

Updated 3.26.20

Compilation of Statements (Health Careers)

Association of Surgical Technologists <https://www.ast.org/>

As news about COVID-19 dominates media and public safety discussions at state and federal levels, we want you to know that since we are still two months away, we have no plans right now to cancel AST's 51st Surgical Technology Conference occurring May 28-30, 2020, in Atlanta, Georgia.

Your safety is our top priority, however, and we recognize this as an extremely important and evolving situation. We will continue to monitor developments and base any decisions we make concerning our annual conference on the advice of health and safety experts. In addition, we are waiving all cancellation fees for our attendee registrants, and in the case the event is canceled, all attendee registrations will be refunded completely.

As an organization of healthcare professionals, AST recognizes the value that our members place on the importance of infection prevention practices not just when traveling, but every day. We will continue to provide updates.

Holly Falcon, CST, FAST
AST President

Dental Assisting National Board <http://www.danb.org>

Update on How COVID-19 (Coronavirus) Is Impacting DANB Testing Centers and Operations

- [Print](#)
- [E-mail](#)

Updated: March 23, 2020

In light of the latest developments regarding COVID-19 (coronavirus), we have some important updates on the status of DANB's testing centers and daily operations. As an organization committed to public health, DANB reaffirms its commitment to the well-being of the community it serves. We are here to support you and our colleagues through these new challenges.

Update on DANB Testing Centers

DANB exams are administered at Pearson VUE testing centers across the country. On March 17, 2020, DANB received notice from Pearson VUE that all U.S.- and Canada-based Pearson VUE-owned test centers would be temporarily closed effective immediately, until at least April 16.

Health and Safety Measures at DANB Testing Sites

- [Print](#)
- [E-mail](#)

DANB exams are administered at Pearson VUE testing centers across the country. DANB is actively monitoring the impact of the COVID-19 (coronavirus) on Pearson VUE testing in affected areas.

As an organization with a commitment to public health, DANB cares about the health and well-being of its customers. If you have been affected by COVID-19, please be assured that DANB will work with you to reschedule your exam or extend your testing window.

American Association of Medical Assistants <https://www.aama-ntl.org/>

Dear AAMA community:

We've made the difficult decision to close our headquarters to help mitigate the spread of COVID-19 and have limited staff available. This is an unknown situation, so we have closed our office indefinitely. We will notify you as soon as we have returned to the office.

In the *Atlantic* March 10th piece, "[Cancel Everything](#)," on the importance of social distancing during this pandemic, Yascha Mounk writes, "Anyone in a position of power or authority, instead of downplaying the dangers of the coronavirus, should ask people to stay away from public places, cancel big gatherings, and restrict most forms of nonessential travel."

So, what now? Please review the answers to anticipated key questions below:

Do you need to recertify by CE before 90 days go by? In light of the AAMA offices closing, the Certifying Board leadership has extended the 90-day [credential expiration policy](#) an additional 30 days for those with expired credentials who are no longer able to recertify by continuing education after March 30, 2020. Thus, if your credential previously expired and you had until March 31, 2020, to certify by continuing education, you now have an additional 30 days to do so.

The Certifying Board will continue to monitor and evaluate this policy. We have only limited staff available to meet the high demand of recertifying CMAs (AAMA), so your patience is most appreciated.

Need CEUs? Continue to earn your CEUs online through the [e-Learning Center](#)! Your transcript will be updated instantly. *Note: Limited products are available in the [AAMA Store](#) for sale.*

AAMA state conference coming up? Check back with the [State Society Conferences](#) webpage for information on which conferences are canceled. We will post info as soon as we have it. If nothing is said about your conference, email your state president for more information.

Have more questions? Email us! A full list of department email addresses is on the [Contact](#) webpage. *Note: We will not be answering the phones during this headquarters closure.*

Thank you for your patience during this time. We will continue to monitor the situation and post updates to the [AAMA website](#) as they become as available. Please refer to the [World Health Organization](#) (WHO) and the [Centers for Disease Control and Prevention](#) (CDC) for information on COVID-19.

Donald Balasa, JD, MBA

AAMA CEO and Legal Counsel

American Association of Radiologic Technologists---<https://www.arrt.org>

ARRT AND COVID-19

ARRT is closely monitoring the COVID-19 pandemic and how it's affecting students and R.T.s. Students with questions about completing their requirements should contact their Program Directors for more information. R.T.s who have questions related to their postprimary eligibility pathway requirements, renewals, CQR, or other issues should log on to their online accounts to see if they've received an update specific to their concerns. For more information, please visit the [ARRT COVID-19 Update page](#). We'll update it throughout the pandemic.

Accreditation Commission for Education in Nursing <https://www.acenursing.org/>

Statement regarding Nurse Practitioners: <https://www.acenursing.org/statement-regarding-nurse-practitioner-students/>

Call to Action: <https://www.acenursing.org/acenoan-call-to-action/>

March 6, 2020

To ACEN-Accredited Nursing Programs:

This correspondence is in the spirit of open communication and working together. As healthcare providers we have a better understanding than the general public of what to do and what not to do related to COVID-19. As your supportive partner, the ACEN is providing the link to the leading international and national resources related to COVID-19.

- World Health Organization ([WHO](#))
- Centers for Disease Control and Prevention ([CDC](#))

On March 5, 2020, the United States Department of Education ([USDE](#)) provided accrediting agencies guidance for flexibility related to the situations below.

- A student was enrolled or was supposed to begin a travel-abroad experience and either the student has been called back to the U.S. or was never able to begin the travel abroad experience;
- A student was enrolled in a program and met the requirements for full-time enrollment; however, due to the COVID-19, one or more classes – such as an internship, a clinical rotation, student teaching or fieldwork – have been cancelled and now the student has fallen below the 12 credit hour minimum and is no longer considered to be a full-time student;
- A student is quarantined and misses class or a student is incapacitated due to COVID-19 illness;
- A campus temporarily stops offering ground-based classes in order to prevent the spread of COVID-19;
- A foreign school that serves U.S. students who participate in title IV programs temporarily suspends operations due to COVID-19.

If disruption in class and/or clinical schedules occurs “flexibility” could be the temporary use of distance education to maintain instructional and teaching activities. For example, if a face-to-face course’s/program’s instruction and learning activities are **temporarily** disrupted due to campus closures, distance education may be implemented as a method to maintain instruction and learning activities. In this situation, ACEN approval to use distance education **temporarily** will not be necessary.

Nursing programs also need to reach out to the state regulatory agency (e.g., Board of Nursing) regarding a temporary disruption and what that agency requires or may need from you.

