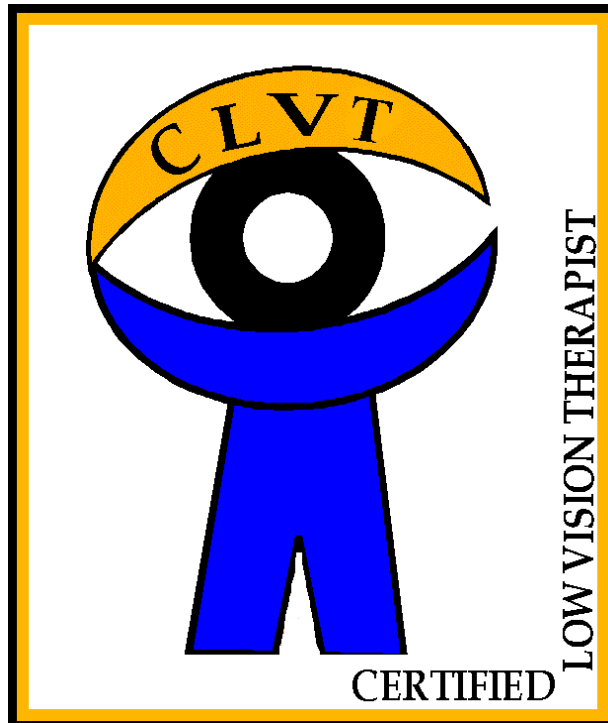


# ACVREP

Academy for Certification of Vision  
Rehabilitation & Education Professionals



Low Vision Therapist Certification Handbook

Revised February 2010

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## **Preface**

Thank you for your interest in professional certification in Low Vision Therapy. You may have entered the field of low vision therapy through on-the-job training in an interdisciplinary low vision clinic and self-study, or through the completion of a course of study leading to specialization or a degree in the area of low vision therapy.

This Low Vision Therapist Certification Handbook will provide you with background information regarding the profession of Low Vision Therapy, its code of ethics, scope of practice, body of knowledge and competencies, and information about the certification process and examination.

We are glad that you have decided to pursue professional certification in this field and look forward to assisting you throughout this process.

## **Section 1 - Introduction**

### **History, Mission, and Purpose**

Established in January 2000, ACVREP's mission is to offer professional certification for vision rehabilitation and education professionals in order to improve service delivery to persons with vision impairments. It is committed to quality certification programs that meet rigorous recognized standards. Programs are designed to offer certificates the means to demonstrate knowledge, skills, and professionalism. ACVREP offers certification in three disciplines: Low Vision Therapy, Orientation & Mobility, and Vision Rehabilitation Therapy.

The primary purpose of ACVREP is to assist federal and state governments in improving public health and safety by supporting and promoting quality services to individuals who are blind or visually impaired through standards of excellence for professionals involved in the delivery of vision rehabilitation and education services. This purpose is achieved by:

- identifying the standards common to employees in the vision rehabilitation and education professions, including the body of knowledge and work experience;
- identifying the standards across specialized areas of the vision rehabilitation and education professions;
- supporting employees and employers in using and applying the skill standards for personnel development;
- creating a forum for key stakeholders in the vision rehabilitation and education profession, including employers, related health professions, education, and government groups;
- identifying relevant training materials and resources to assist in teaching the vision rehabilitation and education standards;

- devising and administering written examinations according to standards developed by the corporation;
- granting recognition upon successful application and completion of the corporation's examinations and certification criteria and maintaining a listing of those persons granted such recognition; and
- establishing programs that promote and support the reliance on the corporation's credentials by the general public and by regulatory bodies.

ACVREP is a private, nonprofit organization and an independent and autonomous legal certification body governed by a volunteer Board of Directors. ACVREP is a member of the National Organization for Competency Assurance (NOCA) and strives to conduct its certification programs according to standards established by the National Commission for Certifying Agencies (NCCA).

### **Confidentiality Statement**

In order to maintain the integrity of the certification process, the security of examination content and applicant identity must be maintained. Applicant names, application documents, and test scores are considered confidential. Only ACVREP staff, board members, certification committee members, and consultants shall have access to these documents.

### **Non-discrimination Statement**

ACVREP shall not discriminate among applicants as to age, sex, race, religion, national origin, disability, or marital status.

### **The Interdisciplinary Nature of Low Vision Services**

Low vision services are an integral part of the education and rehabilitation of individuals who have partial sight. In order for these services to be effective and of high quality, it is important for the professional providing the services to be knowledgeable and skilled in low vision service provision and to adhere to high standards. Professionals will serve as members of interdisciplinary low vision teams to assure that the services are as complete as possible.

Low vision service delivery systems should be broadly defined to include any service delivery mechanism in the education and rehabilitation of persons with low vision by assessment and instruction of visual skills and/or the use of low vision devices. Service settings include, but are not limited to, school delivery systems, university/hospital/rehabilitation centers, and nursing homes and day care centers. Low vision services should be interdisciplinary in nature; that is, services require that more than one professional manage individual cases through dialogue and mutual decision making. The interdisciplinary team may include, but is not limited to, an eye care specialist, a low vision therapist, and a counselor. These professionals will work together in order to assure that a high standard of service is consistently maintained and that the unique needs of the individual with low vision are met to the greatest degree possible.

## **Section 2 - Scope of Practice for Low Vision Therapists**

Certified Low Vision Therapists (CLVTs) complete a functional low vision evaluation that identifies visual impairments related to:

- performance of developmentally appropriate activities of daily living including dressing appropriately, personal health care and grooming, safe movement, care of orthotic, prosthetic and other health care devices,
- performance of instrumental activities of daily living including care of self and family, effective literacy and communication, health management, home management, meal preparation, safety awareness training, and shopping,
- performance of educational pursuits including life-long learning,
- performance of vocational pursuits including job, retirement and volunteerism,
- performance of leisure and social activities,
- access and participation in community programs/events
- coping ability of the person with low vision,
- impact of the vision disability on significant others.

The CLVT uses functional vision evaluation instruments to assess visual acuity, visual fields, contrast sensitivity function, color vision, stereopsis, visual perceptual and visual motor functioning, literacy skills in reading and writing, etc. as they relate to vision impairment and disability. The CLVT also evaluates work history, educational performance, ADL and IADL performance, use of technology, quality of life and aspects of psychosocial and cognitive function.

The CLVT shall work as part of an interdisciplinary team with an ophthalmologist (s) and/or optometrist(s) who manages ocular health, provides the clinical low vision examination, prescribes optical devices and approves treatment plans. The CLVT collaborates with these doctors who prescribe optical solutions such as spectacle and/or contact lens corrections, magnifying devices such as hand-held or stand magnifiers, telescopes, spectacle-mounted magnification devices, and field enhancing devices such as prisms, reversed telescopes, etc. In addition, the CLVT also collaborates with other team members who may include vision rehabilitation specialists, orientation & mobility specialists, rehabilitation counselors, educators, speech pathologists, occupational therapists, physical therapists, psychologists, social workers, nurses, orthoptists, opticians, other physicians, technologists, technicians, etc.

The CLVT trains the use of specific visual motor skills such as the identification and use of preferred retinal locus for fixation, accurate saccades, smooth pursuits, etc. The CLVT trains the use of vision in both static and dynamic viewing conditions. The CLVT trains the use of visual perceptual and visual motor skills in relation to overall perceptual and motor skills and coordination and the use of specific visual perceptual skills such as visual closure, part-to-whole relationships, figure-ground, etc. The CLVT trains the appropriate and safe use of low vision devices including component skills such as establishing and maintaining focal distance, compensation for reduced field of view and/or depth of focus, development of necessary manual and ocular dexterity and implementation of appropriate ergonomic strategies for effective and efficient positioning and elimination of fatigue. The CLVT provides instruction in the use of adaptive equipment that enhance visual function and/or compensate for loss of vision through

tactual and/or auditory means: This can include use of large print, reading stands, lamps and other illumination control, writing implements, software, electronic devices, etc. The CLVT also provides and trains the use of appropriate environmental modifications such as positioning, organization, illumination control, marking, etc.: trains in the use of environmental cues such as signage, shadow, contrast, form, pattern, and use of non-visual techniques for safe and effective management of the environment such as audio or tactile markings, etc. The CLVT provides instruction in efficient functioning to manage energy and to organize space and objects to enable goal achievement. The CLVT imparts knowledge of local, regional and national resources, trains consumerism, and teaches strategies for adaptation and coping with the stress of vision changes.

