

# ACVREP

## Academy for Certification of Vision Rehabilitation & Education Professionals

3333 N. Campbell Ave., Suite 11  
Tucson, AZ 85719

(520) 887-6816  
(520) 887-6826 - fax

Dear Professional Colleague:

Thank you for your interest in presenting an ACVREP approved continuing education (CE) program/activity. Enclosed in this packet are the following six items:

1. The "Application for Continuing Education Program Approval." The electronic version can be found under the "Download" page on the ACVREP website ([www.acvrep.org](http://www.acvrep.org)).
2. A document titled "Approved Content Areas."
3. A document titled "ACVREP Continuing Education Policy and Procedures."
4. Planning/Peer Review Committee Attestation Form (**Appendix A**).
5. Sample Evaluation Form (**Appendix B**).
6. Sample Certificate of Completion (**Appendix C**).
7. Template for website summary (**Appendix D**).

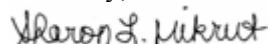
**If possible, please submit the CE application and required attachments electronically. All application related materials must be submitted in Microsoft Word.** If you submit your application electronically, please note that you will have to send payment for your application and offering fee(s) directly to the ACVREP office, as the ACVREP website is not a secure site. **If electronic submittal is not possible, please send your application, required attachments, and payment to the ACVREP office at the address listed above.** There is a section on the application in which you can enter credit/debit card information, should you choose to submit the \$75.00 annual application fee (non refundable) and appropriate offering fee(s) in this manner [please refer to the fee schedule under #8 of the "ACVREP Continuing Education Policy and Procedures" document (pages 9 and 10) to determine the applicable offering fee(s)]. Please note that your application will not be processed until all of the required attachments have been submitted. Approval for the CE program/activity is granted for one year following the date of approval or the date of the first offering, whichever is later, including post approvals.

ACVREP approved CE programs assure ACVREP certificants that the activities offered by the CE provider have undergone rigorous review and have been found to meet ACVREP CE requirements. Currently, there are approximately 3,000 ACVREP certificants who are in need of fulfilling recertification requirements every five years. **Effective July 1, 2004, ACVREP certificants who use the new recertification criteria (effective July 1, 2003) are required to obtain their CE hours by taking ACVREP approved CE programs/activities.** ACVREP has informed all of its certificants to begin obtaining CE hours through ACVREP approved CE programs/activities.

Services offered to the CE provider whose CE program/activity has been ACVREP approved include a listing of the approved CE program/activity on the "Continuing Education Opportunities" page of ACVREP's web site ([www.acvrep.org](http://www.acvrep.org)).

Please don't hesitate to contact me if you have any questions or need assistance in completing your application.

Sincerely,



Sharon L. Mikrut, President

**APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL**

Organizations seeking approval for their continuing education program must complete this application for each program/activity.

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***Organizational Information:***

\_\_\_\_\_  
Sponsoring Organization

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City/State/Zip Code/Postal Code

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Program Contact Person

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***Program/Activity Information:***

\_\_\_\_\_  
Program/Activity Title

\_\_\_\_\_  
Location

\_\_\_\_\_  
Actual Number Of Clock Hours Of Training  
(Excluding Welcome Remarks, Introductions, Meals,  
Breaks, Exhibits, Poster Sessions, Business Meetings,  
and Social Hours)

\_\_\_\_\_  
Date(s) Of Training

\_\_\_\_\_  
Instructors

**Method/Type Of Instruction:**

- Seminar/workshop
- Multi-day conference
- Self-study program, with a test
- Video instruction with discussion and an instructional exercise
- Online course
- Distance education course
- Other \_\_\_\_\_

