

# Modalities Endorsement Coursework Attestation

## for Occupational Therapy

Last updated: 6/8/2026

This form must be signed by the course provider or school representative. Email to [dliedprd@mt.gov](mailto:dliedprd@mt.gov).

Applicant name: \_\_\_\_\_ Email: \_\_\_\_\_

Application or license number (if known): \_\_\_\_\_

Course description (name, number, etc.): \_\_\_\_\_

Course provider (name of university, company, etc.): \_\_\_\_\_

**As a representative for this course, I attest that this course meets the following criteria (check all that apply):**

<input type="checkbox"/>	spans at least 5 hours	<input type="checkbox"/>	covers safety rules and precautions related to the selected modalities
<input type="checkbox"/>	spans at least 16 hours	<input type="checkbox"/>	covers methods for documenting the effectiveness and immediate and long-term effects of treatment in relation to task-oriented activities
<input type="checkbox"/>	covers principles of topical drug interaction	<input type="checkbox"/>	covers characteristics of and guidelines for the use of therapy equipment, including safe operation, adjustment, and care and maintenance of the equipment
<input type="checkbox"/>	covers adverse reactions and factors modifying response to topical medications	<input type="checkbox"/>	taught by an occupational therapist with a superficial physical agent modalities endorsement with more than one year of clinical experience in these modalities
<input type="checkbox"/>	covers actions of topical drugs by therapeutic classes	<input type="checkbox"/>	taught by an occupational therapist with a topical medications endorsement with more than one year of clinical experience in these modalities
<input type="checkbox"/>	covers techniques by which topical drugs are administered	<input type="checkbox"/>	taught by a licensed health care professional with more than one year of clinical experience in the modalities within their licensed scope of practice
<input type="checkbox"/>	includes at least one proctored treatment in direct application of topical medications	<input type="checkbox"/>	offered by an accredited college or university
<input type="checkbox"/>	includes at least two proctored treatments in phonophoresis	<input type="checkbox"/>	only offered to students who have obtained an undergraduate degree in occupational therapy
<input type="checkbox"/>	includes at least three proctored treatments of iontophoresis	<input type="checkbox"/>	provides skills and knowledge beyond mere entry level
<input type="checkbox"/>	covers principles of physics related to specific properties of light, water, temperature, sound, or electricity, as indicated by selected modalities	<input type="checkbox"/>	approved by the American Occupational Therapy Association (AOTA)
<input type="checkbox"/>	covers physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of selected modalities	<input type="checkbox"/>	approved by the National Board for Certification in Occupational Therapy (NBCOT)
<input type="checkbox"/>	covers the response of normal and abnormal tissue to the application of selected modalities	<input type="checkbox"/>	approved or recognized by the American Society of Hand Therapists
<input type="checkbox"/>	covers indications and contraindications related to the selection and application of the modality		
<input type="checkbox"/>	covers guidelines for the treatment or administration of the modality within the philosophical framework of occupational therapy		
<input type="checkbox"/>	covers guidelines for educating the patient, including information about risks and benefits of the occupational therapy techniques		

Course representative name: \_\_\_\_\_

Title/position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_