



Republic of the Philippines  
OFFICE OF THE PRESIDENT  
**COMMISSION ON HIGHER EDUCATION**



**CHED Memorandum Order (CMO)**  
**No. 42**  
**Series 2012**

**Subject: PROCEDURES FOR ACCREDITATION OF AFFILIATION CENTERS  
PROVIDING CLINICAL TRAINING PROGRAMS FOR OCCUPATIONAL  
THERAPY INTERNS**

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In accordance with pertinent provisions of Republic Act No. 7722, otherwise known as the "Higher Education Act of 1994", CHED Memorandum Order (CMO) No. 24 s. 2006 and CMO No. 23 s. 2007, with the purpose of ensuring that practice settings providing training for occupational therapy interns meet minimum requirements, the following guidelines and procedures are hereby issued by the Commission, thus:

1. By school year 2013-2014, HEIs offering occupational therapy program should only field interns to CHED-accredited affiliation centers. The clinical coordinator shall be held liable for fielding interns to non-accredited affiliation centers. Sanctions to the coordinator shall be determined and imposed by the HEIs.
2. To safeguard the interest of the students, the following reports should be submitted to the CHED Office of Programs and Standards (OPS) through the CHED Regional Office:
  - List of interns and their affiliation centers by the HEI;
  - List of affiliating HEIs by the CHED-accredited affiliation centers.
3. All affiliation centers, including but not limited to hospitals, clinics, and community-based settings, that intend to accept occupational therapy interns for clinical training by school year 2013-2014, must submit to the CHED Regional Office their application for accreditation not later than November 30, 2012 in order to allow ample time to evaluate the applications.

4. All succeeding applications for accreditation after SY 2013-2014 shall be submitted to the CHED Regional Offices not later than June 30 of every school year prior to the intended start of acceptance of interns.
5. Affiliation centers may secure an application and checklist of requirements from the CHED-Office of Programs & Standards or from the CHED Regional Offices. Application forms may also be downloaded from the CHED website ([www.ched.gov.ph](http://www.ched.gov.ph)).
6. Applicants must submit duly accomplished form with complete supporting documents and pay the non-refundable application fee of Php 3,500.00 to the CHED Regional Office, as prescribed by the Commission.
7. The CHED Regional Office shall review the application together with the supporting documents and determine completeness and compliance with documentary requirements.
8. The CHED Regional Office shall endorse the application to the CHED-Office of Programs & Standards within fifteen (15) working days from receipt thereof.
9. Immediately after receipt of the application, the CHED-OPS shall inform the Technical Committee for Occupational Therapy Education (TCOTE), who in turn, will assign one member, together with a representative from the CHED-OPS and CHED-RO, to evaluate the documents and conduct ocular inspection in order to determine compliance with CMO 23 s. 2007. In the interest of efficiency, ocular inspections shall be scheduled to cover affiliation centers which are geographically situated near each other, whenever possible. In situations where the TCOTE is unable to accommodate all applications, the CHED-OPS may designate additional assessors, as recommended by the TCOTE. A standard checklist will be used to evaluate the application for accreditation (see Appendix).





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**ASSESSMENT TOOL FOR THE ACCREDITATION OF AFFILIATION CENTERS PROVIDING  
 CLINICAL TRAINING PROGRAMS FOR OCCUPATIONAL THERAPY INTERNS**

Name of Clinical Affiliation Center: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Classification of Affiliation Center:  
 Hospital-based       Community-based  
 School-based       Free-standing clinic  
 Wellness/Fitness Center       Others (specify) \_\_\_\_\_

Area of Evaluation	Actual Situation (Minimum Requirement)	POSSIBLE INDICATORS OF EVALUATION	Evaluation		Remarks
			Complied	Not Complied	
<b>I. Organization</b> <ul style="list-style-type: none"> <li>Organizational structure</li> <li>Has complete documents necessary to operate the center legally and provide therapy services</li> <li>Has existing contract of affiliation or MOA with HEIs</li> </ul>	a. Organization Chart b. DTI/SEC registration c. Mayor's Permit d. BIR Registration				
<b>II. Physical Facility</b> <ul style="list-style-type: none"> <li>Separate staff area</li> <li>Separate interns' area</li> <li>Treatment area commensurate to average case load per hour</li> <li>Has adequate and appropriate equipment for patient care</li> </ul>	a. Intern's area with lockers	Measurement of Physical Facility: > Treatment Area > Staff Room > Intern's Room			
<b>III. Staff</b> <ul style="list-style-type: none"> <li>May either be:               <ul style="list-style-type: none"> <li>Licensed PTs employed by the</li> </ul> </li> </ul>	> Matrix of Clinical Staff Profile > Updated PRC License > Certificate of Attendance to				