**Target Audience:**

- LVTs  O&Ms  VRTs  TVIs
- Other

**Training Level:**

- Beginner  Intermediate  Advanced
-

***Documentation To Be Submitted With The Application:***

***Please place an X in the space before the item to indicate that it is included with your application.***

- \_\_\_\_\_ One copy of the promotional material, such as direct mail flyers or marketing brochures.
- \_\_\_\_\_ An outline or agenda, if not contained within the promotional material, to include a breakdown of clock hours.
- \_\_\_\_\_ A description of the program's content areas, including learning goals and objectives. Objectives should be measurable and specific and should state what the participant is expected to learn.
- \_\_\_\_\_ The Planning/Peer Review Committee Attestation Form (**see Appendix A**).
- \_\_\_\_\_ A description of your procedure for verifying attendance. This procedure should include a way to verify attendance for the full session, for example, a sign-in/sign-out sheet with written instruction that the individual sign in and sign out for each session. If you are hosting a conference, attendance will need to be verified at each workshop.
- \_\_\_\_\_ A copy of the evaluation form that each participant will complete after the program/activity (**see Appendix B**).
- \_\_\_\_\_ A brief summary of the program/activity to put on ACVREP's website (**see Appendix D**). This should include the program/activity date(s) and location, number of approved CE hours, and the name and phone number of the contact person. Please note that ACVREP reserves the right to modify the summary as needed.
- \_\_\_\_\_ Does your organization have a financial interest in the products or techniques used in this continuing education course: Yes \_\_\_\_ No \_\_\_\_ . If yes, please attach a list of such products and/or techniques.
- \_\_\_\_\_ Submittal of the annual CE application fee (\$75.00), which is non-refundable, and the appropriate offering fee(s). Please see pages 9-10 for a list of offering fees(s). You can either send a check or money order to ACVREP (it should be in U.S. dollars and made payable to ACVREP) or if you would rather pay by debit/credit card (Visa or MasterCard), please **complete the following information:**

**Your name, exactly as it appears on the card:** \_\_\_\_\_

**Debit/Credit card number:** \_\_\_\_\_

**Billing address:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Amount authorized to charge to card:** \_\_\_\_\_

Please note: A service fee of \$25.00 will be assessed for all checks returned for insufficient funds or for charges made to closed accounts. Also, please note that if the application is not approved, the offering fee will be refunded.

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***Relation To Approved Content Areas:***

The program/activity must apply to one or more of the following approved content areas. A full listing of these thirteen areas is provided in this packet. Please check the area(s) that apply to the program/activity for which you are seeking approval.

\_\_\_\_\_ The Visual System And Vision Loss

- \_\_\_\_\_ The Auditory System And Hearing Loss
  - \_\_\_\_\_ Psychosocial Aspects Of Visual Impairment
  - \_\_\_\_\_ Professionalism In Vision Education And Rehabilitation
  - \_\_\_\_\_ Professional Information
  - \_\_\_\_\_ Individuals Who Are Visually Impaired With Additional Disabilities
  - \_\_\_\_\_ Aging And Vision Loss
  - \_\_\_\_\_ Sensory Motor Functioning
  - \_\_\_\_\_ Human Growth And Development Over The Lifespan
  - \_\_\_\_\_ Assessment Of Persons With Visual Impairment And Their Environments
  - \_\_\_\_\_ Instructional Methods
  - \_\_\_\_\_ Development, Administration, And Supervision Of Programs Serving Persons With Visual Impairment
  - \_\_\_\_\_ Communication, Team-Building, Consumerism, Cultural Diversity, And Working With Families
- 

***Statement Of Understanding:***

I hereby certify that I have read, understand, and agree to abide by the requirements as stated within this application and ACVREP’s Continuing Education Policy and Procedures document. Furthermore, I certify that I have completed the application and attached the required documentation. I understand that no program/activity will be reviewed unless accompanied by the required documentation and the appropriate non-refundable processing fee.

I understand that ACVREP reserves the right to monitor programs/activities for which it has granted continuing education approval and to withdraw such approval from any program/activity that is offered or presented in any manner that is inconsistent with the approval requirements. I also understand that any approval granted for this program/activity is valid for only one year from the date of approval. If the program/activity is changed in any way during that year, I agree to seek approval from ACVREP.

The sponsoring organization, \_\_\_\_\_, agrees to restrict the use of the ACVREP approval statement to the program/activity named on this application, to provide each ACVREP certificiant with documentation of attendance, and to keep a roster of attendees on file for a five-year period. I understand that the program must be held in an accessible, barrier-free location.

