

# **ACVREP**

The logo for the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP). The letters 'ACVREP' are in a large, bold, black sans-serif font. Below the letters are four horizontal lines of varying thickness, with the top two being the thickest and the bottom two being the thinnest.

Academy for Certification of Vision  
Rehabilitation & Education Professionals

**Vision Rehabilitation Therapist  
(Formerly Rehabilitation Teacher)  
Certification Handbook**

**PLEASE DO NOT DUPLICATE**

**Revised February 2009**

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## **Preface**

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

This Vision Rehabilitation Therapist Certification Handbook will provide you with background information regarding the profession of Vision Rehabilitation 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: Orientation & Mobility, Vision Rehabilitation Therapy, and Low Vision 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.

### **Section 2 - Scope of Practice**

Vision rehabilitation therapists instruct persons with vision impairments in the use of compensatory skills and assistive technology that will enable them to live safe, productive, and interdependent lives. Vision rehabilitation therapists work in areas that enhance vocational opportunities, independent living, and the educational development of persons with vision loss, and may include working in center based or itinerant settings.

Specific vision rehabilitation therapist responsibilities include an assessment and evaluation of the person's needs in his/her home, work and community environments; development and implementation of instructional programs; case management and record keeping; identification and utilization of local and national resources; and facilitation to psychosocial adjustment to blindness and vision loss.

Vision rehabilitation therapists provide individualized programs of instruction that accommodate the unique needs of specialized groups, including persons who are aging, deaf-blind or disabled.

### **Section 3 – Vision Rehabilitation Therapy Core Domain Body of Knowledge Areas**

#### **1. \*Knowledge of the Blindness System**

- a. Demonstrate knowledge of the demographics of blindness and visual impairment.
- b. Demonstrate knowledge of the history of the education and rehabilitation services for people with visual impairments.
- c. Demonstrate knowledge of the major legislation governing blindness services and disability issues including eligibility criteria for services.
- d. Demonstrate knowledge of the philosophy, structure, and governing legislation of independent living programs.
- e. Demonstrate knowledge of the structure and funding sources of private, state/province and federal blindness systems.
- f. Demonstrate knowledge of the major blindness consumer groups and their primary philosophies.
- g. Demonstrate knowledge of advocacy strategies used to promote positive attitudes towards women, ethnic/racial minority groups, and individuals with disabilities and to pursue the goals of inclusion.
- h. Identify major publications and information resources relating to services for people with visual impairments.
- i. Demonstrate knowledge of vocational rehabilitation practices and regulations, including the Individual Plan for Employment (IPE), and the Individual Program Plan (IPP-Canada).

#### **2. \*Medical Aspects of Blindness and Low Vision**

- a. Demonstrate knowledge of the relationship between etiology of visual loss and the effect of that loss upon individual development, behavior and environmental needs, including implications for vision rehabilitation therapist services:
  1. Demonstrate knowledge of the anatomy of the human eye.
  2. Demonstrate knowledge of diseases and disorders of the human eye.
  3. Demonstrate knowledge of functional implications imposed by diseases and disorders of the human eye.
  4. Demonstrate knowledge of the range of medical, surgical, and optical remediations for diseases and disorders of the human eye.
  5. Demonstrate knowledge of specific medical and physical contraindications for diseases and disorders of the human eye.
- b. Demonstrate the ability to complete an assessment to determine whether visual, non-visual or a combination of strategies is appropriate to achieve specific goals of the learner.
- c. Select or create and implement a functional vision assessment to identify and quantify the level of current visual functioning.
- d. Select or create and implement a sequential instructional program to integrate the use of low vision aids and strategies to specific instructional needs of individuals who are visually impaired including:
  1. Fixating, focusing, tracking, and scanning skills, including techniques for eccentric viewing and fixation.
  2. Visual perceptual skills.
  3. Vision stimulation training and instruction.
  4. Instruction in a range of techniques for print reading.

5. Adaptation of environmental variables and materials for personal, educational, and vocational tasks, including lighting, color, and contrast.
  6. Instruction with prescribed near, intermediate, and distance non-optical, optical, and electronic low vision devices, in conjunction with instruction in communication skills and activities of daily living.
  7. Assessment of natural and artificial lighting.
- e. Demonstrate knowledge of appropriate resources and referrals for environmental, media, and instructional interventions used to alleviate or modify the functional effects of specific eye disorders.