Please reach out to me if you need guidance **on a unique strategy** to deal with a disruption related to COVID-19. Otherwise, move forward using temporary, commonsense approaches without ACEN guidance or approval.

Marsal P. Stoll, EdD, MSN
Chief Executive Officer

American Association for Respiratory Care—<https://www.aarc.org>

COVID-19 News and Resources: <https://www.aarc.org/nn20-covid-19-news-resources/>

The American Association for Respiratory Care (AARC) wants all respiratory therapists to be fully prepared and equipped with the up-to-date information regarding COVID-19. As we know this is an ever-changing situation and one that can easily be miscommunicated to others. Below are links to Centers for Disease Control (CDC), which is providing the best comprehensive information. It is updated on a daily basis.

- **How many people have been affected by COVID-19?**
- **How many people have been diagnosed/hospitalized/died in the United States?**
- **What are the symptoms of COVID-19?**
- **How do people get tested for COVID-19?**
- **What do I do if I’ve been exposed to COVID-19 at work?**
- **How do I protect myself in the community?**
- **How do I protect myself in the workplace? What PPE are required?**
- **What infection control measures should we use in the workplace?**
- **How do we care for COVID-19 positive persons in the home?**
- **Healthcare FAQ from the CDC for further reading.**

In addition, we encourage respiratory therapists to view the **video presentations about the Strategic National Stockpile ventilators**. In the event that there is a shortage of ventilators, these ventilators can be put into service, and it is critical that respiratory therapists know how to operate the stockpile ventilators, should the need arise. There have

been several live presentations about the stockpile ventilators throughout the country hosted by the AARC in the last several years and we expect to do more in 2020.

Join the COVID-19 Conversation

The AARC opened an **AARConnect community dedicated to sharing COVID-19 resources and dialoguing about challenges and solutions** during this outbreak. The AARConnect community is free and open to all members. Just go to the community page and join the discussion.

American Dental Hygienists Association--<https://www.adha.org/>

COVID-19 Updates for Dental Health Personnel <https://www.adha.org/covid19>

The health and wellness of the dental hygiene community and the patients you serve is our top priority. We are closely monitoring developments surrounding COVID-19 from the Centers for Disease Control and Prevention (CDC) and will continue to keep you informed as its Division of Oral Health releases guidelines.

In addition to ongoing communication with CDC and other federal agencies, we are also listening to individuals. As we respond to a high volume of calls, emails and messages, we want to assure you that you are being heard. Your concerns are real — and critically important. We are unwavering in our commitment to support dental hygienists everywhere, and to provide answers and the leadership you deserve as we navigate this challenging time.

Dear Colleagues, As the expanding global outbreak of Coronavirus Disease 2019 (COVID-19) continues, the federal government continues to work closely with state, local, tribal, and territorial partners, as well as public health partners across the globe to respond to this public health threat. The Centers for Disease Control and Prevention (CDC) Division of Oral Health (DOH) is diligently working with CDC's Emergency Operations Center to develop tailored COVID-19 guidance for dental health care personnel (DHCP). Once this guidance is available online, DOH and partners will promote these resources as well as any related events (e.g., informational webinar, Clinician Outreach and Communication Activity) to the dental community. It's unknown at this time what the full impact of COVID-19 will be in a U.S., however CDC is preparing as if this were the beginning of a pandemic. All healthcare facilities should take steps now to prepare for the possibility of a widespread and severe COVID-19 outbreak to prepare their practices and protect both their patients and staff. CDC urges providers to be familiar with the information on CDC's COVID-19 website. Specific information is available for Healthcare Professionals, including a Healthcare Professional Preparedness Checklist, instructions on Evaluating and Reporting Persons Under Investigation (PUI), and a page on What Healthcare Personnel Should Know. DHCP can also consider signing up for communications from CDC's Health Alert Network, which is CDC's primary

method of sharing cleared information about urgent public health incidents. Standard precautions, including the use of proper personal protective equipment, should be followed when caring for any patient. These practices are designed to both protect DHCP and prevent DHCP from spreading infections among patients. CDC's guidelines note that, if not clinically urgent, DHCP should consider postponing non-emergency or elective dental procedures in patients who have signs or symptoms of respiratory illness. For procedures which are considered clinically urgent, dental health care personnel and medical providers should work together to determine an appropriate facility for treatment. The urgency of a procedure is a decision based on clinical judgement and should be made on a case-by-case basis. The Division of Oral Health will communicate through partners as soon as tailored guidance is available for the dental community. Thank you for all you are doing to keep our country safe and healthy. Sincerely, CDC Division of Oral Health

American Registry for Diagnostic Medical Sonographers--<https://www.ardms.org/>

IMPORTANT NOTICE REGARDING COVID-19

At ARDMS we understand that the Coronavirus (COVID-19) is a real concern and that, as a medical professional, you are on the front lines throughout this uncertainty. We realize that this outbreak impacts our Registrants more than normal and want to reaffirm that we are here to help and work with you. If you have any questions or concerns, please contact our Customer Care Team at Communications@ARDMS.org or calling 1-800-541-9754, option 1. We will continue to update this page and will be in constant communication as we monitor, plan for, and address this ongoing crisis.

APPLICATION PROCESSING

We are currently accepting applications for all on-demand and open windowed examinations.

Due to COVID-19 our staff is currently working remotely. So as to not delay the review of your application, all documents need to be uploaded to your [MY ARDMS](#) account. Please do not mail or fax in any application documents at this time. To upload application documents please log-in to your MY ARDMS account. You can access the "Upload Documents" option under "My Resources." Please select the "Application Documents" file type.

TESTING CENTER UPDATE

LOCATION—UNITED STATES—STATUS SUSPENDED

Pearson Vue is closing all U.S.-based testing centers through at least April 16th, or whenever conditions are deemed safe to re-open.

American Physical Therapy Association--<https://www.apta.org/>

Coronavirus Update: March 25, 2020

UnitedHealthcare allows e-visits, HHS presses states to ease regulations, HPA shares an interoperability opportunity, and more.

Practice Guidance

March 24: UnitedHealthcare Follows CMS Lead on "E-Visits"; Still Excludes "Telehealth" by PTs

Although developments are happening too rapidly for posting on its website, UnitedHealthcare has announced that it will follow the CMS 1135 waiver policy allowing for a particular type of digital communication between a PT and patient known as an "e-visit." E-visits are not considered telehealth, and UHC explicitly stated that it will still exclude reimbursement for outpatient therapy services delivered under telehealth. APTA offers an extensive Q&A resource on e-visits, including details on coding and the required "patient portal."

E-visits through UHC will be paid as carve-outs, separate from the per-visit flat rate. Insurer fee schedules may take up to 60 days to complete fee schedule updates.