The CLVT works with the family and others significant to the rehabilitation/education process to assist them in understanding the functional implications of vision changes, how the person with low vision is expected to progress through habilitation/rehabilitation, environmental modifications that will be helpful for enhanced function, coaching for home/work/school/leisure exercises and adaptation to change when feasible.

Typically, CLVTs work with individuals whose vision has been affected by conditions such as macular degeneration, diabetic retinopathy, glaucoma, cataract, albinism, retinitis pigmentosa, brain injury, syndromes that include vision loss, and other causes of vision impairment. Visual conditions addressed by the CLVT include reduced visual acuity, impaired contrast sensitivity function, impaired central and/or peripheral vision, eye movement dysfunction, loss of depth perception, loss of color vision and combinations of these.

The CLVT makes appropriate referrals to other disciplines such as orientation and mobility specialists for advanced orientation and safe movement techniques, vision rehabilitation specialists for advanced non-visual techniques and in-depth ADL and IADL instruction, counseling professionals for adjustment disorders, physical medicine and rehabilitation professionals such as occupational therapists and physical therapists, hearing professionals such as audiologists and speech pathologists, and other health care professionals whenever important for the safety, health and independent functioning of the person with low vision.

The CLVT must be conversant in the language related to low vision and blindness and be able to communicate a client's or student's status and needs with the client or student and family members, and as well as professionals in the fields of ophthalmology, optometry, vision rehabilitation therapy, orientation and mobility, pediatrics, geriatrics, physical therapy, occupational therapy, speech therapy, audiology, psychology, social work, education, and industry.

### **Section 3 - Low Vision Therapist Body of Knowledge and Competencies**

#### **KNOWLEDGE OF THE VISUAL SYSTEM**

1. Know the visual system (oculomotor system, eye, optic pathway, and brain).
2. Know eye conditions and their implications.

## **KNOWLEDGE OF THE IMPACT OF DISEASE, TRAUMA & AGING ON VISUAL SYSTEM**

1. Know normal changes in vision with aging, such as changes in the lens, pupil size, light/dark adaptation, and glare sensitivity.
2. Know visual and non-visual effects of other medical conditions such as diabetes, head injury, multiple sclerosis, cerebral palsy, or Parkinson's on vision rehabilitation.
3. Know psychosocial consequences of vision impairment.

## **KNOWLEDGE OF OPTICAL AND NON-OPTICAL EQUIPMENT AND INTERVENTION STRATEGIES**

1. Know and use principles of optics including implications of refractive errors, effects of lenses on magnification, effects of prisms, and the different definitions of magnification.
2. Know clinical rationales for prescription of optical devices.
3. Know optical devices used for near tasks including magnification and optical specifications, advantages and limitations, positioning requirements, appropriate visual skills, and care and maintenance.
4. Know optical devices used for intermediate tasks, magnification specifications, including advantages and limitations, appropriate visual skills, and care and maintenance.
5. Know optical devices for distance tasks including magnification specification, advantages and limitations, appropriate visual skills, and care and maintenance.
6. Know field expansion devices.
7. Know non-optical and electronic, computer based devices for magnification.
8. Know optical and non-optical devices for lighting and glare control.
9. Know non-optical devices for activities of daily living, leisure skills, educational and vocational activities.
10. Know other options including text-to-speech systems for reading.

## **KNOWLEDGE OF THE REFERRED CONSUMER**

1. Know normal human development across the life span (visual development from birth, major physiological, motor, cognitive, and sensory changes, and their implications).

## **KNOWLEDGE OF COMPONENTS OF LOW VISION EVALUATION**

1. Review and interpret vision reports including abbreviations and notations that describe pathology, visual functioning, and refractive error.
2. Know tools and techniques for evaluating the visual function of consumers who have differing cognitive and linguistic abilities.
3. Know tools, techniques, and notations for evaluating functional visual acuities, interpreting results, and integrating results into treatment.
4. Know tools and techniques for evaluating functional visual fields, interpreting results, and integrating results into treatment.
5. Know tools and techniques for evaluating contrast sensitivity, interpreting results, and integrating results into treatment.

6. Know techniques for observing, evaluating, & interpreting performance of ocular motor skills, use of Preferred Retinal Locus, and light/dark adaptation.
7. Evaluate environment (school, work, and home) including lighting, glare, visual clutter and impact on visual function, and ergonomics.
8. Evaluate visual demands of a task considering size and distance of target, lighting, contrast, duration and speed.
9. Know how to calculate and apply acuity reserve, contrast reserve and field of view requirements for reading.
10. Know basis for and how to complete a reading media assessment.
11. Evaluate the appropriateness of devices for the performance of daily living, vocational and educational activities.
12. Know the basis for referral for Braille instruction.

### **KNOWLEDGE OF HOW TO PLAN AN INDIVIDUALIZED VISION REHABILITATION PLAN WITH CONSUMER & FAMILY**

1. Know techniques and strategies for eliciting vision rehabilitation goals during the interview with the consumer and family.
2. Know how to write observable and measurable goals.
3. Know how to present and write recommendations, accommodations, and use of appropriate materials across environments.
4. Know the basis for referral to other vision rehabilitation and rehabilitation professionals including, but not limited to, vision rehabilitation therapist, vocational counselor, educator, orientation & mobility specialists, occupational therapists, physical therapists, speech therapists, social workers, physicians, psychologists, and psychiatrists.

### **KNOWLEDGE OF HOW TO IMPLEMENT AN INDIVIDUALIZED VISION REHABILITATION PLAN WITH CONSUMER & FAMILY**

1. Know techniques for integrating the performance of ocular motor skills, and eccentric viewing into daily activities.
2. Know how to meet visual requirements of a task by considering size, distance, lighting, contrast, duration, and speed of a target.
3. Know methods and materials for teaching visual skills including localizing, focusing, fixation, tracing, scanning, tracking, and distance and depth judgment.
4. Know methods and materials for teaching awareness and implications of central and peripheral visual field loss and use of remaining vision.
5. Know and apply principles of optics, size and relative distance magnification and implications of refractive errors to compensate for impaired visual acuity to enable performance of a variety of activities.
6. Know how to select alternative optical devices that have equivalent magnification properties.
7. Know how to teach use of optical devices to perform a variety of self-care, leisure, academic, household and vocational activities.
8. Know how to design and teach use of non-optical strategies to achieve magnification, ergonomic solutions, contrast enhancement, optimal lighting, glare control, performance of activities of daily living.

9. Know how computer assistive devices and software enable achievement of home management, vocational and educational goals.
10. Know appropriate referral resources including vision rehabilitation services, medical and other healthcare, social/recreational, educational support services, vocational rehabilitation, and community services.

### **KNOWLEDGE OF HOW TO MANAGE PRACTICE AND RESOURCES**

1. Know aspects of maintaining confidentiality of consumer information.
2. Know application of professional code of ethics and standards of practice.
3. Know the laws and legal issues that apply to education and rehabilitation practice.
4. Describe policies and requirements for insurance and governmental funding for services and devices.

### **CLINICAL PRACTICE COMPETENCIES**

1. Demonstrate appropriate interpersonal relationships and the ability to work closely with colleagues and community professionals as a member of the interdisciplinary low vision team.
2. Demonstrate a professional attitude and ethical behavior.
3. Demonstrate a working knowledge of teaching and learning principles.
4. Demonstrate the ability to assess the visual environment, provide appropriate environmental adaptations, and teach the use of environmental cues for using vision.
5. Demonstrate an ability to interpret assessment data provided by professionals from a variety of disciplines.
6. Demonstrate the ability to understand and utilize information from the clinical low vision examination.
7. Demonstrate the ability to administer vision assessments and interpret results appropriately.
8. Demonstrate the ability to assess and evaluate learners' needs and abilities in a variety of environments.
9. Demonstrate the ability to assess the learners' effective use of low vision devices.
10. Demonstrate the ability to plan appropriate goals for enhancing visual functioning with and without optical devices.
11. Demonstrate the ability to select, design, and implement a sequential instructional plan.
12. Demonstrate a working knowledge of the effects of disabling co-morbidities.
13. Demonstrate knowledge of community, state, and national resources for vision education/rehabilitation.
14. Demonstrate the ability to teach visual skills including fixation, localization, scanning, tracing and tracking to numerous learners with low vision for a variety of everyday tasks.
15. Demonstrate the ability to record data, keep timely and accurate records, and participate in staff meetings.
16. Demonstrate the ability to make appropriate referrals to other professionals and acquire/provide resources to address a variety of needs of learners who have visual impairments.

