Advisory Board on Occupational Therapy
Board of Medicine
Tuesday, October 3, 2017, 10:00 a.m.
9960 Mayland Drive, Suite 201
Richmond, Virginia

Call to Order – Kathryn Skibek, OT, Chair

Emergency Egress Procedures - Alan Heaberlin

Roll Call – ShaRon Clanton

Approval of Minutes of June 6, 2017 1-3

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. New ACOTE Accreditation Standards, Kathryn Skibek, OT, Chair 4-8

2. Request for Guidance Document Regarding Supervisory Responsibilities of an Occupational Therapist – Kathryn Skibek, OT, Chair 9-14

3. Discussion of Student Exemption and License Applicant Status Dr. Harp

4. Approval of 2018 Meeting Calendar, Alan Heaberlin 15-16

5. Election of Officers – Kathryn Skibek, OT, Chair

Announcements:

Next meeting date: January 30, 2018, 10:00 a.m.

Adjournment
Training Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the doors, turn LEFT. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.
ADVISORY BOARD ON OCCUPATIONAL THERAPY
Minutes
June 6, 2017

The Advisory Board on Occupational Therapy met on Tuesday, June 6, 2017 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kathryn Skibek, OT, Chair
Breshae Bedward, OT, Vice-Chair
Eugenio Monasterio, M.D.
Karen Lebo

MEMBERS ABSENT: Dwayne Pitre, OT

STAFF PRESENT: William L. Harp, M.D., Executive Director
Alan Heaberlin, Deputy Director, Licensure
Elaine Yeatts, DHP Senior Policy Analyst
ShaRon Clanton, Licensing Specialist
Jennifer Deschenes, Deputy Executive Director, Discipline
Jennie Wood, Compliance/Safety Officer III

GUESTS PRESENT: Alexander Macaulay, VOTA

CALL TO ORDER

Kathryn Skibek called the meeting to order at 10:00 a.m.

EMERGENCY EGRESS PROCEDURES

Mr. Heaberlin announced the Emergency Egress Instructions.

ROLL CALL

ShaRon Clanton called the roll, and a quorum was declared.


Dr. Monasterio moved to adopt the minutes as written. The motion was seconded and carried.

ADOPTION OF AGENDA

There was an amendment to the agenda for consideration of proposed regulations. Dr. Monasterio moved to adopt the amended agenda. The motion was seconded and carried.
PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. Virginia Occupational Therapy Workforce 2016

Elizabeth Carter, PhD reviewed “Virginia’s Occupational Therapy and Occupational Therapy Assistant Workforce: 2016” created by the Healthcare Workforce Data Center. Ms. Lebo commended Dr. Carter on the scope and thoroughness of the study. No action was required.

2. Request for Guidance Document Regarding Supervisory Responsibilities of an Occupational Therapist

Jennifer Deschenes and Jennie Wood discussed questions that Board staff has received regarding the supervisory responsibilities of an Occupational Therapist. The members of the Advisory Board recommended maintaining a list of questions regarding this subject for discussion at the next meeting. Based on the discussion in October, the Advisory Board will recommend a guidance document or a set of Frequently Asked Questions. The members all agreed by affirmation.

3. Consideration of Proposed Regulations

Elaine Yeatts requested the Advisory Board to recommend that the Board of Medicine adopt amendments to 18VAC85-80-71 in order to conform to the new law regarding continued competency. The motion was made by Ms. Bedward, seconded and carried unanimously.

Ms. Yeatts then asked the Advisory Board to consider amending the proposed regulatory action regarding 18VAC85-80-71 by deleting subsection 3 which states “The board recognizes the maintenance of current NBCOT certification as fulfilling the requirements of this subsection”. Deleting this sentence will avoid a conflict with the new law that becomes effective July 1, 2017. Ms. Yeatts noted that other amendments to this section were still viable and could move forward by fast-track action if requested by the Advisory Board. Ms. Lebo moved to recommend the proposed language as previously written with the deletion of subsection 3 for consideration of fast-track action. The motion was seconded and carried unanimously.

ANNOUNCEMENTS:

Mr. Heaberlin informed the Advisory Board that there are currently 3146 active and 33 inactive Occupational Therapists. Additionally, there are 1177 active and 7 inactive Occupational Therapy Assistants who hold licenses issued by the Virginia Board of Medicine.

NEXT MEETING DATE

October 3, 2017, 10:00 a.m.
ADJOURNMENT

The meeting of the Advisory board was adjourned at 11:19 a.m.

Kathryn Skibek, OT, Chair

William L. Harp, M.D.
Executive Director

ShaRon Clanton, Licensing Specialist
At the Accreditation Council for Occupational Therapy Education's (ACOTE®) August 3-6, 2017, meeting, two motions were presented regarding the entry-level degrees for the occupational therapist and the occupational therapy assistant. These motions led to the following outcomes.