UnitedHealthcare is the second major insurer to adopt the CMS e-visit policy for PTs: earlier in March, Aetna made a similar move. [See the second item in the March 19 APTA Coronavirus Update for details and links.](#)

March 25: HPA Curates Resources on Interoperability, Telehealth Providers

HPA the Catalyst, APTA's component focused on health policy and administration, now offers information for providers on how to gain free access to on-demand patient record retrieval service across the continuum from Kno2, one of the interoperability providers for most of the EHR vendors in post-acute care and outpatient settings. Also available: a matrix on audio and video telecommunications to help you evaluate telehealth vendors, created by the HPA Technology Special Interest Group and the Frontiers in Science, Rehabilitation, and Technology Council.

March 26, 2 pm: APTA Hosts Facebook Live Event on International PT Response to COVID-19

Join APTA and physical therapists from the UK and Canada for a live discussion of how the physical therapy profession is responding to the COVID-19 pandemic internationally. Participants will include Michel Landry, BSc PT, PhD, a professor at Duke University and affiliate in the Duke Global Health Institute, who will provide an overview of disaster management and epidemiology, and share experiences from working in other disasters.

From Health and Human Services

March 25: HHS Tells States to Ease State Laws and Regs

The U.S. Department of Health and Human Services is calling on states to take "immediate actions" to relax laws and regulations that HHS thinks could get in the way of effective health care responses to the COVID-19 pandemic. The recommended actions include licensure exemptions and disciplinary moratoriums, waiver of telemedicine practice prohibitions, relaxation of scope-of-practice requirements, and easing of malpractice liability.

APTA Statement on Patient Care and Practice Management During COVID-19 Outbreak

March 17, 2020

As actions are taken across the country to reduce the spread of COVID-19, a virus that [spreads easily from close contact](#), APTA encourages physical therapists to use their professional judgment to determine when, where, and how to provide care, with the understanding this is not the optimal environment for care, for anyone involved.

APTA encourages PTs, PTAs, and students to flatten the curve of the COVID-19 outbreak by following CDC guidance to [minimize exposure in the clinic](#) and practice social distancing by [avoiding large social gatherings](#). At the same time, we know that our profession plays a crucial role in the health of our society, and there are people in our communities whose health will be significantly impacted by disruptions to care.

Patient care has always been specific to the individual, with the physical therapist assessing a person's needs relative to their goals. Thus, physical therapists have a responsibility to review [CDC guidance](#), to understand who is at highest risk and how to best reduce exposure, and to use their professional judgment in the best interests of their patients and clients and their local communities — including [rescheduling nonurgent care](#) if that is the best approach, or making other adjustments when the risk of exposure to COVID-19 outweighs the benefits of immediate treatment.

APTA's mission is to build a community that advances the profession of physical therapy to improve the health of society. In this challenging time, we are mindful of the effects of this outbreak on our own community as well as on the society our profession nobly serves. Striving for the optimal health of everyone must be our goal.

— APTA Board of Directors

Related Resources:

[Coronavirus: Resources for APTA Members](#)

This frequently updated page includes CDC guidance, information on telehealth, and other resources.

American Occupational Therapy Association <https://www.aota.org/>

The COVID-19 situation is evolving rapidly, and we are evaluating and shaping direction daily. AOTA's first priority is to facilitate information sharing, guidance, and advocacy to equip occupational therapy practitioners, educators, and students to navigate through complex situations. While we do not have immediate answers to every question at this time, AOTA staff are working to listen to and explore your concerns, seek answers to your questions, and advocate on your behalf. **We will update this page as new information and guidance becomes available.**

Many practitioners, educators, and students are experiencing considerable unknowns and fears. Together, we will get to the other side of this pandemic by using our innate problem-solving skills, by coming together to advocate for the continued value of occupational therapy, and by recognizing that this challenging time may create new opportunities for occupational therapy practice now and in the future.

Please **complete this short survey** to share your experiences and priorities with AOTA and read a **message about AOTA's response** to COVID-19.

FAQs for Practitioners

AOTA is committed to empowering occupational therapy practitioners to navigate this uncertain time and to effectively deliver services via telehealth when appropriate.

Q: What are the latest guidelines for health care workers and facilities related to coronavirus?

The Centers for Disease Control and Prevention (CDC) has guidelines and recommendations for **health care workers** and **health care facilities** specifically related to coronavirus. They have also developed public facing recommendations at www.coronavirus.gov

Q: What is the role of occupational therapy during a pandemic? Is occupational therapy essential?

Many organizations and occupational therapy practitioners are struggling with this question. AOTA considers occupational therapy services as essential, and a March 19, 2020, memorandum from the Department of Homeland Security states that occupational therapy practitioners are critical health care workers. All practitioners should comply with guidance from CDC, CMS, their state governor, state health departments as well as individual facility decisions that determine who is an essential health care worker. As this is a fluid situation and occupational therapy practitioners work in a variety of settings and treat populations that each present unique challenges, practitioners should consider the Occupational Therapy Code of Ethics and exercise clinical judgement and leadership in navigating each unique setting. Your engagement in decision-making with your care teams is of vital importance to the health of the community and country at large. For more guidance on this complex issue, read the full document, **"The Role of Occupational Therapy: Providing Care in a Pandemic."**

Q: I am concerned about having appropriate Personal Protective Equipment (PPE). What has AOTA done to advocate for this, and what should I do when working with clients?

Your concern regarding the spread of COVID-19 to clients and others is a high priority. AOTA is working with a major coalition of health care providers to demand Congress address severe personal protection equipment (PPE) shortages impacting health care providers in all settings, including OT practitioners. Learn more in [AOTA's resource on PPE](#).

Q: What changes have been made to unemployment benefits and paid leave that might help me if I am not working, sick, have to take care of someone who is sick, or have to take care of a child?

Congress recently passed legislation to give states more funding for unemployment benefits that also requires states to make receiving these benefits easier. Additionally the federal government gave states flexibility in how they provide unemployment benefits, in order to

expand who can receive them. Finally, the recently passed legislation requires employers to provide two types of paid leave during the COVID-19 pandemic: 1. to take care of someone who is sick, or 2. to provide childcare. These benefits are mostly paid for by the federal government in the form of tax credits. You can find out more about these new benefits and other provisions of the new law in this AOTA update: **New Federal Law and Regulatory Changes Aim to Provide Greater Unemployment and Leave Support During COVID-19**

Q: Telehealth is an emerging practice area that I need to learn more about. What resources are available to get me started?

AOTA's Telehealth Resources page contains a variety of articles, webinars, charts, and practice documents to help OT practitioners to navigate this emerging area, including professional guidance on ethics.