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Area of Evaluation	Actual Situation (Minimum Requirement)	POSSIBLE INDICATORS OF EVALUATION	Evaluation		Remarks
			Complied	Not Complied	
<ul style="list-style-type: none"> <li>• affiliation center to provide patient care and supervise interns               <ul style="list-style-type: none"> <li>◦ Licensed PT faculty members of the school who supervise interns in the center</li> <li>◦ Full-time or part-time</li> </ul> </li> <li>• Copy of PRC license prominently displayed</li> <li>• Has appropriate clinical instructor-to-intern ratio (1:4)</li> <li>• Staff directly involved in the training of interns must have attended at least 4 hours of clinical teaching seminar accredited by PRC, or post-graduate units related to clinical teaching competencies</li> <li>• Clinical skills of staff should be updated every three years with proof of continuing professional education (CPE).</li> <li>• Staff who supervise interns must have at least 6 months clinical and/or teaching experience</li> <li>• For centers with more than one clinical instructor, there has to be a designated clinical supervisor to oversee the training program</li> <li>• Training staff must be a member of the APO.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Clinical Teaching Seminar</li> <li>➤ CPE Certificates attended</li> <li>➤ APO Membership ID</li> </ul>				





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Area of Evaluation	Actual Situation (Minimum Requirement)	POSSIBLE INDICATORS OF EVALUATION	Evaluation		Remarks
			Complied	Not Complied	
<p>IV. Clinical Training Program Manual</p> <ul style="list-style-type: none"> <li>• Copy is provided to interns and HEIs</li> <li>• Program objectives</li> <li>• Duties and responsibilities of clinical instructors and supervisors</li> <li>• Duties and responsibilities of interns</li> <li>• Teaching Strategies</li> <li>• Methods of evaluation</li> <li>• Offenses and corresponding sanctions</li> </ul>	<p>➤ Presence of Training Manual</p>				
<p>V. Clinical Training Program</p> <ul style="list-style-type: none"> <li>• Conducts orientation prior to commencement of training</li> <li>• Covers a <u>maximum</u> of 40 hours a week <ul style="list-style-type: none"> <li>➤ Training activities provided and corresponding number of hours of each activity per rotation such as patient care, case pre/reports, written exam, practical exam, projects, others)</li> </ul> </li> <li>• Presence of instructional designs</li> <li>• Presence of evaluation tools ( i.e. checklist, rating scale, etc.) to be used, which were collaboratively developed by the affiliation center and the school</li> <li>• Conducts regular and timely</li> </ul>	<p>➤ Training Activity Matrix</p>				





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Area of Evaluation	Actual Situation (Minimum Requirement)	POSSIBLE INDICATORS OF EVALUATION	Evaluation		Remarks
			Complied	Not Complied	
performance feedback <ul style="list-style-type: none"> <li>Is reviewed regularly</li> </ul>					
<b>VI. Patient Care</b> <ul style="list-style-type: none"> <li>Daily Intern to patient ratio is from 1:4 to 1:10               <ul style="list-style-type: none"> <li>Types of cases handled by interns</li> </ul> </li> <li>Systematic decking procedures</li> <li>Adequate supplies and equipment for patient services</li> </ul>	<ul style="list-style-type: none"> <li>Average Patient Daily Census for the month</li> <li>Matrix for Types of Cases Handled</li> <li>Written Decking Procedures Matrix for Decking List for Interns</li> </ul>				
<b>VII. Affiliation Fees</b> <ul style="list-style-type: none"> <li>Fees are clearly stipulated in the contract of affiliation or MOA, including schedule of payment</li> </ul>	<ul style="list-style-type: none"> <li>Breakdown of affiliation fees</li> </ul>				

**OTHER INFORMATION:**

Criteria	Actual Situation	Remarks
List of schools affiliated in one rotation (please enumerate)		





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**ACTION/RECOMMENDATION:**

**Conforme:**

\_\_\_\_\_  
**EVALUATOR**

\_\_\_\_\_  
**SECTION CHIEF / HEAD OF AFFILIATION CENTER**

**EVALUATED BY:**

\_\_\_\_\_  
Member, Technical Committee for Occupational Therapy Education

\_\_\_\_\_  
Member, PRC Board of Physical Therapy

\_\_\_\_\_  
CHEDCO Representative

\_\_\_\_\_  
CHEDRO Representative

**CONFORME:**

\_\_\_\_\_  
Head, OT Training Program

\_\_\_\_\_  
Head, OT Department





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**OCCUPATIONAL THERAPY STAFF PROFILE**