**Occupational Therapist**
The Accreditation Council for Occupational Therapy Education (ACOTE®) has mandated that the entry-level degree requirement for the occupational therapist will move to the doctoral level by July 1, 2027.

Only entry-level doctoral occupational therapy degree programs will be eligible to receive or maintain ACOTE accreditation status as of July 1, 2027. Further, ACOTE and the AOTA Accreditation Department will develop and implement a plan for this transition so the concerns and needs of all affected stakeholders are addressed to facilitate the smoothest transition possible.

**Occupational Therapy Assistant**
The Accreditation Council for Occupational Therapy Education (ACOTE®) has mandated that the entry-level degree for the occupational therapy assistant will move to the baccalaureate level by July 1, 2027.

Only entry-level baccalaureate occupational therapy assistant degree programs will be eligible to receive or maintain ACOTE accreditation status as of July 1, 2027. Further, ACOTE and the AOTA Accreditation Department will develop and implement a plan for this transition so the concerns and needs of all affected stakeholders are addressed to facilitate the smoothest transition possible.

**Important Notice**
ACOTE’s mandate and the implementation deadline of July 1, 2027, will only impact occupational therapy programs at the master's degree level and occupational therapy assistant programs at the associate's degree level. This decision will not impact occupational therapists and occupational therapy assistants who have received initial certification by the National Board for Certification in Occupational Therapy (NBCOT®).

A representative for ACOTE will discuss the mandate of the entry-level degree for the occupational therapist and the occupational therapy assistant during the Academic Leadership Council (ALC) meeting in Fort Worth, Texas, on Thursday, October 26, 2017. Additionally, ACOTE will work with AOTA to prepare webinars and resource documents to assist programs with the transition in degree programs.

Inquiries may be directed to the AOTA Accreditation Department at acote-transition@aota.org.

Read the mandate on ACOTE’s website and find answers to frequently asked questions.
Manage the Emails you receive from AOTA [here](https://www.aota.org)

AOTA Website  |  Unsubscribe

American Occupational Therapy Association, Inc.
4720 Montgomery Lane Suite #200
Bethesda, MD 20814-3449

https://contentsharing.net/...
AOTA Board of Directors Statement on ACOTE Decision

8/21/2017

The Accreditation Council for Occupational Therapy Education (ACOTE®), which has independent authority to set standards for the profession’s education programs, took action at its recent August 3–6, 2017, meeting to mandate to move the entry-level degree for the occupational therapist to the doctoral level by 2027.

This action comes after several years of dialogue within the community, careful study, and consideration of important trends affecting our profession and its future. The AOTA Board of Directors applaud the Council for the thoughtful approach they took to their deliberations to identify the optimal entry level of education for ethical, accountable, and efficient practice to meet society’s occupational needs.

In 2014, the AOTA Board of Directors issued a Position Statement on Doctoral-Level Single Point of Entry for Occupational Therapists. The Board recognized the “changing demands of higher education and the health care environment” in recommending the profession take action toward a doctoral level single point of entry for the occupational therapist by 2025. At that time, the Board encouraged a profession-wide dialogue on this critical issue. Several factors influenced ACOTE’s most recent action.

In 2012, there were 11 doctoral level programs in the accreditation process representing less than 7% of the total occupational therapy programs. Five years later ACOTE has seen continued growth in doctoral level occupational therapy with 65 programs in existence representing over 25% of the programs, and many more programs have been attending workshops and working with consultants preparing to make the transition in the next few years. Most of this growth has been seen in the last 2 years. At this rate, it is expected that 45% to 50% of the programs will have doctoral students in the pipeline within the next 3 years. It was noted that a number of programs have identified a need to move to a doctorate but are prevented from doing so without a mandated requirement.

ACOTE has carefully studied the issue and weighed the various community
persistence for over 3 years before deciding to move forward with the current mandate. Independent reviews of the practice environment and policy literature by ACOTE identified that the majority of health policy papers support the need for entry-level practitioners better prepared to practice and compete in a constantly changing health care delivery system. Graduates must not only be ready to provide occupation-based interventions at both the individual and population levels, but be able to generate and locate evidence to support the role of occupational therapy. In addition, all graduates must be prepared to be agents of change and advocates for the profession.

At the August 2017 meeting, ACOTE also took action to mandate the entry-level degree for the occupational therapy assistant at the baccalaureate level by 2027. This move will appropriately adjust the differentiation in education and identifies a single point of entry into the profession, leading to more well-defined roles for the occupational therapist and the occupational therapy assistant.