Q: Am I eligible to provide occupational therapy services via telehealth?

While additional flexibilities for telehealth have been incorporated into both federal programs and private insurance, these flexibilities don't always expand the definition of who can provide telehealth services. Read: **OT and Telehealth in the Age of COVID-19**.

Q: What rules does my state licensure law have pertaining to delivery of services via telehealth?

Each state individually determines whether telehealth is permitted, which is why AOTA cannot advise that telehealth is best practice for all. AOTA has compiled a **state-by-state chart** of state occupational therapy statutes, regulations, and position statements adopted by state occupational therapy boards as well as broader telehealth statutes and regulations. If your state has not addressed telehealth it is important to check with your **state regulatory board**. In addition to advocating for states to ensure access to occupational therapy services, AOTA is collaborating with state occupational therapy associations to track and distribute information regarding state regulation changes to licensure, telehealth, and payment for occupational therapy services: **State Actions Affecting Occupational Therapy in Response to COVID-19**.

Q: Is there any guidance for how I should work with clients and what I need to take into consideration when working with beneficiaries who may be at high risk for COVID-19?

The Centers for Medicare & Medicaid Services (CMS) has taken action to protect the health and safety of our nation's patients and providers in the wake of the COVID-19 outbreak. This includes clear, actionable information on the screening, treatment, and transfer procedures to follow when interacting with patients. AOTA recommends you review CMS' actions if you treat Medicare or Medicaid beneficiaries, many of whom are at high risk for COVID-19. You can read more here: **CMS Guidance to Providers About COVID-19**.

Q: I heard CMS is expanding telehealth regulations in light of COVID-19. What do I need to know?

On March 17, the Trump Administration announced the expansion of Medicare telehealth and E-visit coverage in response to COVID-19. Information as it pertains to coding for occupational therapy can be found in this AOTA update: [CMS Expands Therapy E-Visit Services During COVID-19 Outbreak](#).

Q: Since e-visits are not considered telehealth, when would it be appropriate to bill?

On March 17, 2020, CMS announced that occupational therapists can use the nonphysician digital assessment codes (e-visits) created in the 2020 Medicare Physician Fee Schedule (MPFS) final rule. For guidance on conducting e-visits and billing, read this AOTA update: [How to Bill the Medicare E-visit](#).

Q: What advocacy work is AOTA doing to help promote telehealth, and how can I get involved?

Although the Trump Administration [expanded Medicare E-visit coverage](#) for occupational therapy services in response to COVID-19, the ongoing restriction of telehealth services has never had greater impact than now, as practitioners seek to find new ways to provide services.

AOTA continues to advocate for coverage of telehealth services provided by therapy practitioners at the state and federal levels. We're in this together! Join and support our efforts by visiting our [Legislative Action Center](#).

Q: I'm concerned about the ethics of treating immune-compromised or elderly clients during this pandemic. What guidance can AOTA offer?

As AOTA works with regulatory partners to provide guidance on this common concern, practitioners should consider the [Code of Ethics](#) when determining the best way to meet patients' needs in a way that is as safe as possible for both the patient and practitioner.

Q: Are there limitations on how much of the required continuing competency I can do online?

Forty-six states and the District of Columbia have established mandatory continuing education/continuing competency requirements for occupational therapists and occupational therapy assistants. State requirement for what activities are acceptable and how many hours must be done online or live vary from state to state. Read the [summary of current state requirements](#).

Q: I work in a school system that is affected by COVID-19. How should I proceed with delivering services?

On March 12, the U.S. Department of Education released guidance on how to continue providing services to children with disabilities during the COVID-19 outbreak. Based on that guidance, AOTA has provided some answers to the most frequently asked questions: **Provision of Special Education, Early Intervention, and 504 Services During the COVID-19 Outbreak.**

Q: What general resources are available in my state related to COVID 19?

AOTA has compiled **state by state links to state COVID-19 pages and guidance** (PDF) for providers from state departments of health.

FAQs for Educators and Students

AOTA and ACOTE® understand how deeply disruptive these sudden changes have been to academic programs and students. AOTA and ACOTE are working on your behalf and will provide updates as we have them.

Q: I'm a student who was pulled from fieldwork. What can AOTA and ACOTE do to help?

AOTA and ACOTE are working to address the needs of students who were pulled from their second Fieldwork (FW) Level II placements, either by the school or by the site, due to the COVID-19 pandemic. Multiple regulatory agencies, in addition to ACOTE, require completion of the Level II fieldwork. In addition, unlike physical therapy, 21 states have statutes dictating that occupational therapy fieldwork requirements must occur over a specific number of weeks. AOTA and ACOTE are working with academic programs and regulatory authorities to provide as much relief as possible and will provide updates as we get them. More details from ACOTE are available in this update: **Contingency Planning Guidance.**

Q: Are there alternatives for completing fieldwork requirements, such as video-based simulations and assignments?

There are a number of acceptable alternative options for completing fieldwork requirements without physically returning to the original site. Ultimately, the faculty must determine if the strategy(ies) being used by their program meets the accreditation requirements for successful completion of Level II FW. Each case is unique, one strategy does not fit all, and each student must demonstrate entry-level competency.

Simulation and case studies provided online do NOT meet the requirements for Level II FW. A placement where OT services are provided through telehealth MEETS the requirement. A placement in a community-based site addressing the occupational needs of individuals, groups, and/or populations to address health and wellness WOULD meet the requirement.

Q: Can ACOTE waive the requirement to complete the fieldwork placements during the pandemic?

The majority of academic programs are moving forward with strategies to address the requirement and their students. A small number of programs have asked ACOTE to review the requirements. ACOTE is considering options for requesting regulatory relief during the pandemic, while upholding the responsibility of AOTA, ACOTE, and NBCOT® to ensure clinical competency.

Q: Can NBCOT allow students to take the exam even if they haven't completed fieldwork?

NBCOT will not change its criteria for sitting for the exam, but will defer to ACOTE regarding acceptable strategies programs can use to meet the fieldwork requirements.

Q. What are the state licensure requirements related to fieldwork, and can those be changed for those impacted by the pandemic?

The core licensure requirements for occupational therapists and occupational therapy assistants are consistent across the states. All states require OTs and OTAs to graduate from accredited programs, complete supervised fieldwork requirements, and pass the entry-level certification exam administered by NBCOT®. Twenty five states have statutes or regulations that specify the length of the fieldwork requirements. State regulatory boards and state agencies that regulate the profession may have some flexibility interpreting those requirements under their own authority or as the result of states of emergency that have been declared across the United States. The remaining 25 states, the District of Columbia, and Puerto Rico have statutes or regulations that simply require that fieldwork be completed and do not specify the length of the fieldwork. State by state charts detailing state licensure requirements (including the fieldwork requirements) are detailed in the charts below.