Name of Center: \_\_\_\_\_  
 Address: \_\_\_\_\_

Designation	Name	PRC Lic. No./ Exp. Date	Post-Grad/ Total Units Earned	Appointment Status	Hospital Designation	Membership to APO	Years of Experience	CPEs Attended (Course Title)	Conducting Agency
Chief OT									
OT Training Supervisor									
Other OT Staff Involved in Training									
Clinical Coordinator coming from school									

**NOTE: Please attach curriculum vitae and supporting documents**







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**MATRIX FOR PATIENT/CLIENT CENSUS**

Name of Center: \_\_\_\_\_  
Address: \_\_\_\_\_

Types of Cases Handled	Number of Patient Per Day														
	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
Neurological															
Musculoskeletal															
Pulmonary															
Cardiovascular															
Integumentary															
Pediatric															
Geriatrics															
Well population															
Others (specify)															
<b>Total Number of Patients</b>															





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**MATRIX FOR TRAINING ACTIVITIES**

Name of Center: \_\_\_\_\_  
Address: \_\_\_\_\_

Activity	Brief Description	Schedule And Venue	Objective	Content	Facilitator	Participants	Methods of Evaluation	Outcome

Note: List training activity/ies with corresponding number of hours of each activity per rotation such as patient care, case pre/reports, written exam, practical exam, projects, others)





**Requirements for Application**  
**(Accreditation of Affiliation Centers Providing Clinical Training Programs for Occupational Therapy Interns)**

**REQUIREMENTS**

1. Letter of intent addressed to the Office of Programs and Standards, Commission on Higher Education for the accreditation of affiliation centers providing clinical training programs for Occupational Therapy Interns with documentary evidences as required in the Assessment tool such as:
  - a. Organizational Chart
  - b. DTI/SEC Registration
  - c. Mayor's Permit
  - d. BIR Registration
  - e. Matrix of Clinical Staff Profile with Updated CV per staff
  - f. Training Manual
  - g. Training Activity Matrix
  - h. Patient Daily Census and Matrix for Types of Cases Handled
  - i. Written Decking Procedures and Matrix for Decking List for Interns
  - j. Breakdown of affiliation fees
  
2. Duly accomplished assessment tool for accreditation of affiliation centers providing clinical training program for physical therapy interns (self-evaluation report).



## **BASIC REQUIREMENTS OF A SETTING:**

### **Community Rehabilitation**

1. Organizational Chart
2. Documentation and Protocol for the use of Transdisciplinary Approach or other approaches for the community
3. Headquarters/Base center
4. Contract/MOA between school and LGU
5. Protocols for Caregiver Education and/or CBR helper/Worker Training
6. Protocol for Assessment and Management (focusing and community function)
7. Safety Measures for student, client, supervisors
8. Has licensed OT Coordinator or OT Clinical Instructor

### **Physical Dysfunction:**

1. Functional evaluation and training areas (ADL & IADL training)
  - Kitchen
  - Bedroom and Dressing Area
  - Toilet & Shower
2. Accessibility of therapy section
3. Splinting area (refer to appendix)
4. 3 or more standardized assessment tools (e.g. FIM; COPM; Barthel; Glasgow/Rancho Los Amigos;)
5. Sensory Evaluation kits and management modalities
6. Safety protocols
7. Safety devices
8. Adapted utensils, tools, and equipment
9. Mobility Devices (wheelchair, walker, cane, crutches, etc.)
10. Positioning devices



11. Work Training Areas and Work Evaluation Tools (e.g. sewing, filing, carpentry, computer, gardening, culinary, metal craft, etc.)
12. Leisure and Recreational tools and modalities