I have read the Codes of Ethics for each of the ACVREP certification programs (CLVT, COMS, CVRT) and certify that the CE program/activity that is offered by this organization does not advocate any practice that would be in violation of the Codes, nor of any standard of professional behavior for ACVREP certificants. **All three Codes of Ethics can be found on ACVREP’s website ([www.acvrep.org](http://www.acvrep.org)) under the “Downloads” page.**

\_\_\_\_\_  
Contact Person (Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

## APPROVED CONTENT AREAS

Continuing education activities taken for recertification credit must focus on increasing the knowledge and/or skills in the practice of vision rehabilitation and education, in one or more of the following areas:

1. The Visual System And Vision Loss: visual system and visual functioning; the etiology of visual impairments and the effects of these impairments on visual functioning; and the pathology and effect of systemic health conditions on vision, basic optics of the eyes, basic optics of refractive lenses, and basic optics of low vision devices.
2. The Auditory System And Hearing Loss: auditory system and functioning; effects of hearing loss and impairment; communication systems used by persons with auditory impairment; loss of hearing so severe that it is nonfunctional for the ordinary activities of daily living; and concomitant hearing and visual impairments, the combination of which may present unique communication, learning, developmental, orientation and mobility, and social needs.
3. Psychosocial Aspects Of Visual Impairment: cultural and psychosocial factors affecting adjustment to visual loss; the resources for addressing student, family, and community responses to visual impairment; and systems and professionals in counseling.
4. Professionalism In Vision Education And Rehabilitation: professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards, and professional credentialing.
5. Professional Information: sources of professional literature and new information related to the practice of vision rehabilitation and education professionals, evolving practice developments, legislation and public policy, research findings, current issues, trends, and public policies that affect the quality of life for consumers.
6. Individuals Who Are Visually Impaired With Additional Disabilities: including sensory, sensorimotor and physical impairments, mobility impairments not related to visual impairment, developmental disabilities, learning disabilities, diabetes, organic brain damage, and challenging behaviors.
7. Aging And Vision Loss: normal age-related changes in vision pathology and visual functioning, other prevalent age-related health changes, prevalent visual impairments associated with aging and their functional consequences, service delivery systems in aging, geriatric and gerontological health practices and professionals, and service delivery in visual rehabilitation relevant to older persons.
8. Sensory Motor Functioning: sensory and motor systems, the manner in which these systems affect orientation and locomotion and other daily activities and functions, and the effects of visual impairment on sensory and motor functioning.
9. Human Growth And Development Over The Lifespan: the effects of visual impairment and multiple impairments on affective, psychomotor, and cognitive development and processes; and characteristic and atypical developmental patterns of persons with visual and/or multiple impairments.

10. Assessment Of Persons With Visual Impairment And Their Environments: strategies and methods used to conduct assessments of the person with a visual impairment and his/her environment.
11. Instructional Methods: teaching strategies to promote independence and coping skills, including Braille and other tactual systems, including tools and techniques in vision rehabilitation and education in the areas of computer technology, adaptive mobility devices, low vision devices, and innovative technology for use by individuals who are visually impaired.
12. Development, Administration, And Supervision Of Programs Serving Persons With Visual Impairment: service delivery systems; strategies for organizing and administering programs; quality indicators of services; the role of the vision rehabilitation and education profession and other personnel in the provision of quality educational, rehabilitation, public and private service to persons who are visually impaired; major legislation and policies affecting services for persons who are visually impaired; and local, state and national resources for the provision of services.
13. Communication, Team-Building, Consumerism, Cultural Diversity, And Working With Families: developing strategies for effective communications (spoken and written); fostering and supporting consumers in self-advocacy; and principles and strategies for effective teamwork among professionals, consumers, and significant others in vision rehabilitation and education, including issues related to cultural diversity and working with families.

## ACVREP Continuing Education Policy and Procedures

All ACVREP certificants (Low Vision Therapists, Orientation and Mobility Specialists, and Vision Rehabilitation Therapists) are required to renew their certification(s) at five-year intervals. Part of the recertification process requires that certificants accumulate continuing education (CE) hours. To continue to provide quality services to individuals who are blind or visually impaired, ACVREP requires that its certificants seek opportunities to expand their knowledge and skills and remain current on information, trends, technologies, etc. as they relate to the vision rehabilitation and education field. This can be accomplished through CE workshops, seminars, conferences, inservice training, online courses, distance learning, self-study programs, etc. ACVREP has developed and implemented a continuing education (CE) program and approval process for those providers interested in seeking approval for their CE program/activity. The approval process for CE providers is intended to ensure that high quality CE programs are being offered that can increase an individual's expertise in the professional practice of vision rehabilitation and education.

**Effective July 1, 2004, ACVREP certificants who use the new recertification criteria (effective July 1, 2003) are required to obtain their CE hours from ACVREP approved CE programs/activities.** The following outlines the process for providers to obtain CE program/activity approval and other information relevant to ACVREP's CE program.