[OT Qualifications and Licensure Requirements](#) (pdf)

[OTA Qualifications and Licensure Requirements](#) (pdf)

If the fieldwork requirement were to be modified for students impacted by the pandemic, each state would have to determine whether that modified requirement would be acceptable for licensure. It is important to note that students in other health professions are facing a similar situation. AOTA will be advocating for regulatory relief for students impacted by the pandemic.

Q: Has there been any action to put a pause on federal student loan payments during the COVID-19 pandemic?

A: The Department of Education has set all interest rates to 0% for at least 60 days. During this time, borrowers may suspend their payments for up to 60 days, starting retroactively on March 13th. However, if you are taking part in a loan forgiveness program, you should consult the requirements of that program before not making a payment. Read more about these actions: **[New Changes to Student Loan Repayments During the COVID-19 Pandemic.](#)**

Q: Test sites are closing, so my NBCOT Exam will be delayed. My AOTA NBCOT® Exam Prep subscription is set to expire. Could my subscription be extended?

AOTA will extend AOTA NBCOT Exam Prep subscriptions for up to 6 months for students whose NBCOT exam date has changed and whose subscription expires on or before May 31, 2020. We are continually evaluating the situation and will extend the deadline as events unfold. To request an extension, contact customerservice@aota.org.

FAQs for Working with Clients

AOTA recognizes that occupational therapy practitioners are creative problem solvers as they work with clients to perform their daily occupations and participate in daily routines. We also know that practitioners need to modify and adapt how services are delivered during the COVID 19 pandemic. The following are resources that can assist practitioners as we adapt to the new environment for children & youth, health and wellness, and dementia; and, in some cases can be useful as we all try and find work–life balance.

Children & Youth

AOTA is committed to empowering occupational therapy practitioners to navigate this uncertain time and deliver resources to their clients, parents, and caregivers.

Q: Parents and caregivers are feeling fear and general stress. What resources are available to help them to prepare for COVID-19 disruptions and reduce stress?

The **Parent/Caregiver Guide to Helping Families With the Coronavirus 2019 (COVID-19)** may help parents and caregivers understand how children may respond differently to COVID-19 depending on their age, and the best ways parents and caregivers may respond.

Q: The daily routines of children and caregivers have been disrupted. What resources are available to help them establish new routines?

AOTA's **Learn about Occupational Therapy for Children and Youth** section contains the **Childhood Occupations Toolkit**. The toolkit contains a variety of tip sheets:

- **Establishing Morning Routines for Children**
- **Establishing Tummy Time Routines to Enhance Your Baby's Development**
- **Establishing Toileting Routines for Children** (also available in Spanish)
- **Establishing Bath Time Routines for Children** (also available in Spanish)
- **Establishing Bedtime Routines for Children** (also available in Spanish)
- **Establishing Mealtime Routines for Children**

AOTA's **Occupational Therapy's Role in Sleep** may also help OT practitioners guide parents and caregivers to continue to prioritize sleep routines.

Q: Extracurricular activities have been cancelled, and parents and caregivers are trying to incorporate fun activities into their children’s daily routines. Are there resources available to help?

Yes. AOTA’s **Make Play an Important Part of Your Family’s Day** (video), **Building Play Skills for Health Children**, and **Learning through Play** and may help OT practitioners and families develop play skills to promote health and well-being.

The **National Children Traumatic Stress Network** also created **Simple Activities for Children and Adolescents** that may be helpful to reduce boredom and screen time.

Q: School has been canceled, and parents and caregivers are trying to incorporate academic activities into their children’s daily routines. Are there resources available to help?

AOTA’s **Occupational Therapy Tips for Homework Success** may help, and the **Successful Participation at School: Strategies for All Students** provides tips such as preventing unwanted behaviors before they occur.

KidsHealth© also has resources in English and Spanish to help with academics at home, including **Help Your Child Get Organized**, **Top 10 Homework Tips**, and **Helping Your Teen With Homework**.

Q: Many parents and caregivers are continuing to work outside of the home, and friends and family members are helping by providing childcare. Are there resources to help friends and family effectively care for multiple children at varying ages?

Yes. The U.S. Department of Health and Human Services has several resources, including the **Individualized Care Routines and Daily Schedules**, which provides sample tips for creating, and samples of, developmentally appropriate schedules.

Health & Wellness

Q: How can occupational therapy practitioners approach prevention of social isolation and occupational deprivation?

Social distancing is a necessary component of decreasing the spread of COVID-19. Developing new habits and adapting routines can prevent social distancing from causing social isolation, and prevent occupational deprivation.

Occupational therapy practitioners play an important role in health promotion. The **Health Promotion Fact Sheet** provides information about the ways OT practitioners promote health and well-being across the lifespan.

The American Psychological Association published "**Keeping Your Distance to Stay Safe,**" which provides tips for maintaining physical and mental wellness during a time of social distancing, as well as links to additional helpful tools and resources.

Q: How can occupational therapy practitioners assist clients and families to safely incorporate new activities or increase the frequency of activity into their routines?

Smart phones can provide social connection through conversations or video chats, apps, games, and reading, but overuse can cause injury. Learn about **Preventing Pain from Smartphone Use.**

Spring is arriving, and it's a great time to enjoy the outdoors and the occupation of gardening. Here are some helpful tips for staying safe and pain-free: **Safe and Pain-Free Gardening**

For those who find themselves working from home, setting up an ergonomic workspace is important. Read about **The ROSA Checklist: A Tool For Office Ergonomics** for information on factors to consider related to computer-based work stations.

Q: What types of resources are available related to mental health & wellness for clients, families, and practitioners?

Changes in life roles and identity can be factors in depression. Read about how occupational therapy practitioners can use roles and changes to routines as components in treating depression: **Occupational Therapy and Depression: Reconstructing Lives.**

Mindfulness can be both a personal practice and an intervention, and it has been shown to decrease stress, improve mood, and decrease feelings of anxiety and depression. To learn about this strategy, watch the webinar **Mindfulness Strategies for OT Practitioners.**

AOTA created a list of **Apps for Mental Health.** The list provides resources related to specific diagnoses such as anxiety and depression, and apps to support relaxation and productivity.

Sleep is an essential occupation, but with altered daily routines, it is possible for the quality and quantity of sleep to change. Learn about **Occupational Therapy's Role in Sleep.**

Q: The daily routine of taking and managing medication is an essential activity for many people of all ages. Medication management can be complex and may have been disrupted as we all adjust to changes in daily life. What resources are available to assist with this daily routine?