## ESSENTIALS FOR HAND & UPPER EXTREMITY REHABILITATION

<b>PRINT REFERENCE/S</b>
<ol style="list-style-type: none"> <li>1. Introduction to splinting: A clinical reasoning and problem-solving approach. by Coppard &amp; Lehman. Mosby. 2008. <u>or</u></li> <li>2. Fundamentals of hand therapy: Clinical reasoning and treatment guidelines for common diagnoses of upper extremity. by Cooper. Mosby. 2006.</li> </ol>
<b>EQUIPMENT, SUPPLIES and MATERIALS</b>
<ol style="list-style-type: none"> <li>1. Well-stocked splinting room or splinting cart</li> <li>2. Thermoplastic materials: Aquaplast, Polyform, Ezeform or Orfit</li> <li>3. Utility knife (splint-cutter)</li> <li>4. Electric frying pan</li> <li>5. Heat gun</li> <li>6. Sharp-round or flat-edged scissors</li> <li>7. Strapping materials &amp; ace bandages (2 &amp; 3 inch wide) : Velcro, velfoam, neoprene</li> <li>8. Paper towels, pencils, masking tape, glue, solvent or bonding agent</li> <li>9. Pliers and revolving hole punch</li> <li>10. Others: outrigger wire, finger loops, springs, rubber bands (various thicknesses/lengths)</li> <li>11. Splint samples:               <ol style="list-style-type: none"> <li>A. For <u>Immobilization</u>: Resting hand, Thumb immobilization, Finger gutter or dorsal-volar mallet, or PIP hyperextension block, Spasticity cone, Elbow or forearm</li> <li>B. For <u>Dynamic</u>: Tenodesis, Low- or high- profile outrigger*</li> </ol> </li> </ol>
<b>ASSESSMENT TOOLS and INSTRUMENTS</b>
<ol style="list-style-type: none"> <li>1. Finger and hand goniometers</li> <li>2. Jamar dynamometer and Pinch auge</li> <li>3. Volumeter and/or tape measure</li> <li>4. Nine-hole peg test (for fine motor)</li> <li>5. Jebsen hand function test (for gross motor )</li> <li>6. Purdue Pegboard Test*</li> <li>7. Crawford Hand Dexterity Test*</li> </ol>
<b>TREATMENT MODALITIES</b>
<ol style="list-style-type: none"> <li>1. Different grades of therplast (theraputty)</li> <li>2. Different grades of theraband</li> <li>3. Clothes pins and pinch tree</li> <li>4. Wrist flexion-extension roller</li> <li>5. SUPERFICIAL PHYSICAL AGENT MODALITIES*               <ol style="list-style-type: none"> <li>a. Hot and cold packs (and towels)*</li> <li>b. Paraffin wax machine*</li> <li>c. Fluidotherapy or whirlpool*</li> </ol> </li> </ol> <p style="text-align: center; margin-top: 5px;"><b><i>*Only if hand and work program services provided</i></b></p>



## **FOR PSYCHOSOCIAL PROGRAMS**

### Space-related

1. Activity area for group activities
2. Kitchen area (with equipment and tools for cooking/baking, washing and food preparation-oven, stove, microwave, cooking utensils- pans, plates, utensils, knives, graters, peelers)
3. Rest Area (for sleeping/bedroom or sofa or lounge)
4. SPORTS and Exercise Area (with mats/balls/basketball ring, etc.)
5. Pre-vocational Work Area/Station (for different simulated work functions-sorting, stacking, group activity, cleaning, etc.)

### Assessment Tools and other related Documents

6. Standardized or non-standardized Tests and Checklists (Jacob's, BAFPE, Vineland Adaptive Scales, ACL, Center-developed Checklists)
7. Procedures for Safety during activities/community mobility for the student and client
8. Protocol of behavior management during aggression/ Sexual Education Materials

### Equipment and Tools

9. Arts and Crafts materials
10. Leisure and recreational tools and modalities
11. Computer with printer
12. Cleaning tools (broom, mop, rags, dustpan, trashcan)
13. Money (bills and coins for money management and simulation of financial transactions)
14. Task monitoring aids (watches, clocks, timers or checklists)

**WORK AREA AND STATION-** The facility can also offer an area where the adults can practice their work-related skills in the appropriate context. This can be in the form of a **grocery, sari-sari store, library, restaurant, laundry, bakery, water station and other forms of small businesses that involve vocational skills)**



## **FOR PEDIATRIC CLINIC**

### Space-related

1. Mat Area
2. Isolation Room with one way mirrors
3. Set of Tables and Chairs (kiddie and school-age)

### Assessment Tools

4. 2 Standardized Assessment (TVPS-R, VMI, PVMIA, Peabody, BOTMP, Sensory Profile/Sensory Processing Measure)-complete tool and manual are present
5. 2 Non-standardized Assessment (HELP Checklist, CARS, GMPACT, Brigance, Westby, PEDI)

### Equipment and Tools

6. Suspended Equipment (swing)
7. Trampoline and/or slide/tunnel
8. Vestibular ball and/or vestibular board/inclined wedges/balance beam

### Toys and Kit

9. Perceptual (blocks-lego, wooden, interlocking; puzzles (simple to complex); patterns and tiles;
10. Fine-motor (art materials, beads, lace and spools, pegboard, clothespin, clay/theraputty)
11. Cognitive (story books for varying ages, game boards, pretend-toys—toys for symbolic play)
12. ADL-related (grooming kit, feeding kit, dressing boards)
13. Sensory-motor (balls of different sizes; tactile kits; ball pool; S.I. Brush/Lotion)

CHED-TCOTE 2012