17. Demonstrate the ability to design and implement low vision intervention programs for everyday tasks that are appropriate to the age, developmental level, and goals of the learners.
18. Demonstrate the ability to instruct learners in the appropriate use of optical, electronic, and non-optical low vision devices.
19. Demonstrate the ability to teach or refer for the use of alternative media or senses for tasks that are not efficiently or safely accomplished using vision.
20. Demonstrate the ability to write appropriate reports of the learners' progress in reaching the goals and objectives of their vision education/rehabilitation programs.
21. Demonstrate the ability to evaluate outcomes of intervention and provide appropriate follow-up.

#### **Section 4 - History of Certification for Low Vision Therapists**

The first meeting of the "Low Vision Interest Group" was in 1975 at the American Association of Workers for the Blind (AAWB) conference in Atlanta, Georgia. This group was started by interested parties who obtained at least 30 names on a petition to start a new Division. The Board of Directors of AAWB responded by approving the development of the Division. The Division was interdisciplinary from its beginnings. Officers and early presenters at these meetings were professionals from the fields of orientation and mobility, optometry, rehabilitation teaching, special education for the visually impaired, and psychology. This special interest in low vision was a reflection of jobs being created for professionals in low vision education and rehabilitation in the Blind Rehabilitation Centers of the Veterans Administration, agencies for the blind, and in low vision clinics. The creation of these positions was a reflection of the understanding that using vision is a learned skill, and can therefore be taught, and that many people require education or rehabilitation intervention in order to learn how to use vision and devices successfully. These jobs in low vision education and rehabilitation required special knowledge and skills that were not taught in many of the personnel preparatory programs at that time. In-service training, self-study, on-the-job training, and observation in established low vision clinics were some of the ways that many vision education and rehabilitation professionals began to obtain their knowledge, and began to practice the craft of low vision. The burgeoning group of low vision education and rehabilitation professionals developed new assessment and intervention techniques. Professionals who practiced low vision education and rehabilitation continued to reflect the diversity of the many disciplines.

In 1980, the American Association of Workers for the Blind merged with the Association of Educators for the Visually Handicapped to become the Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER). In the late 1980s, the officers of Division VII (Low Vision) of AER began to discuss the development of a specific credential for the growing numbers of vision education and rehabilitation professionals who incorporated low vision into their practice.

To request the establishment of a new certification program, Division VII followed the procedures established by the Board of Directors of AER. The following were required:

- The development of a rationale detailing interest and needs that were not being served through existing certifications.

- The specification of proposed certification standards.
- The establishment of a certification application procedure.
- The development of a certification approval process.
- The submission of required documents to the AER Certification Review Committee for review and a recommendation for action.
- The submission of the required documents to the AER International Board by the AER Certification Review Committee with a recommendation for action.

The officers of Division VII began the process in 1989 by conducting a survey of its members concerning the certification of professionals providing low vision services. Eighty-eight percent of those responding wanted AER to provide certification in low vision. The Division VII Certification Committee was established based on the strong input from Division VII members.

Because of the diversity of the professionals working in the area of low vision, the Division VII Chair and Division VII Certification Committee Chair decided that the Division VII Certification Committee should be comprised of people representative of the disciplines active in low vision. In 1991, the committee was formed with members representing orientation and mobility, special education for the visually impaired, optometry, rehabilitation counseling, and rehabilitation teaching. Members were representative of the geography of the U.S. and Canada.

The work of the Division VII Certification Committee was to develop a *Rationale for Certification*, a *Code of Ethics*, *Standards of Professional Behavior*, a *Low Vision Body of Knowledge*, and *Requirements for Initial and Renewable Certification*. Drafts of these documents were developed in committee and presented to Division VII members during business meetings at international conferences and through the Division VII newsletter. After revisions, all documents were approved by the voting membership of Division VII by 1994.

The Division VII Certification Committee developed questions for the written examination and invited the community of low vision professionals in eye care, education, rehabilitation, and counseling to submit questions as well. Several forms of the exam were assembled from this bank of questions to correspond to the *Body of Knowledge*. Reliability and validity of the several forms was established and a biostatistician consulted on the evaluation of the written examination. An analysis of difficulty for individual items was conducted and this information was used to modify or eliminate certain questions from future revisions of the test. The reader is referred to Watson, Quillman, Flax, and Gerritsen (1999)<sup>1</sup> for more details.

The Division VII Certification Committee Chair and the AER Certification Review Committee presented the package for Certification of Low Vision Therapists to the AER Board of Directors at their meeting in St. Louis in May 1997. A vote was taken among board members and the certification was approved.

The first low vision therapist certificates were issued in September of 1997 to those individuals who received passing scores during the reliability and validity study and had completed the application process. In the autumn of 1997, the first approved low vision therapist certification

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<sup>1</sup> Watson, G. R., Quillman, R. D., Flax, M., and Gerritsen, B. (1999). The development of low vision therapist certification, *Journal of visual impairment & blindness*, 93(7), p. 451-456.

examinations were given. Those who received passing scores and completed the application process were certified in December of 1997.

In 1998, the formation of a Division VII Ethics Committee was voted upon and passed by the Division. A chair of that committee was appointed. The Chair of the Division and the Chair of the Ethics Committee wrote an Ethics Violation Mediation Policy. This policy was discussed and approved at the Business meeting of Division VII during the AER International Conference in July, 1998.

In January 2000, the Academy for the Certification of Vision Rehabilitation and Education Professionals was established as an independent and autonomous legal certification body. The certification of low vision therapists was transferred from AER to the Academy on December 2, 2000.

In 2004, ACVREP developed and beta tested a new Low Vision Therapy exam. The first new exam was administered in 2005.

## **Section 5 - Code of Ethics for Low Vision Therapists**

### **Preamble**

The preservation of the highest standards of integrity is vital to the successful discharge of the professional responsibilities of the Low Vision Therapist. This Code of Ethics has been established to safeguard the public health, safety, and welfare, and to assure that low vision services of the highest possible quality are available to consumers. A violation of a provision of the Code of Ethics constitutes unprofessional conduct and makes the professional subject to disciplinary action. Accordingly, failure to specify a particular responsibility or practice in the code should not be construed as a deliberate omission.

1. A Low Vision Therapist shall be dedicated to providing competent vision rehabilitation with compassion and respect.
2. A Low Vision Therapist shall deal honestly with consumers and colleagues and strive to expose those Low Vision Therapists deficient in character or competence or who engage in fraud or deception.
3. A Low Vision Therapist shall respect the law and also recognize a responsibility to seek changes in those requirements that are contrary to the best interests of the consumer.
4. A Low Vision Therapist shall respect the rights of consumers, of colleagues, and of other professionals, and shall safeguard confidences within the constraints of the law.
5. A Low Vision Therapist shall continue to study, apply and advance scientific knowledge; make relevant information available to consumers, colleagues, and the public; obtain consultations; and use the talents of other health professionals when indicated.

6. A Low Vision Therapist shall, in the provision of appropriate care, except in emergencies, be free to choose with whom to associate, and the environment in which to provide services.
7. A Low Vision Therapist shall recognize a responsibility to participate in activities contributing to an improved professional community.
8. A Low Vision Therapist shall practice in accordance with the body of knowledge related to low vision.

