# USC Chan Division of Occupational Science and Occupational Therapy *Lifestyle Redesign*

#### Special Considerations Toward Completion of Lifestyle Redesign® Coursework

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Occupational therapy practitioners who have completed coursework, continuing education, and/or practice experience relevant to Lifestyle Redesign® can apply for "special consideration" to receive credit towards certification requirements. Please see the Special Consideration section of the <u>Lifestyle</u> <u>Redesign</u> Certification webpage for more information.

The fields below comprise your Special Considerations Application. Plese complete all fields. Contact the administrative team at <u>lifestyle.redesign@chan.usc.edu</u> with any questions.

Do you have any current or previous relationship to USC Chan Division of Occupational Science and Occupational Therapy?

\* must provide value

\* must provide value

Yes

🔘 No

Indicate your current or previous relationship to USC Chan Division of Occupational Science and Occupational Therapy

- Current Chan Faculty
- 🗌 Current Chan Staff
- Current Chan Student
- Previous Chan Faculty
- Previous Chan Staff
- 🔄 Chan Alumnus
- Other

### Previous Courses Completed

Please select all courses you have completed, list when each course was taken, and any other details requested below.

f prompted, please upload a copy of your Certificate of Attendance/Course Completion or US	SC
ranscript.	

Note that all courses must have been taken within the 7 years immediately prior to your application date.

USC Chan Academic Courses Have you taken any USC Chan academic courses related to <i>Lifestyle Redesign</i> ? * must provide value	<ul> <li>Yes</li> <li>No</li> </ul>
Please indicate all USC Chan courses previously taken: * must provide value	
<ul> <li>OT 521 - Reflective, Responsive and Engaged Professional</li> <li>OT 550 - Lifestyle Redesign®: Pain and Headache Manage</li> <li>OT 551 - Lifestyle Redesign®: Weight Management and R</li> <li>OT 552 - Lifestyle Redesign®: Neurological Conditions</li> <li>OT 578 - Therapeutic Communication: Facilitating Change</li> <li>OT 583 - Current Applications of Lifestyle Redesign®</li> <li>OT 586 - Level II Fieldwork with Seminar (<i>at a recognized L</i></li> <li>OT 619 - Applying Occupational Science: Lifestyle Redesign®</li> <li>OT 638 - Mentored Practicum in Lifestyle Redesign® set</li> <li>OT 686 - Residency (<i>at a recognized Lifestyle Redesign</i>® set</li> <li>other</li> </ul>	ement elated Conditions e in Clients <i>ifestyle Redesign</i> ® <i>setting</i> ) gn®
Semester OT 583 was taken * must provide value	
Year OT 583 was taken * must provide value	~
USC transcript, grade report, or other verification upload * must provide value	

USC Chan Life Management Series Courses
Have you taken any USC Chan Life Management Series
<pre>courses? * must provide value</pre>
Please indicate all USC Chan Life Management Series courses previously taken: * must provide value
✓ Introduction to Lifestyle Redesign <sup>®</sup>
Lifestyle Redesign® for Weight Management, Diabetes and Related Co-morbid Conditions
Lifestyle Redesign® for Chronic Pain and Headache Management
Lifestyle Redesign® for Sleep Deficits and Disorders
<ul> <li>Lifestyle Redesign® for Mental Health</li> <li>Lifestyle Redesign® for Individuals with Multiple Sclerosis</li> </ul>
Lifestyle Redesign® for Individuals with Autism Spectrum Disorders
Other
Date Introduction to Lifestyle Redesign® was M-D-Y
* must provide value
Introduction to Lifestyle Redesign® completion certificate or other documentation upload
* must provide value
Motivational Interviewing CE Trainings
How many Motivational Interviewing trainings have you taken from a MINT Member? * must provide value
Title of 1st Motivational Interviewing training         * must provide value

Name of training instructor * must provide value	
Month was completed * must provide value	~
Year was completed * must provide value	~
Duration (hours) of * must provide value	
Upload completion certificate here * must provide value	
Other Continuing Education	
How many other relevant continuing education courses have you taken? * must provide value	1 🗸
Title of 1st course * must provide value	
Name of training instructor * must provide value	
Month was completed * must provide value	~
Year was completed * must provide value	~
Duration (hours) of	

Yes

No

Upload \_\_\_\_\_ completion certificate here, as well as a course brochure or similar document that lists the learning objectives of the course.

\* must provide value

# **Special Notes or Circumstances**

If applicable, please share any notes or special circumstances that should be considered when reviewing your information.

Lij	festyl	le Red	lesign	Practice	Hours
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At this time do you believe you have already fulfilled the required *Lifestyle Redesign* practice hours?

- 250 practice hours\* in *Lifestyle Redesign* are required for occupational therapy practitioners licensed for > 2 years.
- 500 practice hours\* in *Lifestyle Redesign* are required for occupational therapy practitioners licensed for ≤ 2 years.

\*Includes hours completed during Mentored Practicum.

\* must provide value

NOTE - Prior to applying to sit for the certification exam, you will be prompted to complete an attestation regarding the hours you have completed.

## Agreement and Signature

By checking this box, providing an electronic signature, and submitting this application, you are affirming that the facts set forth in it are true and complete, and that this form of electronic signature has the same legal force and effect as a manual signature.

* must provide value	
Full name	
* must provide value	
Signature	
* must provide value	
Special Considerations Application Da	ate M-D-Y
* must provide value	
	Submit
	Save & Return Later
	Powered by REDCap