### **3. \*Professionalism and Practice Methods**

- a. Demonstrate knowledge of effective case management practices, including methods for data collection and case reporting.
- b. Demonstrate knowledge of interdisciplinary teamwork principles and appropriate referral processes.
- c. Demonstrate knowledge of legal and civil rights relating to rehabilitation, transition planning and vocational services.
- d. Demonstrate knowledge of the historical development, current status, practitioner demographics, and major issues in the field of vision rehabilitation therapy (VRT) (i.e. home teacher, living skills instructor, rehabilitation teacher).
- e. Demonstrate knowledge of professional ethics, privacy regulations and practice standards.
- f. Demonstrate knowledge of standards and practices of certification, licensure and accreditation.
- g. Demonstrate knowledge of the principles of individualized program planning, including transition, independent living and vocational rehabilitation services and programming.
- h. Demonstrate the knowledge, skills and abilities to assess, design and implement an individualized service plan based on client/consumer needs.
- i. Demonstrate knowledge of the roles and functions of a private contracting VRT.
- j. Demonstrate knowledge of appropriate resources to meet the need for services or adapted materials by and for individuals with visual or multiple impairments.
- k. Demonstrate knowledge of methods for securing, instructing and working with volunteers, peers, para-professionals, vendors and private contractors.
- l. Demonstrate knowledge of methods for the design and delivery of in-service workshops to consumers, communities, service organizations, etc.
- m. Demonstrate the ability to communicate effectively with clients/consumers, peers and other professionals.
- n. Demonstrate the ability to evaluate and integrate new and existing technology into vision rehabilitation services.

### **4. \*Personal Management**

- a. Select, design and implement a sequential instructional program to meet the specific independent living needs of learners who are blind or visually impaired including:
  1. Incorporation of appropriate methods and materials used for the adaptations/modifications of personal management skills needed for

persons who are blind or visually impaired, or who have additional disabilities.

2. Personal hygiene skills and techniques (i.e. shaving, nail care, dental care).
3. Dressing and grooming techniques (i.e. hair care, applying makeup, etc.).
4. Adaptive eating techniques.
5. Adaptive time management techniques (i.e. making appointments, use of adapted timepieces, managing daily calendar).
6. Selection, care and maintenance of clothing (i.e. laundering, ironing, mending).
7. Adapted sewing techniques.
8. Socialization skills (i.e. body language, gestures, soliciting aid).
9. Identification, organization and labeling of medications to ensure proper and safe usage.
10. General medication management.
11. Adaptive diabetic management (i.e. insulin measurement, medication management, record keeping, related resources).

## **5. \*Home Management**

- a. Select, design and implement a sequential instructional program to meet the specific independent living needs of learners who are blind or visually impaired including:
  1. Incorporation of appropriate methods and materials used for the adaptations/modifications of home management skills needed for persons who are blind or visually impaired, or who have additional disabilities.
  2. Identification, organization and labeling of kitchen and household items for efficiency and safety.
  3. Use of adaptive kitchen and household safety techniques and equipment.
  4. Use of adaptive techniques for money identification and management, budgeting and record keeping.
  5. Use of adaptive techniques for menu planning, organizing and grocery shopping.
  6. Ability to secure and manage volunteers/employees (i.e. readers, drivers, shoppers).
  7. Use of adaptive techniques of home mechanics (i.e. hand tools, minor repairs, changing light bulbs/batteries).
  8. Use of adaptive techniques of household cleaning (i.e. sweeping, dusting, vacuuming, cleaning bathrooms).
  9. Ability to upkeep and maintain home appliances.
  10. Use of home systems (i.e. regulating thermostats, use of home security systems, smoke detectors/fire extinguishers).

## **6. \*Communication Systems**

- a. Select, design and implement a sequential instructional program for teaching adaptive reading skills to adult learners who are blind or visually impaired including:
  1. Ability to conduct a reading media assessment (i.e. large print, tactile, audio).
  2. Demonstrate knowledge of Braille readiness activities.