Occupational therapy practitioners are skilled with assisting persons to incorporate medication management into their daily routine. Practitioners should refer to **Occupational Therapy's Role in Medication Management** for additional guidance on the critical role of occupational therapy and medication management to meet clients' needs.

Dementia

Q: What resources can help support clients with dementia and their families who are now facing restricted access to supportive services and disrupted daily routines?

Clients with dementia and their care-partners often perform optimally with consistent, predictable routines, which are now complicated by the COVID-19 outbreak. Occupational therapy has a long appreciation for the value of habits and routines and may be instrumental in helping people adapt to the demands of the current situation. Encouraging care partners to establish home-based strategies that mirror the consistent schedule for the individual with memory difficulties may go a long way toward sustaining their functional level. Structuring activities that target successful engagement will be key. See AOTA's **Tips for Living With Alzheimer's Disease** and our **Fact Sheet on Dementia and the Role of Occupational Therapy**.

Additionally, it is useful to be aware of evidence-based occupational therapy interventions like the **Tailored Activities for Persons with Dementia (TAP) program**. Also see the AOTA SIS Quarterly Connections article, **Engaging a Care Partner in Interventions for Persons With Dementia**.

The Alzheimer's Association offers **practical suggestions to managing dementia during the pandemic** which may also offer useful information.

Older Adults

Q: Are there virtual resources I can use to help my older adult clients stay active and connected during this stressful time?

AOTA has compiled a list of **Apps for Productive Aging** that might be useful for you and your clients. Of particular interest are the leisure (e.g., **Jigsaw Puzzles**), and relaxation (e.g., **Headspace: Meditation & Sleep**) apps to promote engagement and minimize occupational deprivation. Popular and ubiquitous apps like FaceTime or Skype, or other apps like **Houseparty** or **Marco Polo** can offer virtual opportunities for social connections (access a video example here: **Marco Polo on YouTube**). Depending on the end user's comfort with technology, some support for troubleshooting by phone may be beneficial. Additional resources that may be of benefit are available through the Internet, including **exercise videos on YouTube** and **virtual tours of museums**. One favorite is the **National Zoo Panda Cam**. A targeted Internet search based on the older adult's interests and preferences can reveal a multitude of options. Current constraints present an opportunity for occupational therapy providers to embrace creative problem solving to ensure older adults have access to well-rounded resources that promote occupational engagement.

Q: We provide occupational therapy to older adults across multiple settings; are there varied responses to care provision based on setting?

In this public health emergency, care decisions are based on level of acute need. Managing chronic conditions for many older adults may be deemed lower priority by the health care system even though the need for the individual may seem great. Care venues may be shifting to move individuals out of more acute settings to meet the demands for these beds. The **Distinct Value in Productive Aging** statement serves as a consistent framework to this practice area and reflects the multiple areas that occupational therapy can impact when working holistically with older adults across settings.

Q: How might my practice change if I am working in an assisted living, skilled nursing, or long-term-care Facility?

It is critical that all health care providers including occupational therapy practitioners, familiarize themselves with the **current information and recommendations from the Centers for Disease Control and Prevention**. Pay particular attention to the section outlining what facilities need to do to manage and prevent complications from the COVID-19 pandemic. Some of these public health changes may **interrupt your usual care practices or require additional tasks** such as monitoring vital signs more frequently. Proper use of **Personal Protective Equipment** when necessary is also critical at this time. Limited social interaction resulting from restricted visitation and the discontinuation of congregate meals may present opportunities for additional sensitivity and creativity on the part of all staff to promote healthy but safe levels of participation for all residents.

The core principles of occupational therapy practice continue to focus on the essential basic needs of older adults in facilities regardless of setting. The following fact sheets provide information on OT in assisted living facilities and skilled nursing facilities:

Occupational Therapy's Role in Assisted Living Facilities

Occupational Therapy's Role with Skilled Nursing Facilities

Creative Solutions for Implementing Occupation-Centered Practice in Skilled Nursing Facilities

Be mindful about roles and routines, consider purpose when choosing activities, and be explicit about how and why alterations to usual activities may be necessary. There is a risk that some older adults may misinterpret or personalize changes, which could result in undue stress.

Q: How can occupational therapy practitioners support older adults living in the community during the emergency?

Promoting wellness and general health is critical for all individuals as we collectively isolate and alter our daily routines and activities. It may be especially critical for older individuals who live alone in the community. There may be interruptions to supportive or home care services that have allowed the individual to sustain their independent living status. Every case may be

different but a heightened awareness of potential issues is critical. Individuals may no longer have access to meal preparation assistance or delivery programs, or have limited financial resources for take-out meal or delivery services. It is important for occupational therapy practitioners who provide home health or outpatient services to check in thoughtfully with their older adult clients. These considerations are also true for our older neighbors and family members, and practitioners should be mindful of their own needs for self-care as we assume new roles and routines within our families and work to advocate for our clients and communities.

The disruption caused by this national emergency affects us all; however, older adults may be more vulnerable to the physical impact of the virus, as well as to the unintended consequences of isolation and social distancing. Developing new daily and weekly schedules while preserving valued routines and habits will be essential for successfully navigating this crisis. Older adults may have developed adaptive strategies for managing chronic illnesses, and strategies may now be disrupted and in need of adaptation. For more information, read about **Occupational Therapy's Role in Chronic Disease Management** and the **effectiveness of physical activity on occupational performance, pain, fatigue, and depression among persons with rheumatoid arthritis**.

Physical activity may be more important in this time of stress. Outdoor activities are still permissible as long as social distancing is maintained and older adults incorporate **falls prevention strategies**. Working in the yard or taking a walk can help to clear the mind and limit the sense of isolation or cabin fever. Occupational therapy practitioners may need to reinforce these considerations with older adults and directly encourage or schedule outdoor time while being mindful of safety considerations.

Remember too that adequate **sleep hygiene and routines** aids the immune system and general well-being.

Connect with Your Colleagues

AOTA has created a **coronavirus (COVID-19) community on CommunOT** as a central location for OT practitioners, educators, and students to ask questions and share ideas and resources with each other. You can also share and contribute to practice-specific discussions in our SIS communities.

Contact AOTA

AOTA is continuing to develop more resources pertaining to COVID-19. Please check back for more information which will be posted here as it becomes available. We invite you to direct your Coronavirus-related questions and insights to **coronavirus@aota.org**.

COVID-19 National EMS Certification Information

Pearson VUE Update

MARCH 26, 2020

The cognitive test network availability changes based on state and local situations. However, many test centers are providing essential examinations (for EMS personnel). Candidates should log in to their [Pearson VUE account](#) to view available test centers and schedule their exam. Candidates should assume the examination is scheduled and available unless they receive a cancellation notice from Pearson VUE.

