

Taiwan Occupational Therapy Association Occupational Therapist Makeup Internship Certificate							
Name		Sex		Birth date	MM/DD/YYYY	National ID No.	
Subject	Details				Internship Site	Start and End Dates	Duration
OT for physical dysfunction	Assessments, treatment planning, and interventions for neurological disorders, musculoskeletal disorders, and other types of physical dysfunction. Services include inpatient and outpatient OT treatment.					MM/DD/YYYY MM/DD/YYYY	__week(s) __hours
OT for psychiatric conditions	Assessments, treatment planning, and interventions for schizophrenia, affective psychiatric, and other mental disorders. Services include OT treatment during acute and rehabilitation stages.					MM/DD/YYYY MM/DD/YYYY	__week(s) __hours
OT for developmental disabilities	Assessments, treatment planning, and interventions for development delay, autism, cerebral palsy (CP) and other types of developmental disabilities. Services include inpatient and outpatient OT treatment.					MM/DD/YYYY MM/DD/YYYY	__week(s) __hours
OT for community or long-term care	Assessments, treatment planning, and interventions for patients out of medical facilities. Services include direct service and consulting and may take place in schools, psychiatric rehab facilities, social welfare facilities, occupational rehabilitation facilities, long-term care facilities, or the patient's home.					MM/DD/YYYY MM/DD/YYYY	__week(s) __hours
<p>This is to certify that the applicant has successfully completed the internship program for a period of ____ weeks (or ____ hours) and has passed all internship subjects.</p> <p>(association seal)</p> <p style="text-align: center;">Association chair: _____ (signature or seal)</p> <p style="text-align: center;">Date: ____/____/____ (MM/DD/YYYY)</p>							
<p>Note:</p> <p>1. Internship” herein refers to a hands-on learning experience caring for patients and does not</p>							

include demonstrations, job shadowing, or visits to relevant institutions.

2. To qualify as the internship program manager, occupational therapists must have practiced full-time in a teaching hospital for a minimum of 5 years.
3. To qualify as an internship supervisor, occupational therapists must have practiced full-time in a teaching hospital for a minimum of 2 years.
4. The internship site supervisor to student ratio must not fall below 1:3. In other words, one supervisor may not coach more than 3 students at any given time.
5. This certificate must be issued by the school based on actual facts. The school shall be responsible for all information stated above.
6. This certificate is only for the applicant's use for the registration for Senior Professional and Technical Examination for Occupational Therapists.

Appendix 4

Taiwan Occupational Therapy Association Occupational Therapist Makeup Internship Certificate							
Name		Sex		Birth date	MM/DD/YYYY	National ID No.	
Subject	Details					Internship Site	Start and End Dates Duration
OT for physical dysfunction	<p>Assessments, treatment planning and interventions, as well as follow-up assessments for adult patients with neuromuscular, sensory, or perceptual cognitive dysfunctions, or difficulty in occupational functioning (including daily activities, job-related or productive activities, and leisure or entertainment activities). Service targets include and do not limit to patients with central neuropathy and injury, peripheral neuropathy and injury, musculoskeletal diseases, degenerative diseases, burns, amputated limbs, or cardiopulmonary dysfunction.</p> <p>Services will include all recovery phases, from acute to rehabilitation, chronic or stability stages. Service mostly takes place in medical facilities (including ICUs, general wards, OT department, and the outpatient department). Other locations include home and communities.</p>						MM/DD/YYYY MM/DD/YYYY __week(s) ___hours
OT for psychiatric conditions	<p>Assessments, treatment planning and interventions, as well as follow-up assessments for patients with mental conditions such as schizophrenia, affective psychosis, delusional disorder, dementia, substance abuse, anxiety disorders, personality disorders, adjustment disorders, or behavior problems.</p> <p>Service locations include ICUs in the psychiatry department, acute medical wards, day-care wards, chronic medical wards (rehabilitation wards), outpatient department, and communities.</p>						MM/DD/YYYY MM/DD/YYYY __week(s) ___hours
OT for developmental disabilities	<p>Assessments, treatment planning and interventions, as well as follow-up assessments for the age group from newborns to adolescence suffering from developmental disabilities or learning difficulties caused by congenital diseases, chromosome abnormalities, permanent damage of the central nervous system during prenatal, delivery, or postnatal periods, negative environmental stimuli, or abuse. Service targets include and do not limit to those suffering from cerebral palsy (CP), mental retardation (MR), Down syndrome, chromosome</p>						MM/DD/YYYY MM/DD/YYYY __week(s) ___hours

	<p>abnormalities, autism, attention deficit hyperactivity disorder (ADHD), behavioral and emotional disorders, muscular dystrophy, brain injury, spinal cord injury, or physical frailty.</p> <p>Major service locations are medical facilities. Other locations include development centers, schools, and the children's homes.</p>		
<p>OT for community or long-term care</p>	<p>Assessments, service planning and interventions, as well as follow-up assessments for those suffering from physical or functional disabilities or limited occupational functioning due to health conditions, aging, or disadvantageous social and cultural environments. Services include direct service and consulting. Service locations may be schools, psychiatric rehab facilities, social welfare facilities, occupational rehabilitation facilities, assistive device centers, long-term care facilities, communities, or the patient's home.</p>		<p>MM/DD/ YYYY MM/DD/ YYYY</p> <p>__week(s) __hours</p>
<p>This is to certify that the applicant has successfully completed the internship program for a period of ____ weeks (or ____ hours) and has passed all internship subjects.</p> <p>(association seal)</p> <p style="text-align: center;">Association chair: (signature or seal)</p> <p style="text-align: center;">Date: ____/____/_____(MM/DD/YYYY)</p>			
<p>Note:</p> <ol style="list-style-type: none"> 1. Internship” herein refers to a hands-on learning experience caring for patients and does not include demonstrations, job shadowing, or visits to relevant institutions. 2. To qualify as the internship program manager, occupational therapists must have practiced full-time in a teaching hospital for a minimum of 5 years. To qualify as the internship program manager for OT for community or long-term care, occupational therapists must have practiced in OT for community or long-term care for a minimum of 5 years. 3. To qualify as an internship supervisor at medical facilities, occupational therapists must have practiced full-time in a teaching hospital for a minimum of 3 years or have been recognized as qualified clinical instructors after completing the general OT training (PGY). To qualify as an internship supervisor for OT for community or long-term care, occupational therapists must have practiced full-time in OT for community or long-term care for a minimum of 3 years. 4. One supervisor may not coach more than 3 students at any given time. 5. This certificate must be issued by the school based on actual facts. The school shall be responsible for all information stated above. 6. This certificate is only for the applicant's use for the registration for Senior Professional and Technical Examination for Occupational Therapists. 			