### **Standards of Professional Behavior**

1. A Low Vision Therapist shall provide assessment, evaluation, and intervention in a collaborative low vision service; such service includes a medical examination by an eye care professional and a clinical examination by a low vision practitioner.
2. A Low Vision Therapist shall provide assessment, evaluation, and intervention for consumers with low vision disorders only within an interdisciplinary professional relationship. The Low Vision Therapist may not evaluate or intervene solely by correspondence. This does not preclude follow-up correspondence with a consumer previously seen or providing the consumer with general information of an educational nature.
3. A Low Vision Therapist shall participate in the evaluation of devices prescribed/dispensed to persons served to determine their effectiveness.
4. A Low Vision Therapist who performs assessments, evaluations, and interventions shall use instruments, techniques, and procedures commonly recognized by his/her profession and compatible with his/her education, expertise, and professional competence.
5. If, in the course of providing services, it is suspected that a consumer needs additional medical/clinical care, this will be addressed through appropriate referral.
6. A Low Vision Therapist shall use every resource available, including referral to other specialists as needed, to provide the best service possible.
7. A Low Vision Therapist shall fully inform a person served, a parent, or guardian, of the nature, costs, and possible effects of the services.
8. A Low Vision Therapist shall fully inform subjects participating in research or teaching activities of the nature and possible effects of these activities.
9. A Low Vision Therapist shall provide appropriate maintenance and access to the records of a consumer served professionally.
10. A Low Vision Therapist shall take all reasonable precautions to avoid injuring a consumer in the delivery of professional services.

11. A Low Vision Therapist shall evaluate services and products rendered to determine their effectiveness.
12. A Low Vision Therapist may not exploit a consumer in the delivery of or payment for professional services. Exploitation of services includes accepting persons for assessments or intervention or by continuing therapy when benefits to the consumer cannot reasonably be expected.
13. A Low Vision Therapist may not guarantee the results of a therapeutic procedure, directly or by implication. A reasonable statement of prognosis may be made, but caution shall be exercised not to mislead a consumer served professionally to expect results that cannot be predicted from sound evidence.
14. A Low Vision Therapist may not discriminate in the delivery of professional services on the basis of disability, race, sex, age, religion, sexual preference, health status, or any other basis that is unjustifiable or irrelevant to the need for and potential benefit from the services.
15. A Low Vision Therapist shall continue professional development through his/her professional career.
16. A Low Vision Therapist may not provide services or supervision that he/she is not qualified to perform nor permit services to be provided by a staff person under his/her supervision who is not qualified.
17. A Low Vision Therapist may not offer professional services by assistants, students, or trainees for whom appropriate supervision and responsibility is not provided.
18. A Low Vision Therapist may not require or suggest that anyone under his/her supervision engage in a practice that is a violation of the Code of Ethics.
19. A Low Vision Therapist will accurately represent his/her level of training, competence, and role in the interdisciplinary team.
20. A Low Vision Therapist's public statements providing information about professional services and products may not contain representations or claims that are false, deceptive, or misleading.
21. A Low Vision Therapist may not use professional or commercial affiliations in a way that would mislead consumers or limit the services available to them.
22. Consumers shall be provided with freedom of choices as to the source of services and products.
23. Devices associated with professional practice shall be dispensed to a consumer as a part of a program of comprehensive habilitative care.

24. Fees established for professional services shall be independent of whether a device is dispensed.
25. Price information about professional services rendered and devices dispensed shall be disclosed by providing to or posting a complete schedule of fees and charges in advance of rendering services. This schedule shall differentiate between fees for professional services and charges for devices dispensed.
26. A Low Vision Therapist may not participate in activities that constitute conflicts of professional interest.
27. A Low Vision Therapist is required to report a violation of the Code of Ethics.
28. A Low Vision Therapist may not engage in a violation of the Code of Ethics or attempt in any way to circumvent it.
29. A Low Vision Therapist may not engage in dishonesty, fraud, deceit, misrepresentation, or any other form of illegal conduct.
30. A Low Vision Therapist shall not practice while unable to do so with reasonable skill and safety (e.g., under conditions of illness, drunkenness, non-prescriptive use of controlled substances, chemicals, or other types of materials).
31. A Low Vision Therapist shall not withdraw professional services after a professional relationship has been established without informing the consumer of where to obtain necessary and equivalent professional services in a timely manner.
32. Harassing, abusing, or intimidating a consumer is prohibited. In addition, sexual contact or requests for sexual contact with a consumer is prohibited.
33. Committing an act of dishonesty, corruption, or criminal behavior that directly or indirectly affects the health, welfare, or safety of others is prohibited.

## **Section 6 - Criteria for Eligibility**

### **CATEGORY 1 (GRADUATES OF LOW VISION PROGRAMS)**

Eligibility to sit for the certifying examination:

- Proof of a minimum of a Bachelor's degree from an accredited college or university (or foreign equivalent, as verified through an independent credential evaluation company), with a specialization (major/degree) in low vision therapy. This degree should be granted from a university or college with a program of study in low vision that meets the low vision therapy core domain areas (see **Appendix A** in the LVT eligibility application).

**Supporting documentation required:** Official transcripts documenting the degree.

- In conjunction with the university, successful completion of 350 hours of “discipline specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc.” The practice must be supervised by a CLVT and a physician (OD or MD) practicing in low vision. The CLVT supervisor may be offsite.

**Supporting documentation required:**

1. Clinical Competency Evaluation Form completed and signed by both the CLVT practice supervisor and OD/MD (see **Appendix B** in the LVT eligibility application).

Please note: Applicants completing multiple internships in order to meet the minimum hour or competency requirements, must submit a Clinical Competency Evaluation Form for all internships completed, signed by the CLVT and OD/MD supervisors.

2. If the CLVT practice supervisor is offsite, an Off-Site Supervisor Contract must also be completed, signed by the practice supervisor and applicant, and approved by the ACVREP office prior to the practice taking place (see **Appendix C** in the LVT Eligibility Application).

- Sign the Statement of Endorsement agreeing to uphold high ethical and professional standards and the Statement of Integrity (see LVT Eligibility Application).

Eligibility for CLVT certification:

- Pass the LVT certification exam demonstrating knowledge of low vision principles and applications.
- Approval by the ACVREP Board of Directors.

**CATEGORY 2 (GENERAL)**

Eligibility to sit for the certifying examination:

- Proof of a minimum of a Bachelor’s degree from an accredited college or university (or foreign equivalent, as verified through an independent credential evaluation company) in any field. In addition, the CLVT supervisor must verify that the applicant demonstrates basic competency in all core domain areas.

**Supporting documentation required:**

1. Official transcripts documenting the degree.

2. Core Domain Area Checklist verifying basic competency in all core domain areas must be completed by the CLVT supervisor and submitted with your eligibility application (see **Appendix D** in the LVT eligibility application).
- Have completed 350 hours of “discipline specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc.” The practice must be supervised by a CLVT and a physician (OD or MD) practicing in low vision. The CLVT supervisor may be offsite.

**Supporting documentation required:**

1. Clinical Competency Evaluation Form completed and signed by the CLVT practice supervisor and OD/MD (see **Appendix B** in the LVT eligibility application).

Please note: Applicants completing multiple internships in order to meet the minimum hour or competency requirements, must submit a Clinical Competency Evaluation Form for all internships completed, signed by the CLVT and OD/MD supervisors.

2. If the CLVT practice supervisor is offsite, an Off-Site Supervisor Contract must also be completed, signed by the practice supervisor and applicant, and approved by the ACVREP office prior to the practice taking place (see **Appendix C** in the LVT eligibility application).
- Sign the Statement of Endorsement agreeing to uphold high ethical and professional standards and the Statement of Integrity (see LVT Eligibility Application).

Eligibility for CLVT certification:

- Pass the LVT certification exam demonstrating knowledge of low vision principles and their applications.
- Approval by the ACVREP Board of Directors.

**Section 7 - Application Process**

1. All applicants for certification should request the LVT eligibility application from the ACVREP office, 3333 N. Campbell Ave., Suite 11, Tucson, AZ, 85719, or download this application from the ACVREP website at [www.acvrep.org](http://www.acvrep.org).
2. When the application is completed, it should be mailed back to the ACVREP office with the appropriate fee.
3. The initial application process has four steps:

(1) Complete the Low Vision Therapist Eligibility Application and required forms. ACVREP staff will review your application to assess whether or not you are eligible to sit for the certification examination.

(2) If you are found eligible to sit for the examination, the LVT Examination Registration Form will be sent to you. Please note: Applicants are required to proceed to the exam phase within one year after submitting their eligibility application. For example, if an applicant submits an eligibility application on June 1st, s/he will need to submit an Exam Registration Form, with the \$250.00 exam fee, prior to June 1<sup>st</sup> of the following year. The implementation date for this new procedure is January 1, 2008.