COVID-19 Response Update

MARCH 23, 2020

National EMS Community,

The National Registry is committed to supporting your vital work in the community by ensuring continued operation of the certification process to ensure a qualified EMS workforce. While circumstances remain dynamic, we will provide updates as information becomes available. Test centers will begin limited reopening for essential healthcare personnel, including EMS providers. Regarding the psychomotor examination, the National Registry will be offering a provisional certification that defers the psychomotor exam until conditions stabilize.

Cognitive Exam Update

Preserving the pipeline of EMS personnel during the pandemic is essential, and vital to public health. Therefore, on Wednesday, March 25, some Pearson VUE Professional Centers (PPCs) across the nation will re-open for the testing of essential healthcare personnel, including EMS providers. Appointments at these centers will be available on a first come, first served basis. More appointments and availability will be available as soon as possible. More information about Pearson VUE's testing for EMS personnel during the pandemic is available on [Pearson VUE's website](#).

In addition to the PPCs, we are working with state and local officials to re-open Pearson VUE Testing Centers (PVTs) strictly for the testing of essential healthcare personnel, including EMS providers. As a reminder, some PVTs are currently open and operational. The National Registry is also aggressively pursuing the option of offering cognitive examinations through newly available Remote Proctoring technology, with more information on that in the coming weeks.

Psychomotor Examinations

Conducting psychomotor examinations, while adhering to national Public Health guidelines, is generally not achievable nor recommended. Therefore, last week the National Registry's Board created a new *Provisional Certification*.

Provisional Certifications will be automatically assigned to any candidate that (1) completes an educational program at the EMR, EMT, AEMT or Paramedic level and (2) successfully passes the National Registry's cognitive examination. The requirement for completing the psychomotor examination is suspended for the duration of the national emergency or until psychomotor examinations can be safely reinstated in the United States.

National Registry Continues Operations with Remote Work

On Sunday afternoon, the State of Ohio issued a Stay at Home Order effective 11:59 p.m. on March 23, 2020, until 11:59 p.m. on April 6, 2020. This order (like many other state orders across the nation) identifies certain organizations, businesses, and operational functions as essential, and therefore are exempt. Although the National Registry of EMTs is designated an essential organization – and a vital component of maintaining the national EMS system – last week we implemented extraordinary measures to shift 90% of our staff to remote work.

As a result, the National Registry is operational and we will continue fulfilling our duty and responsibilities to the National EMS System, while also maintaining our commitment to employee safety and our shared responsibility to ‘flatten the curve’. Our workforce is leveraging technology to complete work from home and will continue to do so. Staff working in our office are following the CDC's recommendations and guidance provided by our local authorities.

Continued Monitoring

We will continue to monitor the evolving situation and will make adjustments as needed to support the pandemic response efforts, while also ensuring the long-term sustainability and viability of the Nation's Emergency Medical Services system.

To all those truly on the front lines of this response, THANK YOU. Please stay safe and healthy.

National Registry Board Approves Provisional Certification

MARCH 19, 2020

Responding to the nationwide need for Emergency Medical Services personnel and the social-distancing public health guidance, the Executive Committee of the National Registry of Emergency Medical Technicians gave emergency approval to add a *Provisional Certification*. The *Provisional Certification* will be automatically assigned to any candidate that (1) completes an educational program at the EMR, EMT, AEMT or Paramedic level and (2) successfully

passes the National Registry's cognitive examination. The requirement for completing the psychomotor examination is suspended for the duration of the national emergency or until psychomotor examinations can be safely reinstated in the United States.

“This is a vital step in ensuring that we are able to continue to get qualified and competent EMS personnel into our communities during this national emergency,” said Bill Seifarth, executive director of the National Registry. “This decision, along with this pandemic, is evolving and requires swift, bold measures to ensure the continued safety and health of the public.”

Transition from Provisional to Fully Registered

Once the national emergency is over, Provisionally Registered EMS providers will be given ample time (months) and specific instructions on the psychomotor examination requirements. Whenever a Provisionally Registered EMS provider's record at the National Registry indicates the successful completion of valid cognitive and psychomotor examination requirements, the provider's status will automatically transition from provisional to fully registered.

Access to Cognitive Examinations

The National Registry cognitive examinations are administered via the global Pearson VUE network of test centers. In addition to National Registry examinations, the Pearson VUE network is used to administer the certification/board examinations for many health professions, including nurses, pharmacists and physician assistants.

Due to the COVID-19 pandemic, many (but not all) of the Pearson VUE testing centers across the globe are closed. The National Registry is aggressively working to restore the cognitive examination network and to implement an alternative cognitive testing option. Details on the status of the cognitive examination network will be updated on a regular basis.

Provisional Registry Status, the Workforce and State Licensing

Individual states will need to determine how to incorporate the Provisional Certification into their rules and regulations, and ultimately the local workforce. Provisional Certification is not a substitute for full National Registry certification, but it is a mechanism the National Registry is making available to states as they enact emergency rules and regulations to preserve the EMS workforce, with an assurance that the Provisionally Certified EMS providers completed the cognitive examination. States may implement a practice of requiring a Provisionally Certified EMS provider to only work with a nationally registered and state licensed EMS provider.

Implementation of the Provisional Registration Status

“Although the Provisional Certification status was approved, it will take some time for our technology systems to display the new certification. Our technology team is aggressively working to modify our systems”, according to Donnie Woodyard, the Chief Operating Officer.

Additional posts for members, manufacturers and O & P businesses.

AOPA Message on COVID-19

March 16, 2020

Like all of you, the American Orthotic and Prosthetic Association (AOPA) leadership is closely following the coronavirus disease (COVID-19). As you have likely heard, we have made the tough decision to cancel several of our upcoming events in light of it.

We know that these are difficult and uncertain times for you and your patients. Please know, the Board and staff are here to support you so that you can continue to provide quality care to your patients.

As the situation evolves daily, we encourage you to follow the guidance being issued from the Centers for Disease Control and Prevention (CDC), the World Health Organization, and your local, state, and the federal governments. Specifically, the CDC has [this webpage](#) with resources and guidance for healthcare facilities. AOPA will continue to monitor the situation and provide guidance as appropriate.

Thank you for all you do for your patients and the O&P profession. As always do not hesitate to contact any of the AOPA staff with questions, concerns, or needs.

Stay safe and well.

American Academy of Ophthalmology <https://www.aao.org>

[Additional statements for Practice Management, Eye Health Patients, and Ophthalmologists](#)

News and Resources for Health Care Providers

[New Recommendations on Urgent and Nonurgent Care](#)

Due to the COVID-19 pandemic, the Academy now finds it essential that all ophthalmologists cease providing any treatment other than urgent or emergent care immediately.

