Letters of Support: Letters of Support must provide assurance of local facility and VISN support. Medical Center and VISN leadership must have a demonstrated commitment to health professions education, and patient-centered practice models. There must be a letter of support from each of the individuals listed below:
- Facility Director. The director’s letter must address the facility’s commitment to the educational process, including sufficient release time for the program training directors, mentors, and supervisors to be fully engaged in the educational mission and process. Similarly, sufficient release time (minimum of 30%) should be identified supporting educational and administrative activities, including curriculum development. The director must indicate HR support for appointment efforts for residency candidates. The director must indicate willingness to pay accreditation and annual fees for accreditation of the program
• Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education (ACOS/Education)

• VISN Director

• Facility Chief of Rehabilitation or designee

• OT Residency Training Director

• Program Director for any affiliated OT programs or non-VA facility that may be involved in curriculum development or rotations (if applicable) indicating accreditation status (academic institutions or non-VA residency programs) and interest in affiliating with a VA occupational therapy residency program.

3. Optional Supplemental Materials: Brief biographical sketches for the program training directors and/or calendar of didactic seminars, may be added as desired, so long as the total number of pages in the proposal does not exceed 35.

Submission of Proposals
• Full proposals are submitted by VA DEO, ACOS/Education, or designee.

• Acceptable formats for submitted proposals are Word, Excel, or PDF, formats

• Letters of support must include a signature (i.e., they must be a scanned copy of an original, signed document).

• Three documents, Core Narrative, Letters of Support, and Optional Supplemental Materials, are uploaded. These must be uploaded as three separate files following the requirements outlined for each document above. The portal will not allow you to submit more than three documents. Documents will not be accepted as one single file.

• Font size must be 12-point Arial or Calibri for narrative portions. Margins must be at least one inch all around (excluding headers and footers).

• Files are uploaded by DEO, ACOS/E, or designee using the OAA portal at http://vaww.oaa.med.va.gov/ftp/default.aspx?PID=50
APPENDIX B

Occupational Therapy Residency Programs
for Academic Year 2019 (Fall 2018- through Summer/Fall 2019)

Cover Page Template (Please included as part of Letter of Intent)

Facility Name: ____________________Facility Number: ________VISN Number____

Indicate number of residency positions (maximum of two) next to the ONE specialty area for which your site is applying.

___ Board Specialty- Gerontology
___ Board Specialty- Mental Health
___ Board Specialty- Physical Rehabilitation
___ Specialty Certification- Driving and Community Mobility
___ Specialty Certification-Environmental Modification
___ Specialty Certification- Low Vision (Blind Rehabilitation Service Continuum of Care)
___ Specialty- Assistive Technology
___ Specialty- Hand Therapy

Primary Points of Contact if additional questions arise during the review process

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Name</th>
<th>E-Mail Address</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Education Officer (DEO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OT Residency Director (include credentials)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>