(3) Take the examination at one of the accepted testing sites. You may choose to take the examination at one of the sites listed on ACVREP's website or arrange to take the examination at a testing or assessment center in your local community. Please note: A \$25.00 rescheduling fee will be charged if an exam is canceled by an applicant and isn't rescheduled within 15 days. For example, if an exam is scheduled for June 1st and the applicant decides to cancel it (regardless of the reason), the exam would need to be rescheduled by June 16th in order for the applicant to avoid the \$25.00 rescheduling fee. The implementation date for this new procedure is January 1, 2008.

(4) Upon successful completion of the certification examination, the Application for Certification will be mailed to you. You must then complete and submit this application to the ACVREP office.

4. It is the responsibility of the ACVREP staff to check each application packet to see that it is complete. If it is not complete, the applicant will be notified and requested to provide the required information to complete the application packet.
5. Certification applications will be due to the ACVREP office by the first of March, June, September, and December.
6. Applications will be reviewed and a written report of requests for certification will be submitted to the ACVREP Board of Directors for approval by March 10th, June 10th, September 10th, and December 10th.
7. Upon the majority approval by the ACVREP Board of Directors, certificates will be issued with the respective expiration dates of March 31st, June 30th, September 30th, and December 31st.
8. Certification will be issued for five years.

### **Section 8 – University Students Program**

In an attempt to encourage university/college students to apply for certification before they exit the university/college setting, students can now take any of ACVREP's exams (Low Vision Therapy, Orientation and Mobility, Vision Rehabilitation Therapy) prior to completing their 350-

hour internship and/or graduating from their university program. To take advantage of this opportunity, the student needs to complete the following steps:

1. The student must first complete and submit an eligibility application and the appropriate application fee. Although students can submit the eligibility application and take the exam prior to completing their internship and/or graduating from their program, they will not be able to apply to the ACVREP Board of Directors for certification until they submit all of the documents required in the eligibility application. Regardless of the category under which they apply, official transcripts (documenting at least a Bachelor's degree or foreign equivalency) and a completed Clinical Competency Evaluation Form(s) are standard requirements.
2. Once the student submits an eligibility application, the ACVREP office will send him/her an Exam Registration Form. The student can then arrange to take the exam at one of the sites listed on the ACVREP website (see the "Exam Information" page), at the university's testing center or at a testing center within his/her local community. If the student would prefer that the ACVREP office schedule an exam at a time convenient to him/her, ACVREP staff will do this on his/her behalf. Whether the student or the ACVREP office schedules the exam, the Exam Registration Form must be submitted to the ACVREP office at least three weeks prior to the exam date. If the student takes the exam with at least two other students, ACVREP will cover any testing center and/or proctor fees. However, if there are less than three students, they would be responsible for picking up any testing center and/or proctor fees. Once the exams are scored, the student will receive a letter informing him/her as to whether s/he passed or failed the exam. If a student fails the exam, s/he can retake it as many times as needed until s/he passes it.
3. Once the student passes the exam, s/he can then apply to the ACVREP Board of Directors for certification. However, as noted above, the student must submit all of the required documents before s/he can submit his/her certification application. Required documents include official transcripts documenting at least a Bachelor's degree (or foreign equivalency) and a Clinical Competency Evaluation Form. Depending on the category under which one may apply, a completed Core Domain Area Chart and related course descriptions/syllabi may also be required.

**Approved May 2, 2005 by the Executive Committee on behalf of the ACVREP Board of Directors.**

## **Section 9 - Examination Information**

### **Examination Administration**

#### **Responsibilities of the ACVREP Office**

- An Examination Registration Form will be sent to applicants upon approval of their eligibility application.
- In conjunction with universities, colleges, and other recognized testing sites, ACVREP will arrange the dates and times for the administration of its certification examinations. These locations, dates, and times will be posted on the ACVREP website for a period of at least

three months. ACVREP arranged testing dates have a registration closing date of three weeks prior to the scheduled examination date. On the closing date, if there are not at least three registered candidates, the testing site will be contacted and the examination date cancelled. Notification will be sent to any candidate who has registered for the cancelled examination date.

- Individuals may make special arrangements with an acceptable local testing center to proctor the examination. Acceptable testing centers can be located at [www.ncta-testing.org](http://www.ncta-testing.org). The examinee will pay the testing center fee directly to the testing center. The ACVREP Examination Registration Form must be completed and sent, with the examination fee, to the ACVREP office at least three weeks prior to the date of the examination. ACVREP will contact the testing center to assure acceptable standards and to arrange for the examination to be express mailed to the testing center.
- ACVREP will prepare the examination packet and send it by express mail to the testing site. The packet will include: 1) an envelope listing the examinee's name, ID number, examination location, date, and category of examination, 2) the Nondisclosure Statement form, 3) a copy of the pertinent examination, 4) an answer sheet, and 5) the Exam Evaluation Form. A postage paid return mailing form will be included for use by the testing site administrator to mail all paperwork back to ACVREP.
- ACVREP will correspond with the examinees to confirm the date, time, and location of the examination site, along with local contact information.
- ACVREP will send written notice to all examinees, as to whether they passed or failed the examination, within four weeks of their taking it.

#### Responsibilities of the Examination Proctor at the Testing Center

- Arrange for a suitable facility in which to conduct the ACVREP examination. Such a site should easily accommodate adequate seating and spacing of candidates, and be accessible in accordance with the requirements of the Americans With Disabilities Act (ADA).
- Hire the appropriate number of assistant proctors. The person(s) hired as assistant proctor(s) should be professionals from a discipline other than vision rehabilitation and education so as to insure impartiality and objectivity in the examination content.
- Sign for and acknowledge the count of the sealed ACVREP examination packets and keep them under lock and key until the day of the examination.
- Do not copy or allow others to copy or otherwise duplicate the examination or any portion of it for any purpose.
- Insure that the integrity of the ACVREP examination is never compromised.

The proctor should:

- Direct examinees to the restroom before the exam begins, if needed.
- Verify the identification of each person who arrives for the examination by checking the list provided by the ACVREP office against a valid photo ID, such as a driver's license or passport. Any person who arrives who is not on the ACVREP office list will not be allowed to sit for the examination.

- Direct each arriving examinee to sign in on the ACVREP Examination Roster direct him/her to a secure place where his/her possessions may be stored, and allow him/her to settle himself/herself in the room.
- Announce that once the examination begins, no one will be allowed to leave the room. When an examinee leaves the room, the examination must be handed to the proctor and the examinee may not re-enter the room. There are no exceptions to this policy. If an examinee leaves the room because of illness or some other reason prior to finishing the examination, he or she may re-apply at a later time to retake the examination.
- Please remain in the room during the administration of the examination.
- Start the examination upon the arrival of all the registered examinees, or 30 minutes past the designated time, whichever comes first. Persons arriving later than 30 minutes after the designated time will not be allowed to sit for the examination. The proctor may, at his/her discretion, allow latecomers who have had unavoidable emergencies to take the examination after all of the other examinees have finished.
- Present each examinee with the appropriate examination envelope and signal the examination to start. **Two hours will be allowed for the Low Vision Therapy exam.** Accommodation arrangements for a longer test time must be made with the ACVREP office.
- If a proctor suspects an examinee of cheating on the examination, s/he must document such behavior in writing at the time, noting the exact time and behavior, and soliciting the written statement of the other proctor, if there is one, as a witness to the behavior. The proctor must take the examination of the offending examinee, and may also take any evidence of cheating (notes, etc.). The proctor's suspicions are sufficient to cease that examinee's examination. The examinee may file an appeal to retake the examination at a later date.
- The proctor cannot answer any questions about the examination(s). If an examinee has a question about the examination or his/her score, requests must be made in writing to the ACVREP office.
- Please inform ACVREP of any exam conditions that were so adverse that the examinees should be able to take the exam at another time.
- Please ensure that once the examination is completed, the examinee returns the examination envelope with the examination booklet, exam answer sheet, signed Nondisclosure Statement, and Exam Evaluation Form to you.
- Direct each examinee to sign out on the ACVREP Examination Roster.
- Place all of the examination envelope(s) and the ACVREP Examination Roster in a FedEx Envelope or Pak and, using the enclosed FedEx form, send it to ACVREP at 3333 N. Campbell Ave., Suite 11, Tucson, AZ, 85719.