### Procedure for CE program/activity approval

1. Obtain the Application for Continuing Education Program Approval. You can complete the electronic version of the application online or download it from ACVREP's website at [www.acvrep.org](http://www.acvrep.org) (click on the "Downloads" page to access either version of the application), or you can call the ACVREP office for a copy at 520-887-6816. ACVREP staff can either mail you a copy of the application or send one via e-mail as an attached file.
2. Complete the electronic application and submit it online. The required attachments can be submitted via email (send to [info@acvrep.org](mailto:info@acvrep.org)). If electronic submittal is not possible, **complete one application for each of the programs/activities for which you are seeking approval for a one-year period.** Sign the application and send it, with all of the required documents/items, in one packet to the ACVREP office. **Incomplete applications will not be processed until all fees and documents have been received.** Approval is granted for one year from the date of approval or the date of the first offering, whichever is later, including post approvals. If the CE program/activity is to be offered after that year, the CE provider(s) will need to complete another application for ACVREP approval. To guarantee that approval will be received prior to the CE program/activity, please submit the completed application and required documentation at least **90 days in advance** of the program/activity date. This will also allow ACVREP to publicize the event on its website for all certificants to see.

Note #1: If you are submitting an annual application that has multiple CE offerings, but you do not have all of the required materials available for each offering at the time the application is submitted, you will need to submit all materials related to each offering at least 90 days in advance of the offering in order for it to be ACVREP approved. A late fee may be charged if CE offering related materials are not submitted at least 90 days prior to the actual date(s) of the CE program/activity.

Note #2: When completing the application, the applicant must ensure that 1) the focus of the CE

program/activity must be to increase the participant's knowledge of and/or skills in the practice of providing services to individuals who are blind or visually impaired (to be approved, the CE program/activity must clearly meet one or more of the content areas listed in the "Approved Content Areas" document) and 2) the program must be held in an accessible, barrier-free location so that persons with disabilities are not excluded from attending. ACVREP strongly encourages all programs to comply with relevant federal, state, and local laws related to serving people with disabilities.

3. The applicant must submit the following documents/items with the annual CE application:
  - a. A check or money order made payable in U.S. dollars to ACVREP that includes the \$75.00 annual non-refundable application fee and appropriate offering fee(s). Payment can also be made by debit/credit card (Visa or MasterCard). There is a section on the regular (not electronic) application to enter debit/credit card information. Please note that a service fee of \$25.00 will be assessed for all checks returned for insufficient funds or for charges made to closed accounts. Also, please note that if the application is not approved, the offering fee will be refunded.
  - b. CE program/activity title(s).
  - c. Speaker names (if information is available) or state "To Be Announced." If speaker information is available, a Planning/Peer Review Committee Attestation Form must be completed and submitted (**see Appendix A**). The speakers/instructors must have education and/or experience appropriate to the subject matter. Also, a speaker or presenter who has a financial interest in any of the items or services presented in the course must disclose this at the time of application and at the beginning of each program.
  - d. Tentative date(s) for each CE program/activity offering.
  - e. A description of your procedure for verifying attendance. This procedure should include a way to verify attendance for the full session, for example, a sign-in/sign-out sheet with written instruction that the individual sign in and sign out for each session. If you are hosting a conference, attendance will need to be verified at each workshop.
  - f. Sample certificate of completion. After verifying attendance at the program, a certificate of completion must be given to each ACVREP certificiant that includes the following line: "This program has been approved by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) for (*insert number of hours*) CE hours." The certificate must also state the date(s) that the CE program/activity was held. **See Appendix C for a sample certificate of completion.**

The following materials must be submitted as they become available, but not later than 90 days prior to the actual CE program/activity offering:

- g. One copy of the promotional material, such as direct mail flyers or marketing brochures.
- h. An outline or agenda, if not contained within the promotional material, to include the date(s) of the CE program/activity and the length of the CE program/activity in actual clock hours (this must be clearly stated). The CE program/activity must be no less than one clock hour in duration. A clock hour is defined as 60 minutes of instruction. Approval will be granted for direct instruction (presentations/ lectures), poster sessions, and exhibits (up to one hour). Approval will not be granted for welcome remarks, meals, breaks, exhibits, poster sessions, business meetings, and social hours.