The Board of Directors recognizes the challenges faced in a constantly evolving academic and professional landscape. These challenges require a clear strategic vision that will enable our profession to lead rather than follow. It is incumbent upon us as leaders in the field to look out for the best interests of our members—students, graduates, faculty, and clinicians—as we navigate our profession’s path forward. We believe ACOTE has acted in the best interest of all of these parties with their recent decision. At this time it is important that we work together as the leaders of the profession to implement the mandate in a way that will ensure that we best position the profession to meet the growing needs of society and fulfill its potential in the 21st century.
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Here is a representative list of questions we get weekly from OTs; it would be beneficial to have a guidance document(s) to just point them to.

**Supervision questions re #:**
I know I can’t supervise more than 3 COTAs at any one time but I was wondering if there is a limit to the total number of COTAs that I can supervise. My company has hired on several PRN COTAs and I wanted to make sure how many total COTAs I can say I’m the supervising therapist for.

I supervise 3 in the am at practice A; 3 in the am at practice B. Can I supervise three different COTAs in the pm at practice C?

**How often to supervise:**
I am an OTR who will be supervising 3 COTAs this fall in the school system. Two are experienced and one is a new grad. I am wanting clarification on how often to supervise them (I think a new grad is daily but this can be over the phone) and also how often to supervise their treatments with the children they serve (ex: 1x/month, every 90 days, every 10th visit). Please let me know the specifics. I have reviewed the written codes but have other therapists who interpret it differently and I want to do the right thing. . . . (regulations were supplied to her and she came back with . . . So if I am reading that correctly, supervision with COTA and patient every 30 days or 10 visit which is first, correct? Also what is the limit to COTAs that one OTR can supervise? Is there a cutoff case load number of total patients/kids? Lastly, what monthly consults? Do I need to be on site for those also?

**Signing off on med records:**
I have a question regarding clarification of the state regulations for co-signatures of daily treatment notes for treatments provided by COTA/L staff. My current company has asked me to cosign treatment notes for a COTA that treated patients in a building I do not work in and I did not develop the POC, nor have I ever treated the patients myself. I supervise the COTA in another building for patient treatments that I have established. Is it with the Va OT Board regs for me to cosign the notes for the other building. . . . (regs were sent that state the OT meets and reviews with the COTAs they are clinically supervising and she came back with) . . . Thank you for copying me on the regs. I am still unsure if what they are asking me to do is within the regs. I do not work in the building in which the COTA completed the treatments, yet they are asking me to cosign the notes. If I talk to my COTA regarding the treatments and review teh POC even though I have never been in the building or seen the patients, then am I within the regs to sign off on the notes.

**Do OTs have to countersign the documentation of the COTAs?**

If the OTs do have to counter sign the documentation of the COTAs, is it all documentation of the COTAs or only the documentation that was reviewed in the process of performing the supervision of the assistant (at least once every 10th visit or 30 calendar days, whichever comes first).

**Need Doctor orders to treat:**
I am just attempting to get clarification on OT’s ability to treat under Open Access/Direct Access in Va. This is a point of discussion among a few therapists at different facilities in Va with one stating he treats w/out an MD/PA/NP script and others saying a prescription is always required.

**Dryneedling** We get all the time if this in the OT scope.
I want to add one more to our list of questions for OTs.

Can OTs use AAT (animal assisted therapy) in their practice?

Jennie F. Wood  
Case Manager, Discipline & Compliance  
Virginia Board of Medicine  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
804-367-4571; Fax-804-327-4429

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Occupational Therapy Advisory Board Frequently Asked Questions

1. When did licensure become effective?

Regulations requiring licensure for Occupational Therapy became effective July 1, 1998.

2. When should a new graduate apply for licensure?

The Board of Medicine recommends that Occupational Therapy and Occupational Therapy Assistant students who are about to graduate apply for licensure with the Board when they register to take their NBCOT exam.

3. Can I practice with a temporary license until a full license is issued?

Virginia does not issue a temporary license, however, a graduate of an OT or OTA program may practice designated as an OT-License Applicant or an OTA-License Applicant for 6 months after the date of graduation or until the graduate receives a failing score on the NBCOT exam whichever comes first.

4. What if I fail the NBCOT Exam?

An applicant that fails the NBCOT exam must cease practicing upon learning of the score.

5. What happens if I pass the NBCOT Exam but have not been licensed?

You may only practice for a total of 6 months after graduation, even if you have applied for licensure after passing the NBCOT exam and have not received your license. It is unlawful to practice beyond the 6 month period of time after graduation without receiving a license.

6. My school is no longer in existence. How do I provide documentation of education?

You must provide a notarized copy of your school’s diploma and transcript and a statement that your school is no longer in existence.
7. When do I have to renew my license and how long does it take to process?

Your license must be renewed biennially during your birth month in each even-numbered year. The fee is $135.00. Licenses are updated upon receipt of fees. A current license is printed, mailed and delivered to its destination within 10 working days. If you do not receive your updated license within four weeks of payment, contact the board office.