### Responsibilities of the Examinee

- Prior to the exam, ACVREP recommends that examinees check with the ACVREP office to assure that their names appear on the list, which will be sent to the proctor within a week of the examination date.
- Arrive at the examination site at least 15 minutes before the designated time. Persons requiring accommodations should arrive earlier to assure the appropriate use of the accommodation.
- Bring and show appropriate photo identification.
- Maintain quiet examination conditions during the test session.

- Complete the examination before leaving the room. If the examinee leaves the room, he or she will not be allowed to reenter and must not petition the proctor to be allowed to do so.
- Refrain from requesting information about the examination from the proctor.
- Refrain from any behavior that could be interpreted as cheating (e.g., speaking with other examinees, consulting notes).
- An examinee may take only one examination per session, but may arrange for multiple sessions on the same day.
- After completing the exam, return the examination envelope with the examination booklet, exam answer sheet, signed Nondisclosure Statement, and Exam Evaluation Form to the proctor.

### **Exam Evaluation Form**

To provide an opportunity for examinees to give immediate feedback, examinees will be given an Exam Evaluation Form to complete immediately following the exam. Examinees must submit the form to the testing center proctor prior to leaving the exam room. These forms will be given to the respective ACVREP certification committee (Low Vision Therapy Committee, O&M Committee, Vision Rehabilitation Therapy Committee) for review and action, if needed.

### **Examination Site**

The examination site shall be accessible according to the Americans with Disabilities Act Accessibility Guidelines (ADAAG). Examination sites shall be rooms with enough space to allow at least 2 ½ to 3 feet between examinees. Examinees are allowed to bring nothing except writing implements to the testing situation. All possessions will be secured by the proctor away from where individuals are taking the examination. No cell phones, electronic devices, etc. will be allowed in the exam room. The room must be kept completely quiet.

### **Examination Retakes**

Applicants who do not achieve a passing score may retake the examination by submitting another Examination Registration Form and paying the examination fee. Applicants who are unsuccessful in achieving a passing score can retake the examination as many times as desired.

### **Examination Scores**

Upon completion and scoring of the examination, ACVREP will send the examinee a letter stating whether s/he passed or failed the examination. For examinees who have failed the Orientation and Mobility Specialist examination or Low Vision Therapist examination, a summary report across domains will be shared with them. For the Vision Rehabilitation Therapist exam, a copy of the examination score and cut score will be released only upon written request by an examinee. No other release of individual scores will be made. The ACVREP office will not provide any information regarding whether the examinee passed or failed the examination and/or his/her score over the telephone.

### **Reasonable Accommodations**

Persons with documented impairments or disabilities should be tested under conditions that will minimize the effect of the impairments or disabilities on their performance. Special test administrations should be as comparable as possible to a standard administration. When special arrangements require that examinees must sit in separate rooms, they should be tested under the same level of examination security and with the same dignity and safety as other examinees.

In general, those testing accommodations that individuals use to compensate for their disabilities, and that have become accepted practice for individuals in their college/university program, should be seriously considered as the most appropriate accommodation for testing.

To accommodate the individual needs of the examinee with a disability, ACVREP's examinations are available in large print (18-point bold type) or braille, or on audiotape or by providing a reader (for those examinees who are not able to read print copy). The reader will be a person who is familiar with the language of the examination and is able to read the test with the appropriate pronunciation of all terms. The reader will be instructed to read the examination answers without inflection so that the answer that the reader believes to be correct will not be revealed.

Examinees who are disabled might need to be tested in a separate room with a reader/scribe and given extra time to finish the test. When completing the Examination Registration Form, the examinee will make known his/her need for a reasonable accommodation and what type of accommodation is needed. The proctor will secure readers for those examinees who need them. Extra time will be provided prior to the examination so that each reader and examinee can practice the procedure.

Accommodations will be provided according to the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

**Revisions approved March 19, 2005**

**Section 10 - Low Vision Therapist Test at a Glance**

Test Name	Low Vision Therapist Exam
Time	Up to 2 Hours
Number of Questions	100
Format	Multiple Choice Questions

**About this Test**

The 100 multiple-choice questions focus on the knowledge of basic facts and principles of low vision rehabilitation as a discipline and on the application of that knowledge in working with consumers with low vision. The test content is appropriate for examinees who work in an interdisciplinary low vision setting, and have completed coursework and/or on the job training in a low vision. The questions relate to consumers of all ages.

The core domain areas cover functional implications of eye pathologies, interpretation of reports of the clinical examination, pre-clinical functional assessment, optics and the visual system, optical devices, human development, therapeutic intervention, psychosocial aspects, and driving with low vision.

Each question/response is referenced to the literature of low vision rehabilitation and credit is given for each correct response based on that literature. Credit is given only for correct answers. Proctors are present to oversee the exam process. A candidate must receive a passing score to qualify for certification.

There are two examination forms. The construction of the exam is the result of an intensive field testing process to develop an item pool. The pool contains a comprehensive selection of statistically reliable and valid examination items representing the body of knowledge. At times, the exam may include some experimental questions that are being tested for statistical purposes. These experimental questions are not included when computing a candidate's score.

### Low Vision Therapist Certification Examination References

The following is a list of the resources that were used to develop the questions for the LVT exam:

<b>Title</b>	<b>Author</b>	<b>Publisher</b>	<b>Date</b>
Beyond Arm's Reach	Smith and O'Donnell	Pennsylvania College of Optometry Press	2001
Clinical Decisions in Neurophthalmology	Burde		2002
CLVT Handbook	ACVREP website		
Driving with Confidence: A practical guide to driving with low vision	Eli Peli and Doron Peli	World Scientific Publishing C	2002
Essentials of Low Vision Practice	Brilliant, R	Butterworth	1999
Federal Register volume 65#111	<a href="http://www.ed.gov/legislation/FedRegister/other/2000-2/060800a.html">www.ed.gov/legislation/FedRegister/other/2000-2/060800a.html</a>	Federal Register Online via wais.access.gpo.gov	6/8/2000
Foundations of Education for Blind and Visually Handicapped Children and Youth: Theory and Practice	Scholl, Geraldine, ed.	Am. Foundation for the Blind	1986
Foundations of Low Vision	Corn and Koenig		
Foundations of Orientation and Mobility	Blasch, Weiner and Welsh		1997
Functional Vision: A Practitioner's Guide to Evaluation and Intervention	Lueck, A. H.	AFB Press	2004
General Ophthalmology	Vaughan, Asbury, Riordan-Eva		1999
HIPAA	United States dept. of Health and Human Services	<a href="http://www.hhs.gov/news/facts/privacy">www.hhs.gov/news/facts/privacy</a>	4/14/03
HIPPA	US Government		

	Printing office???		
<a href="http://oregonstate.edu/instruct/coun510/ethics/educat.htm">http://oregonstate.edu/instruct/coun510/ethics/educat.htm</a>	Oregon State University		June, 2004
<a href="http://www.ed.gov/about/offices/list/ocr/docs/hq43e4.html">http://www.ed.gov/about/offices/list/ocr/docs/hq43e4.html</a>	US Department of Education		June 2004
<a href="http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html">http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html</a>	US Department of Education		June, 2004
Industry Experience	Industry Experience		
Issues in Low Vision Rehabilitation	Robert W. Massof		2001
Learn to Use Your Vision for Reading Workbook	Valjean Wright		
Look At Me	Audrey J. Smith & Karen Shane Cote	Pennsylvania of Optometry Press	2001
Looking to Learn: Promoting Literacy for Students with Low Vision	Frances Mary D'Andrea & Carol Farrenkopf (Eds.)	AFB Press	2000
Low Vision	Nancy Lavack		
Low Vision Principles and Practice	Christine Dickinson	Butterworth Heinemann	1998
Low Vision Rehabilitation: Caring for the whole person	Fletcher, D.,ed.	American Academy of Ophthalmology	1999
Macular Degeneration: the Complete Guide to Saving and Maximizing Your Sight	Mogk and Mogk	Ballantine Books	2003
Medicare Now Update	National Vision Rehabilitation Cooperative	www.medicarenow.org	
National Library Service for the Blind and Physically Handicapped	<a href="http://www.loc.gov/nls">www.loc.gov/nls</a>		
National Survey of Veteran's Use of Low Vision Devices	Watson, DeLaune, Stelmick, and Long		1997
Neuro-Optometric Rehabilitation	Padula	Optometric Extension Program Foundation, Inc	1996
Neuro-Optometric Rehabilitation	Padula	Optometric Extension Program Foundation, Inc	1996
Pepper Visual Skills for Reading Test	Watson, G et al	Bear Consultants Inc.	1995
PL102-119 (IDEA),Part B(34CFR 300-301 and appendix C	US legislature		
The CCTV Book	Rolf Lund and Gale Watson	Synsforum Ang	1997
The Certified Low Vision Therapist Handbook	ACVREP	www.acvrep.org	current
The Lighthouse Handbook on Vision Impairment and Vision Rehabilitation	Silverstone, B., Lang, M., Rosenthal, B., and Faye, E.	Oxford University Press	2000