- i. A description of the CE program's content areas, including learning goals and objectives. The purpose of the CE program/activity must be clearly defined in terms of expected outcomes/learning objectives. If the CE program is a conference, goals and objectives will need to be developed for each workshop. Objectives need to be measurable and specific and should state what the participant is expected to learn.
- j. A copy of the evaluation form that each participant will complete after the CE program/activity (**see Appendix B**). The CE program/activity must include an evaluation component completed by each participant. This is an evaluation of the program's value, not an assessment of the participant's learning skills (**see Appendix B for a sample evaluation form**). Please ensure that copies of all evaluation forms are forwarded to ACVREP upon completion of the program/activity.
- k. A brief summary of the program/activity to put on ACVREP's website (**see Appendix D**). This should include the CE program/activity date(s) and location, number of approved CE hours, and the name and phone number of the contact person. Please note that ACVREP retains the right to modify this summary, as needed.
- l. If the organization has a financial interest in the products or techniques used in the continuing education course, a list of such products and/or techniques should be submitted.

4. The ACVREP office will review the application to ensure that it contains all of the required documents/items and that the number of CE hours matches the hours on the program/activity agenda, excluding meals, breaks, etc.

5. The ACVREP office will retain the original paperwork and send copies to the Continuing Education Committee, whose members are appointed by the ACVREP Chairperson.

6. Once the Continuing Education Committee receives the application, it has 15 working days to approve or disapprove the application. The committee will review the application and verify that it contains all of the required documents/items and that the number of CE hours matches the hours on the program/activity agenda, excluding meals, breaks, etc. It will also ensure that the content of the CE program/activity falls under one or more of the "Approved Content Areas."

7. Once the Continuing Education Committee renders a decision, its Chairperson will notify ACVREP of the decision via email. The email message must state the committee's decision, the number of CE hours they are approving, and, if necessary, any issues/problems that require attention. The ACVREP office will then notify the applicant. If approved, the applicant will be sent a letter stating that ACVREP approval has been granted and that the CE program/activity listing has been posted to the ACVREP website.

**Please note:** You can not use the ACVREP logo prior to obtaining ACVREP approval for your CE program/activity. However, you can state in your promotional materials that "ACVREP approval has been applied for. Certificants should visit ACVREP's website at [www.acvrep.org](http://www.acvrep.org) ("Continuing Education Opportunities" page) to check on whether or not the CE program/activity has been approved."

8. The fee schedule is as follows:

Non-profit organizations, governmental agencies, and state funded educational programs

The following offering fees apply to one-day on-site activities (e.g., workshops, in-service trainings, seminars):

1. \$50.00 for one offering.
2. \$100.00 for two offerings.
3. \$150.00 for three offerings.
4. \$200.00 for four offerings.
5. \$250.00 for five offerings.
6. \$300.00 for six offerings.
7. \$350.00 for seven offerings.
8. \$400.00 for eight offerings.
9. \$450.00 for nine offerings.
10. \$500.00 for ten or more offerings.

Note #1: The offering fee for on-line or distance education courses is \$50.00 for the one-year period.

Note #2: If the CE program/activity is a one-day conference, there will be a \$50.00 offering fee. If the conference is two or more days, there will be a \$100.00 offering fee.

Note #3: The above fees also apply to ACVREP certificants who want to (individually or as a group) seek ACVREP approval for CE programs/activities.

#### For-profit organizations

The following offering fees apply to one-day on-site activities (e.g., workshops, in-service trainings, seminars):

1. \$100.00 for one offering.
2. \$200.00 for two offerings.
3. \$300.00 for three offerings.
4. \$400.00 for four offerings.
5. \$500.00 for five offerings.
6. \$600.00 for six offerings.
7. \$700.00 for seven offerings.
8. \$800.00 for eight offerings.
9. \$900.00 for nine offerings.
10. \$1,000 for ten or more offerings.

Note #1: The offering fee for on-line or distance education courses is \$100.00 for the one-year period.

Note #2: If the CE program/activity is a one-day conference, there will be a \$100.00 offering fee. If the conference is two or more days, there will be a \$200.00 offering fee.

9. The ACVREP office will maintain a listing of all of the ACVREP approved CE programs/activities on its website. The applicant is responsible for submitting a brief summary of the

CE program/activity for ACVREP's website (**see Appendix D**). This summary should also include the program/activity date(s) and location(s), number of approved CE hours, and the name and phone number of the contact person.

10. ACVREP reserves the right to monitor the programs and activities for which it has granted approval and to withdraw its approval from any program or activity at any time.

