

Competence Committee Member – Volunteer Role Description

Duties/Responsibilities

Make recommendations to Council on continuing competence requirements and the assessment of those requirements.

Develop audit and practice visit policies and procedures for Council approval.

Participate in audits and practice visits according to policies and procedures developed.

Guide the evaluation and ongoing evolution of the continuing competence program.

Location

Meetings are held in Edmonton or Calgary or via videoconference in the Edmonton ACOT office.

Time Commitment

Committee members are appointed to serve for a term of two or three years, to provide for continuity through overlapping membership. Committee members may be reappointed up to a maximum of two terms by Council.

The Committee meets four times per year for a half day meeting.

Time Commitment (continued)

Participation in audits and practice visits may occur for up to a full day up to four times per year as required.

Requirements

Up to ten Occupational Therapists in good standing, with no findings of unprofessional conduct by ACOT or AAROT.

We welcome people from broad areas of practice representing different geographical areas, engaged in one or more of the following overlapping areas:

- Clinical practice, education, management
- Private practice
- Various practice settings: schools, acute care, long term care, home care, addiction and mental health
- Expertise in electronic medical records with ability to pull/use data from systems

Up to two positions will be reserved for public members, including a consumer of occupational therapy services and a regulated professional from another health profession.

Committee member expressions of interest are accepted year-round, but positions are generally appointed for terms starting November 1 of each year. For further information on this position please contact registrar@acot.ca



Competence Committee Expression of Interest

Thank you for your interest in serving on ACOT's Competence Committee! Please answer the following questions and submit your completed form to <u>registrar@acot.ca</u>.

- 1. Date –
- 2. Name –
- 3. Preferred email address -
- 4. Preferred phone number -
- 5. Why do you want to serve on ACOT's Competence Committee?
- 6. What is your impression of the continuing competence requirements in the *Occupational Therapists Profession Regulation*?
- 7. What is/are your area(s) of practice?
- 8. Which geographical area(s) of the province do you practice in?
- 9. How long have you been practicing occupational therapy?
- 10. Do you use electronic medical records within your practice?
- 11. If selected to be a member of the Competence Committee, would you prefer a two-year or a three-year term?