The Ophthalmic Assistant	Harold A. Srein, Bernard J. Slatt & Raymond M. Stein	Mosby	1994
Understanding and Managing Vision Deficits: A Guide for Occupational Therapists	Mitchell Scheiman	Slack, Inc	2002
Understanding Low Vision	Randall T. Jose (Ed.)	American Foundation for the Blind	1983
Vision and Aging	Rosenbloom and Morgan		
Visual Field Testing	Neil T. Choplin & Russell P. Edwards	Slack Incorporated	1999
Visual Requirements for Reading	Whittaker, S.G., and Lovie-Kitchin	Optometry and Visual Sciences (Journal)	1993
Willard and Spackman's Foundations of Occupational Therapy			
<a href="http://www.hipaa.org">www.hipaa.org</a>	US Department of Health and Human Services		June, 2004

### **Section 11 - Recertification in Low Vision Therapy**

1. Recertification is required every five years. The ACVREP office will send each certificant a Recertification Application Form six months prior to his/her recertification expiration date. A second notice will be sent to the certificant if the ACVREP office does not hear from him/her three months prior to his/her recertification expiration date.
2. The certificant must complete the Recertification Application Form and submit it to the ACVREP office with the appropriate recertification fee and supporting documentation of the 100 points required for recertification.
3. Applicants for recertification must earn 100 points to renew their certification at the end of the five-year cycle. **They must submit a minimum of 25 points from Category One – Continuing Education.** They may also submit all 100 points from Category One. For the remaining categories (Professional Experience, Publications and Presentations, and Professional Service), applicants are allowed a maximum of 50 points for each of these categories. Please refer to ACVREP’s Recertification Policy for additional information.
4. Early applications for recertification may be accepted and reviewed only within one quarter prior to the recertification expiration date. However, early applications for recertification will be issued the expiration date of the quarter in which the application was initially approved.
5. It is the responsibility of the ACVREP staff to check each application form to see that it is complete. If it is not complete, the applicant will be notified and requested to provide the required information to complete the form.

6. Recertification applications will be due into the ACVREP office by the first of March, June, September, and December.
7. Recertification applications will be reviewed and a written report of requests for recertification will be submitted to the ACVREP Board of Directors for approval by March 10th, June 10th, September 10th, and December 10th.
8. Upon the majority approval by the ACVREP Board of Directors, certificates will be issued with the respective expiration dates of March 31st, June 30th, September 30th, and December 31st.
9. Recertification will be issued for five years.

Please note: A \$50.00 fee will be charged for any certificant requesting that his/her recertification application be processed outside of the normal application process. For example, if a certificant's recertification expiration date is June 30, 2007, s/he would typically need to submit his/her recertification application by June 1<sup>st</sup> in order for staff to submit applications to the board for review and approval by June 10<sup>th</sup>. If the certificant's application comes in after the report has gone to the board and s/he can't or doesn't want to wait for the board to review and approve his/her application in the next cycle, which would be in September, then s/he would be charged \$50.00 to expedite his/her application (to have the board review and approve it prior to September). The implementation date for this new procedure was July 1, 2007.

## **Section 12 - Reinstatement of Certification**

Candidates initially granted certification but who have not made application for recertification and, thus, technically have allowed their certification to lapse, may be reinstated within one calendar year following the recertification date if they meet the recertification requirements and pay the recertification late fee and any annual fees owed.

If a candidate has allowed his/her certification to lapse or has been determined to be ineligible for recertification for longer than one year, the candidate will have to meet the current certification eligibility requirements, including passing the certification examination. The candidate must submit the necessary forms and fees, including the payment of late annual fees owed during the period of certification, as appropriate.

Please notify the ACVREP office of any change in your mailing address and/or e-mail address. ACVREP will make every reasonable effort to send recertification information to current designation holders by regular mail six months prior to the recertification date. However, it is the certificant's responsibility to make application for recertification by the recertification due date. Because of the possibility of postal delays, ACVREP urges applicants for recertification to send their application to the ACVREP office well in advance of the recertification date on their current certificate. ACVREP asks that certificants pay particular attention to their recertification date. If the recertification application is received 30-postmarked days after the recertification due date, the certificant will have to pay a late fee.

Refer to the ACVREP website at <http://www.acvrep.org> for a current Directory of Certificants.

## **Section 13 - Appeals Process**

### **A. Introduction**

Eligibility criteria for certification/recertification is established by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) Board of Directors based upon the recommendations of the Certification Committees (CC) of the disciplines of Low Vision Therapy (LVT), Orientation and Mobility (O&M), and Vision Rehabilitation Therapy (VRT).

Unsuccessful candidates will receive a written denial of certification. A process of appeal upon written submission is available to any denied candidate who feels that the eligibility criteria have been inaccurately, inconsistently, or unfairly applied.

The process of appeal does NOT permit:

- Additional time to acquire education, employment experience or supervision required for certification.
- Additional time to submit the documentation required for certification.
- Presentation of additional documentation.

### **B. Levels of Appeal**

The appeal process provides for two levels of appeal. The first is to the Certification Committee and the second is to the Board of Directors. This structure assures:

- A review of the relevant facts.
- A second, independent evaluation of the materials presented.
- Fair and consistent application of eligibility criteria.

### **C. The Appeal Process**

#### **1. First Level of Appeal**

The appellant must send to the President of ACVREP a written request for appeal, by certified mail postmarked within 30 days of official receipt of the letter of denial. The request for appeal must include in a single packet a signed statement of the grounds for appeal and all relevant documentation in support thereof. Only documentation included with the first appeal request will be considered at either level of appeal.

The President will forward the request for appeal to the Chair and members of the appropriate Certification Committee (CC). The decision will be made by majority vote of the CC and the Chair of the CC will forward written notice of the decision to the ACVREP President. The President will inform the Board of Directors of the decision and the specific reasons therefore and will inform the appellant to the same effect by certified mail within 30 days of receipt by the President of the request for appeal.

If the CC upholds denial of certification, the appellant has the right to petition for a second level of appeal.

## 2. The Second Level of Appeal

The appellant must send to the President of ACVREP a written request for a second level appeal, by certified mail postmarked within 30 days of receipt of the decision on first appeal. The request for a second level of appeal must set forth specific objections to the determinations made by the CC in rendering its decision in the first appeal. No additional documentation may be included.

The President will forward the appellant's written request and all documentation accompanying the request for the first level of appeal to the Chair of the Board of Directors. The Chair of the Board will appoint an Ad-hoc Committee comprised of at least three members of the Board to review the second level request and all documentation accompanying the first level appeal. None of the Ad-hoc Committee members may have been part of the CC that rendered the decision on first appeal.

The Ad-hoc Committee will report its decision to the Board and the Chair of the Board will inform the President in writing of the decision. The Chair of the Board will inform the appellant of the decision by certified mail within 60 days of the official receipt by the President of the request for a second level appeal.

### **D. Related Items**

ACVREP is not responsible for any costs incurred by the appellant throughout the appeal process.

If the appeal concerns an examination related issue, the appellant is precluded from retesting until the appeal is heard and a final decision has been rendered.

ACVREP will permanently retain all records and reports related to each appeal.

### **Section 14 - Disciplinary Procedures and Grounds for Discipline**

Disciplinary procedures are established to provide a fair and impartial determination regarding alleged misconduct by ACVREP certificants and to uphold the Code of Ethics establishing required standards of conduct for all ACVREP certificants.

ACVREP expects that complainants and certificants will attempt to resolve issues between them amenable to resolution, prior to requesting that ACVREP commence a disciplinary procedure.

To the extent permitted by law, confidentiality shall be maintained by all parties throughout the disciplinary procedure.