Clinical

- [Important Coronavirus Updates for Ophthalmologists](#)
- [Podcast: Questions Facing Ophthalmologists; Effect on Work and Home](#)
- [Academy Drives Legislation to Prevent Coronavirus-Related Drug Shortages](#)

Advocacy and Policy

- [Academy, Surgical Community Urge Congress to Help Physicians Grappling With COVID-19 Impacts](#)
- [Health Care Industry Targeted in Cyberattacks](#)
- [Academy Drives Legislation to Prevent Coronavirus-Related Drug Shortages](#)

Telemedicine

- [Telehealth Resources: Tips to Help Your Practice Succeed](#)
- [Teleophthalmology: How to Get Started](#)
- [Coding for Phone Calls, Internet and Telehealth Consultations](#)
- [News: Academy, Federal Agencies Issue New Telehealth Guidance for COVID-19](#)

Practice Management

- [Video: Coronavirus Preparedness for the Ophthalmic Practice](#)

National Pharmacy Technician Association

No notice posted.

Pharmacy Technician Certification Board <https://www.ptcb.org>

Updated March 24, 2020

The coronavirus (COVID-19) situation continues to evolve. During this challenging time, PTCB is here to support you.

For those who have applied and/or have scheduled to test:

- Effective March 17, Pearson VUE has suspended test delivery at its company-owned US and Canada-based testing centers for at least 30 days until April 16, or whenever conditions are deemed safe to reopen.
- If you have a scheduled appointment to test during this time, you will be able to reschedule your exam appointment based on test center availability. Pearson VUE will send a cancellation email with information on rescheduling your exam.
- If your Authorization to Schedule (ATS) is still valid, you may use the same ATS. If your ATS expires during the COVID-19 closures, PTCB will work with you to extend your ATS after the testing centers reopen. Eligibility will not be extended until we know when Pearson VUE test centers are opening again. We are aware there may be capacity issues when they do reopen and will work through these issues.
- Check the [Pearson VUE Coronavirus Update Page](#) regularly for the most current information on test delivery status, scheduling, and any policy changes.
- If you are authorized to take a PTCB Assessment-Based Certificate Exam in Technician Product Verification (TPV) or Medication History and would like to extend your exam authorization date due to COVID-19, please submit a [help request](#).

- If you applied for CPhT Certification before January 1, 2020 and were scheduled to take the 2019 version of the Pharmacy Technician Certification Exam (PTCE), you will still be able to take the 2019 version after your authorization is extended.
- If your state requires pharmacy technicians to attain national certification as a condition of registration/licensure, we encourage you to check with your State Board of Pharmacy or regulating agency to determine your state's response to COVID-19.

For recertification candidates:

- We have extended recertification deadlines for 60 days for CPhTs and Compounded Sterile Preparation Technicians (CSPTs) who have March 31, April 30, and May 31 expiration dates to allow extra time for completing CE and submitting applications.
- Visit our [Continuing Education \(CE\) Directory](#), newly launched during this time to allow technicians to quickly find free CE programs and complete CE more easily. All CE programs listed are ACPE-accredited and free of charge. CE providers can visit the page to submit their free programs to be added to the directory.

Need other help? If you have questions about how COVID-19 is affecting your credentialing activities, please visit our help center at ptcb.org/help for frequently asked questions or to submit a help request.

American Clinical Laboratory Association <https://www.acla.com/>

COVID-19 TESTS PERFORMED BY ACLA MEMBERS

ACLA members, including ARUP, BioReference Laboratories, LabCorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare have developed and validated novel COVID-19 tests and continue to scale up testing capacity.

- *Update, 3.25.20:* ACLA members have reported out approximately **338,000 tests to date**, including **57,000 completed tests** for March 24.
- *Update, 3.24.20:* ACLA members have reported out approximately **281,000 tests to date**, including **47,000 completed tests** for March 23.
- *Update, 3.23.20:* ACLA members have reported out approximately **234,000 tests to date**, including **51,000 completed tests** for March 22.

RECENT UPDATES

- Statement (March 25): [ACLA Statement on CARES Act](#)
- Statement (March 23): [With Congress on its third financial relief package, policymakers fail to recognize critical role of labs](#)
- What They Are Saying (March 23): [National Demand for COVID-19 Testing Requires Congress to Act, Approve Funding & Reimbursement for Testing Capacity](#)

- Statement (March 22): **ACLA Statement on Senate COVID-19 Response Effort**
- LinkedIn Post (March 22): **As Nation Faces Testing Shortage, Congress Needs to Have Our Back**
- Statement (March 21): **Without Sustainable Funding, There's Simply No Way To Have Sustainable Testing**

Oklahoma State Department of Health (Nurse Aide Registry and EMS)

EMS—Education page-no COVID 19 info but it does reference CareerTech and testing so we may need a message on our website about if we can test (esp. if schools closed)

Practical / Psychomotor Tests - The form listed below is **REQUIRED**:

Practical Test Applicants need to complete the registration process through Career Tech. Please pay attention to the instructions. After you have registered for your test through Career Tech, you should receive a confirmation ticket. Please include a copy of that confirmation ticket with the Oklahoma EMT License Application and payment that you submit to OSDH

Nurse Aide Registry

[https://www.ok.gov/health/Protective Health/Health Resources Development Service/Nurse Aide and Nontechnical Services Worker Registry/index.html](https://www.ok.gov/health/Protective%20Health/Health%20Resources%20Development%20Service/Nurse%20Aide%20and%20Nontechnical%20Services%20Worker%20Registry/index.html)

*****EFFECTIVE MARCH 19, 2020*****

The Oklahoma Department of Health will suspend lobby services for the Nurse Aide Registry and Home Care Administrator (Protective Health Services) desk until further notice. During this time, all Nurse Aide Registry and Home Care Administrator staff will remain on site to fill e-mail, phone and mail requests. Contacts are shown at the bottom of the page.

*******From Governor Stitt's Executive Order Filed March 17, 2020*****
AMENDED EXECUTIVE ORDER 2020-07**

7. All occupational licenses issued by any agency, board, or commission of the State of Oklahoma that expire during this emergency shall be extended so long as this Order is in effect. All occupational licenses extended during this Order will expire fourteen (14) days following the withdrawal or termination of this Order.

All certifications for long term care aides; home health aides; medication aides; developmentally direct care aides; residential care aides and adult day care aides which expire during this emergency order shall be extended so long as this order is in effect. These extensions during this order will expire fourteen (14) days following the withdrawal or termination of this Order.