

**MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE**

301 SOUTH PARK, 4th FLOOR

PO BOX 200513

HELENA MT 59620-0513

E-MAIL: [dlibsdotp@mt.gov](mailto:dlibsdotp@mt.gov)

WEBSITE: [www.ot.mt.gov](http://www.ot.mt.gov)

Phone: (406) 444-5711

Fax: (406) 841-2305

**APPLICANT CHECKLIST FOR SUPERFICIAL AND DEEP MODALITIES.**

- Copy of course(s) syllabus/information that specifies the time spent in each modality (i.e., heat, cold, electrical, topical medications, sound and general topics).
- Copy of certificate of completed courses that are used for your application for superficial and/or Deep Modalities with the following:
  - a. Name of course attended
  - b. Number of hours of course instruction/training
  - c. Instructor of course
  - d. Date of courses(s) attendance
- OT Board form "Applicant worksheet of courses and division of hours for each modality" must be filled out and submitted with your application.
- A copy of your proctor(s) license.
- Appropriate fees must be included in your application. Check the modality or modalities you applying for.

**NOTE: SUPERFICIAL ENDORSEMENT IS REQUIRED. YOU MUST ALREADY HAVE OR QUALIFY FOR SUPERFICIAL ENDORSEMENT TO RECEIVE A DEEP MODALITY ENDORSEMENT**

\$20.00	Superficial (ONLY)
\$35.00	Electrical and Sound, superficial hour requirement
\$35.00	Electrical only, superficial hour requirement
\$35.00	Sound only, superficial hour requirement
\$20.00	Iontophoresis (Topical), must have electrical and sound endorsement
\$55.00	Deep Modality Endorsement (Electrical, Sound, & Topical applied for at the same time, superficial hour requirement)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone No. \_\_\_\_\_

**CERTIFICATION:** I certify that I have a current license and have successfully completed the required contact hours of instruction or training. Under penalties of perjury, I declare and affirm that the statements made in the foregoing application and attached documents are true, complete and correct. I understand that any false or misleading information on or in connection with my application, may be cause for denial or loss of licensure.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPLICATION REQUIREMENTS FOR SUPERFICIAL AND DEEP MODALITY  
CERTIFICATION FOR MONTANA OCCUPATIONAL THERAPY BOARD APPROVAL**

Applicants must submit a course syllabus that specifies how much time was spent in instruction/training of each modality (i.e., heat, cold, and sound, electrical and topical application of medicine). Applicants must also submit certification of course completion with their course syllabus.

Links to applicable modality statutes and rules:

Statutes:

<http://leg.mt.gov/bills/mca/37/24/37-24-105.htm> Superficial modalities

<http://leg.mt.gov/bills/mca/37/24/37-24-106.htm> Sound and electrical modalities

<http://leg.mt.gov/bills/mca/37/24/37-24-107.htm> Topical medications

Board rules:

[24.165.302](#) DEFINITIONS

[24.165.505](#) DEEP MODALITY ENDORSEMENT

[24.165.506](#) QUALIFYING EDUCATION PROGRAMS

[24.165.509](#) APPROVED INSTRUCTION

[24.165.510](#) APPROVED TRAINING

[24.165.511](#) DOCUMENTATION OF INSTRUCTION AND TRAINING

[24.165.513](#) APPROVAL TO USE SOUND AND ELECTRICAL PHYSICAL AGENT MODALITIES

[24.165.514](#) QUALIFICATIONS TO APPLY TOPICAL MEDICATIONS - CLINICIAN DEFINED

Education that is more general in nature can be applied to all superficial and deep modalities except for application of topical medications (iontophoresis, phonophoresis, etc.). Example, if you have 10 hours of general topics, you can apply the 10 hours to superficial, sound and electrical. Education that is more general in nature includes but is not limited to:

1. Anatomy
2. Wound healing
3. Physiological responses to modalities
4. The principles of physics related to specific properties of light, water, temperature, sound and/or electricity
5. Theories of pain
6. Guidelines for treatment with modalities within the framework of Occupational Therapy.