## Grounds for Discipline

Misconduct by an ACVREP certificant, including the following acts or omissions, constitutes grounds for discipline, whether or not the misconduct occurred in the course of a client/student relationship.

- Any act or omission that violates the provisions of the ACVREP Certifications' Code of Ethics.
- Any act or omission that violates criminal law which results in a conviction.
- Failure to respond to the allegations as requested by the Chair of the Disciplinary Review Committee. A failure to respond shall be deemed to occur if the certificant has failed to provide updated, current contact information to the ACVREP office and thus the complaint can not be delivered to the certificant and/or if the certificant fails to respond within 30 days to a request in the "Missing Persons" section of the ACVREP newsletter.
- Obstruction of the Disciplinary Review Committee's performance of its duties.
- Any false or misleading statements made to ACVREP.

## Complaint

Upon receipt of a written complaint, the President shall forward to the complainant a copy of the appropriate Code of Ethics with a request that the complainant identify the specific Code provisions alleged to have been violated by the certificant or any act that is a violation of criminal law which results in a conviction, and provide to ACVREP evidence supporting each allegation. The complainant should use the ACVREP Complaint Form and Affidavit which can be obtained from the ACVREP office or "Download" page on ACVREP's website.

The President shall forward the complainant's written complaint, response, and accompanying evidence to the Chair of the Disciplinary Review Committee for review. The Chair shall determine whether there is probable cause that a Code of Ethics violation has occurred or that there has been a violation of criminal law that resulted in a conviction. Should the Chair determine that there is no probable cause to believe the Code has been violated, the complainant shall be so informed and the file shall be closed. Upon determination by the Chair that there is probable cause to believe the Code has been violated, the Chair shall forward all information received from the complainant to legal counsel for independent review and advice.

If the advice of legal counsel is that no probable cause exists to believe a Code of Ethics violation has occurred, or that there has not been a violation of criminal law resulting in a conviction, the Chair shall close the file and so inform the complainant of the rationale therefore. If legal counsel concurs in the Chair's determination that there is probable cause to believe a Code violation has occurred or that there has been a violation of criminal law resulting in a conviction, the Chair will assume the responsibility for proceeding with an investigation.

## Investigation

The Chair shall inform the ACVREP certificant under investigation in writing of the allegations and the supporting evidence, and describe the steps to be taken in proceeding with the investigation. The certificant will have twenty (20) working days within which to file a written

response. The certificant will be notified by certified mail, return receipt requested, or its equivalent, at certificant's most current address on file.

Upon receipt of a response from the certificant, the Chair shall forward the response to the complainant and to legal counsel. The complainant shall be requested to advise the Chair of his/her willingness to participate in a hearing on the complaint, in order to allow the certificant to face and question the complainant. If the complainant is unwilling to participate in the hearing, the Chair shall close the file, unless the DRC by a majority vote finds that the investigation and hearing should proceed. If no response is received from the certificant within twenty (20) working days, a formal complaint will be issued and the case scheduled for a hearing.

### Hearing

The hearing shall be held by the Disciplinary Review Committee, either via a teleconference call or face-to-face meeting, with the Chair conducting the proceedings as a nonvoting committee member. The complainant shall present the evidence supporting the allegations against the certificant or, in the alternative, may request that the Committee's legal counsel do so. Admissibility of evidence is within the sole discretion of the Chair. The certificant, who has the right to participate in the hearing (in person or via a teleconference call), may respond and provide evidence in defense against the complainant's allegations and may be represented by counsel. The voting members of the committee, exclusive of the Chair, shall determine whether a Code violation has occurred and make its findings and determination based upon a majority vote of those members eligible to vote.

Please note: If a face-to-face hearing is requested by the complainant and/or certificant, they will be responsible for covering all of their expenses related to attending the hearing, including expenses for their legal counsel.

### Appeal and Final Decision

In cases where the hearing leads to formal disciplinary action, the certificant may appeal the Disciplinary Review Committee's decision to the full ACVREP Board of Directors by written notice to the ACVREP office within 20 working days via certified mail or its equivalent. The Chair of the committee shall then submit the committee's findings and determination, along with the case file, to the full board which shall render a final decision as to the Code violations committed by the certificant and the disciplinary action to be taken. Unless requested by the board, no additional information may be introduced by the committee or certificant during the appeal process. The board's decision shall be final, with notification provided to the certificant, via certified mail or its equivalent, within 45 working days from the date the ACVREP office received the certificant's letter of appeal, unless the board has requested additional information during the appeal process or the board has decided to render a final decision at its next scheduled board meeting. In the event the board decides to render a decision at its next meeting, notice will be sent to all interested parties.

### Forms of Discipline

The Board may impose any of the forms of discipline set forth below. All disciplinary actions, with the exception of private written censure, shall be publicly disseminated.

- Private written censure
- Public letter of admonition
- Suspension of certification and the right to use the ACVREP marks for a specified period of time, not to exceed five years
- Permanent termination of certification and of the right to use the ACVREP certification marks

### Reinstatement

Reinstatement of suspended certification shall occur at the end of the period of suspension, upon the terms and conditions provided by the ACVREP Board of Directors.

## **Revisions to policy approved March 19, 2005**

### **Section 15 - Use of the Service Mark**

The service mark “Certified Low Vision Therapist” (and “CLVT”) is owned by ACVREP. This mark identifies and distinguishes the services of the ACVREP Certified Low Vision Therapist (CLVT) from services provided by others. The ACVREP CLVT has the exclusive right to use the mark in connection with the service of low vision therapy.

### **Section 16 - Certification And Recertification Record Retention**

#### Certificant Files

#### Retention Period

Active	Permanently
Disciplined	Permanently
Denied certification or recertification	10 years
Lapsed	10 years
Revoked	Permanently
Deceased	1 year
Historical list of names of certificant for each year	Permanently

#### Certification Application Forms

Sample forms	Permanently
Completed applications	5 years
Incomplete applications	3 years
Candidates found to be ineligible	10 years
Candidates otherwise not granted certification	10 years
Candidates granted certification	Permanently

## **Section 17 - Fee Information**

**All fees are listed in USD.**

Eligibility Application Fee:	<b>\$105.00</b>
Certification Examination Fee:	<b>\$250.00</b> [up to two administrations]
Certification Fee (5-year term):	<b>\$100.00</b>
Expedited Board Approval of Certification Fee:	<b>\$50.00</b>
Recertification Application Fee:	<b>\$200.00</b>
Recertification Fee (5-year term):	<b>\$100.00</b>

### **Multiple Certification Discount:**

Individuals applying for ACVREP Certification in multiple disciplines (CLVT, COMS, and/or CVRT) will be given a 50% discount on the Certification Fee for each additional certificate after paying the full Certification Fee for the first certificate. The Certification Fee for each additional certificate is **\$50.00**. This discount does not apply to the Eligibility Application Fee, the Certification Examination Fee and/or the Expedited Board Approval of Certification Fee.

Likewise, individuals who recertify in multiple disciplines (CLVT, COMS, and/or CVRT) will be given a 50% discount on the Recertification Fee for each additional certificate after paying the full Recertification Fee for the first certificate. The Recertification Fee for each additional certificate is **\$50.00**. This discount does not apply to the Certification Examination Fee (if taken for the purposes of recertification), the Recertification Application Fee and/or the Expedited Board Approval of Certification Fee.

### **Late Fees:**

A late fee of **\$50.00** will be charged if the recertification application is not submitted within 30 (postmarked) days of the recertification expiration date.

### **Miscellaneous Fees:**

Certificate replacement fee:	<b>\$20.00</b>
Certification Handbook:	<b>\$15.00</b> (plus <b>\$2.50</b> for shipping and handling)

Certification Logo Pin: **\$10.00**

**Non-sufficient funds (NSF) policy**

A fee of \$25.00 will be charged for any check returned due to NSF. Fees must then be paid by money order or cashier check. All fees must be paid in full before any further ACVREP service will be rendered.

**Refund policy**

The following fees and charges are non-refundable: Eligibility Application fee, Certification Examination fee, Recertification Application fee, late fee, certificate replacement fee, handbook charge, and logo pin charge. A \$50.00 administration cost will be retained for refunds of certification and recertification fees when requested prior to the approval of the application. ACVREP requires that all such requests for these refunds be submitted in writing.