8. What is the difference between an active and inactive license?

An active license allows practice. An inactive license does not allow practice.

9. I am applying for a license in another state that requires verification of my Virginia license. How do I verify my license to another jurisdiction?

Go to www.dhp.virginia.gov and click on "License Lookup" from the menu bar. This is current, primary source verification that includes the same information the Board provides in a written verification.

You may also complete a Virginia license verification request form and submit with the appropriate processing fee.

Please note the following:

- Verification requests received without a fee will not be processed or returned to the sender.
- Verifications are processed and mailed within 5-7 business days of receipt.
- Under no circumstances will the Board send license verifications for overnight delivery even with a prepaid envelope.
- If your license verification is not received, the Board will send a second verification free of charge; however, if more than three months have lapsed or the second verification is not received, a new request and fee are required.

10. What if I have not notified you of my change of address and the renewal form was sent to the old address?

If you do not receive a notice to renew, you will need to contact the board office at 804-367-4600 for instructions to renew.

11. What if my renewal payment is not received by the deadline?

An additional fee for processing a late renewal will be imposed. The license will not be updated until the additional fee is received.

12. I have mailed my renewal form to you. When can I expect to receive my new wallet card?
A renewal certificate with the wallet card attached is generated upon receipt of the renewal fee. It should reach the address of record within 10 to 14 business days.

13. I am going out of the country for a year. Can I renew early?

A license can only be updated within 60 days prior to the expiration date. Early renewal for military deployment may be considered. Call 804-367-4600.

14. What do I have to do to notify the board of an upcoming name change?

Name changes must be submitted in writing with a copy of legal documentation of name change. Request may be faxed to 804-527-4426.

15. I have not received my renewal certificate for the current year. What do I need to do?

Contact the board office at 804-367-4600.

16. Can you fax renewal forms to me?

No.

17. May I verify a license online?

Yes. Visit the License Look Up.

18. Does the Virginia Board have a newsletter?

The board publishes a Board Brief newsletter periodically. The latest Board Briefs can be found online.

19. May I renew my Virginia license online?

Yes, you are able to renew during your renewal cycle through the Online Licensing website.

20. May I change my address online?

Yes. Visit the Online Licensing site for more details.

21. If I want to file a complaint, may I obtain a complaint form online?

Yes, visit the Enforcement section of the DHP web to get the form and you may email your complaint to complaints@dhp.virginia.gov.
22. I have not practiced as an occupational therapist for 2 years. Can I still obtain a Virginia license?

If previously licensed in another jurisdiction, documentation of 160 hours (within the 24-month period immediately preceding application) of professional practice as an occupational therapist is required. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for delivery of such services. If you have not engaged in active practice, you shall serve a board-approved practice of 160 hours to be completed within 60 consecutive days, under the supervision of a licensed occupational therapist.

23. What are the CE requirements for renewal?

Renewal in a current/active status requires attestation of having completed 20 contact hours of continuing learning activities to include 10 hours of Type 1 activities offered by a sponsor or organization recognized by the profession and may include in-service training, self-study courses, continuing education courses, specialty certification or professional workshops and no more than 10 hours of Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation, fieldwork with students, or other such experiences that promote continued learning.

Virginia Board of Medicine, Email: medbd@dhp.virginia.gov

William L. Harp, MD, Executive Director
Kevin O'Connor, MD, President
# Virginia Board of Medicine
## 2018 Board Meeting Dates

### Full Board Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Room</th>
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<tbody>
<tr>
<td>February 15-17, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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<tr>
<td>June 14-16, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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<tr>
<td>October 18-20, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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*Times for the above meetings are 8:30 a.m. to 5:00 p.m.*

### Executive Committee Meetings

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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>April 13, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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<tr>
<td>August 3, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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<tr>
<td>December 7, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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*Times for the above meetings are 8:30 a.m. to 5:00 p.m.*

### Legislative Committee Meetings

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<thead>
<tr>
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<tbody>
<tr>
<td>January 19, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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<tr>
<td>May 18, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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<tr>
<td>September 7, 2018</td>
<td>DHP/Richmond, VA</td>
<td>Board Rooms TBA</td>
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*Times for the above meetings are 8:30 a.m. to 1:00 p.m.*

### Credentials Committee Meetings

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<td>July 25, 2018</td>
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<td>October 24, 2018</td>
<td>November 14, 2018</td>
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*Times for the Credentials Committee meetings - TBA*
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<tr>
<td>Behavioral Analysts</td>
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<td>Genetic Counseling</td>
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<td>Occupational Therapy</td>
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<td>Respiratory Care</td>
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<td>Acupuncture</td>
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<td>Radiological Technology</td>
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<td>Athletic Training</td>
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<td>Physician Assistants</td>
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<td>Midwifery</td>
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<td>Joint Boards of Medicine and Nursing</td>
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