Subject to approval by the board, continuing education may be earned through college course work, according to the following limitations:

- (a) The licensee must pass the course,
- (b) One semester credit shall equal 15 contact hours of continuing education, and
- (c) one quarter credit shall equal ten contact hours of continuing education

**NOTE ABOUT PROCTORS:** ALL PROCTORS MUST MEET THE REQUIREMENT OF BOARD RULE  
[24.165.510](#) APPROVED TRAINING (BELOW)

- (1) The term "training" includes proctored sessions provided by example and observation by a qualified person.
- (2) A qualified person, within the meaning of this rule, is any person who is:
  - (a) a licensed occupational therapist:
    - (i) approved by the board to administer superficial physical agent modalities and sound and electrical physical agent modalities for iontophoresis and phonophoresis; and
    - (ii) who has more than one year of clinical experience in either the use of sound and electrical physical agent modalities or superficial physical agent modalities; or
  - (b) a licensed health care professional who has more than one year of clinical experience in the use of sound and electrical physical agent modalities or superficial physical agent modalities.

**PHYSICAL THERAPY ASSISTANTS AND OCCUPATIONAL THERAPY ASSISTANTS ARE NOT ELIGIBLE TO PROCTOR**

**DOES YOUR PROCTOR MEET THE REQUIREMENTS?** To check if a proctor meets the above requirements, go to the licensee lookup website at <https://ebiz.mt.gov/pol/>, Licensee Lookup box, click on the "SEARCH FOR A LICENSEE" link and enter the proctors profession (OT or PT), name or license number and other information if known. The report will have information on the licensee's initial date of licensure, license status (must be active status), modality endorsements and any disciplinary actions.

***Final approval of education, training and the issuance of superficial and/or deep modality endorsements is determined by the board at a regularly scheduled board meeting.***  
***For the next scheduled board meeting please go to board website [www.ot.mt.gov](http://www.ot.mt.gov) and click on the "Board Meetings" link in the Board Information tab.***

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**SUPERFICIAL MODALITIES CERTIFICATION:**

16 hours of instruction/training in superficial modalities. This course work is also available through the Montana Occupational Therapy Association (MOTA), check MOTA for availability <http://www.mtota.org/>

**REQUIREMENTS FOR DEEP MODALITY CERTIFICATION:**

1. SOUND: 20 hours of instruction in sound and five proctored treatments by an OT Board approved proctor in sound modalities;
2. ELECTRICAL: 20 hours of instruction in electrical and five proctored treatments by an OT Board approved proctor in electrical modalities
3. TOPICAL MEDICATIONS: To apply topical medications (example: iontophoresis, phonophoresis, etc.)
  - a) 5 hours of instruction/training in topical drug interaction, adverse reactions and factors that modifies response of topical drugs, actions of topical drugs by therapeutic classes and techniques by which topical drugs are administered.
  - b) Three or four proctored treatments
    - 1) One direct application of topical medication and either:
    - 2) Two proctored treatments in phonophoresis or
    - 3) Three proctored treatments in iontophoresis.

**NOTE:** Applicants that are Certified Hand Therapists (CHTs) are exempt from the proctored treatment requirements. Please furnish your certificate.

**Applicant Worksheet of Courses and Division of Hours for each Modality**

COURSE NAME \_\_\_\_\_

		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION			Specify part of course for General (name of topic)	

COURSE NAME \_\_\_\_\_

		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION			Specify part of course for General (name of topic)	

COURSE NAME \_\_\_\_\_

		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION			Specify part of course for General (name of topic)	

COURSE NAME \_\_\_\_\_

		HOURS		NAME OF TOPIC	HOURS
1)	SUPERFICIAL		5) GENERAL TOPICS: (Can be applied towards Superficial, Electrical and Sound)		
2)	ELECTRICAL				
3)	SOUND				
4)	APPLICATION OF TOPICAL MEDICATION			Specify part of course for General (name of topic)	

**DEEP MODALITY PROCTORED TREATMENTS**

**SOUND:** Proctored treatments, five proctored treatments with 20 hours of education/training in sound.

	TREATMENT/DATE	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			
3)			
4)			
5)			

**DEEP MODALITY PROCTORED TREATMENTS**

**ELECTRICAL:** Proctored treatments, five proctored treatments with 20 hours of education/training in electrical.

	TREATMENT/DATE	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			
3)			
4)			
5)			

**DEEP MODALITY PROCTORED TREATMENTS**

**TOPICAL MEDICATION:** Qualifications to apply topical medication:

- 1) One **direct** proctored application of a topical medication is required with 5 hours of education/training.

Medication must be a prescription medication such as debriding agents, anesthetic agents, anti-inflammatory agents, or adenocortico-steroids.

	MEDICATION/DATE	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			

**AND EITHER two** proctored treatments in **phonophoresis**

	MEDICATION/DATE	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			

**OR three** proctored treatments in **iontophoresis**.

	MEDICATION/DATE	APPLICANT SIGNATURE	PROCTOR SIGNATURE/LICENSE #
1)			
2)			
3)			