### **Calculation Table For Continuing Education (CE) Hours and Continuing Education Units (CEUs)**

ACVREP will accept CE hours or CEUs. Please note that 1 CE hour is equivalent to 0.1 CEU.

One hour of continuing education (CE) is equivalent to 60 minutes of instruction or participation. Clock hour credit is not given for welcome remarks, meals, breaks, exhibits, poster sessions, business meetings, and social hours during which instruction is not provided. 1 CE hour equals 1 point.

Continuing education units (CEUs) are usually issued by a college or university and are translated into point values. For example, 1 contact hour equals 0.1 CEU or 1 point. Likewise, 10 contact hours equal 1.0 CEU or 10 points.

Please note: Regarding continuing education credit for college/university courses, ACVREP approval is not needed.

### **Continuing Education Committee**

The CE Committee will consist of at least four people with at least one representative from each of the certification programs. The ACVREP Chairperson will appoint the Committee Chairperson and its members for a term of one year. The ACVREP President shall serve as an ex-officio, non-voting member of the CE Committee.

Responsibilities of the CE Committee include reviewing all requests from CE providers, rendering a decision on approval or denial of such requests, and reviewing and recommending changes to the Application for Continuing Education Program Approval, including the current forms. The committee's decision will be rendered within 15 working days of receiving the completed Application for Continuing Education Program Approval. The Committee Chairperson will inform the ACVREP office of its decision and the office will send a letter informing the provider of the committee's decision. The CE Committee will report to the ACVREP Chairperson.

**Appendix A**

**PLANNING/PEER REVIEW COMMITTEE ATTESTATION FORM**

**Please note: If you are completing this attestation form on behalf of a planning/peer review committee, please circle “we” versus “I.”**

I/We attest to the standards used in choosing speakers for the following program:

\_\_\_\_\_  
Name of Program

1. I/We have verified that all speakers/instructors have education and/or experience appropriate to the subject matter.

2. a. I/We have verified that all speakers/presenters have no financial interest in any of the items or services presented in their workshop, with the exception of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. I/We will ensure that any presenter with a financial interest as stated above will inform all workshop attendees of such.

3. I/We certify that the topics each speaker will present represent at least one of the 13 topic areas recognized by ACVREP.

4. I/We attest that the learning objectives of each presentation have been reviewed and are consistent with the goals of the program.

5. I/We understand that in addition to this form, the rest of the ACVREP application must be completed and submitted according to ACVREP policy in order for the program to be considered for approval.

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Print Name of Conference Planning Committee Chair/Peer Reviewer

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Signature

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Phone number

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Email address

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Date

List of speakers, presentation titles, and phone numbers attached.

List of other Conference Planning Committee/Peer Review members involved in choosing speakers attached.

## Appendix B

### SAMPLE EVALUATION FORM

Name of ACVREP approved CE program/activity: \_\_\_\_\_

Program/activity date(s): \_\_\_\_\_

Please answer the following questions, indicating your level of satisfaction by circling the appropriate number:

1. The content of the presentation met my expectations:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied

2. The presenter(s) provided valuable information that will help me in my profession:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied

3. The presenter(s) were knowledgeable and helpful:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied

4. Will your job performance or advocacy efforts change in any way as a result of this program?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided

5. I would recommend this training to my peers/colleagues in the vision rehabilitation and education field:

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided

Comments (please use the back of this sheet if necessary):

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**Please return your completed evaluation sheet to the presenter. Thanks!**

Appendix C

SAMPLE CERTIFICATE OF COMPLETION

**CERTIFICATE OF COMPLETION**

The (*insert name of CE program/activity*) has been approved by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) for (*insert number of hours*) continuing education hours.

(*Insert name of participant*) is awarded (*insert number of hours*) continuing education hours for completion of this program/activity.

Date(s) when CE program/activity was held:  
(e.g., 9/1/06 – 9/3/06)

Date of Completion: (*insert date of completion*)

Signature of CE provider representative: (*insert signature of representative*)

## **Appendix D**

### **Template for ACVREP Website Summary**

Please use the following template to provide information about your CE program/activity. This information will be posted to ACVREP's website to announce your CE program/activity.

**NAME OF CE PROGRAM/ACTIVITY:**

**LOCATION:**

**DATE(S):**

**CE HOURS:**

**CONTACT INFORMATION:**

**REGISTRATION INFORMATION:**

**DESCRIPTION OF CE PROGRAM/ACTIVITY:**