3. Demonstrate ability to teach Braille reading to individuals who are adventitiously blind or visually impaired.
  4. Demonstrate an introductory knowledge of, and hands-on experience with alternative and augmentive communications systems, including, computer screen magnification programs, telecommunication devices for the deaf (TDDs), communication boards, and electronic low vision devices.
  5. Demonstrate the ability to integrate prescribed low vision aids into a reading program.
  6. Identification of appropriate adaptive resources for instruction in basic reading skills.
- b. Select, design and implement a sequential program for teaching adaptive writing skills to adult learners who are blind or visually impaired including:
1. Braille writing with brailier, slate, and stylus.
  2. Keyboarding instruction.
  3. Typing instruction.
  4. Handwriting instruction.
  5. Adaptive handwriting guides and devices.
  6. Note taking skills.
  7. Labeling methods.
  8. Drawing and raised line devices and tactile graphics technologies.
  9. Identification of appropriate resources for adaptive writing skills/tools.
  10. Use of adaptive/electronic notetakers.
- c. Select, design, and implement a sequential instructional program for teaching listening and recording skills to adult learners who are blind or visually impaired including:
1. Recording skills, including storage and retrieval of information and maintenance of equipment.
  2. Talking book machine/cassette skills.
  3. Cassette tape indexing techniques.
  4. Direct recording with patch cords.
  5. Electronic listening, reading, and recording resources ( e.g. Optical Character Readers, digital books, daisy formats, etc.).
  6. Adaptive telephone devices and techniques.
  7. Radio Reading Services and telephone information services.
  8. Acquisition and use of sighted readers.
  9. Identification of appropriate resources for listening and recording skills.
- d. Select, design, and implement a sequential instructional program for teaching measurement calculation skills to adult learners who are blind or visually impaired including:
1. Adapted calculators and/or abacus.
  2. Measurement devices.
  3. Identification of appropriate resources for measurement and calculation skills.
  4. Software that is appropriate for assisting with mathematic calculations.

**7. \*Braille and Other Tactual Systems**

- a. Ability to read standard literary Braille.
- b. Ability to write standard literary Braille, using both a Perkins Brailler and a slate and stylus.
- c. Ability to assess tactual perception of the learner and adapt/modify instructional materials accordingly.
- d. Ability to select, design and implement a sequential program for teaching Braille reading to learners who are blind or visually impaired.
- e. Ability to select, design and implement a sequential program for teaching Braille writing to learners who are blind or visually impaired.
- f. Ability to assess printed materials and adapt them to an appropriate, usable tactile format.
- g. Ability to duplicate Braille using appropriate technology, including computer software and hardware.
- h. Ability to identify appropriate Braille resources and Braille transcription services.
- i. Demonstrate awareness of alternative tactile codes.
- j. Ability to select/create and administer diagnostic tests of Braille literacy and reading/writing speed.

**8. \*Adaptive Computer Technology**

- a. Demonstrate entry level awareness of the various types of computerized assistive technology that is available for persons who are blind or visually impaired (i.e. screen enlargement, voice input/output, alternative keyboards).
- b. Demonstrate entry-level skills in the use of adaptive computer hardware and software for word processing, telecommunications, and computer-directed instruction.
- c. Demonstrate the ability to assess the needs of the learner to establish which access technology and/or hardware modifications will best meet their goals.
- d. Demonstrates the ability to select, design and modify a sequential instructional program incorporating the use of assistive technology based on learner's capabilities and/or limitations.
- e. Demonstrate the ability to perform a job analysis of the learner's workplace, taking into consideration ergonomics, modifications and assistive technology needed to perform assigned duties.
- f. Demonstrates knowledge of computer access technology manufacturers and distributors including how to contact various companies, use tech support, etc.
- g. Demonstrate awareness of AT Training resources for persons who are blind or visually impaired.

**9. \*Recreation and Leisure**

- a. Select, design, and implement a sequential instructional program to meet the specific recreation and leisure needs and interests of learners who are blind or visually impaired, including:
  1. Crafts, hobbies and adapted games.
  2. Cultural and educational pursuits.
  3. Sports and recreational activities.

- b. Identification of appropriate resources and referrals for additional recreational and leisure pursuits, including specialized blindness programs (i.e. **BOLD**, USABA, Blind Golfers Association).

**10. \*Aging and Vision Loss**

- a. Demonstrate knowledge of the major national demographic trends in aging and vision loss.
- b. Demonstrate knowledge of the major physiological, sensory, social, economic, and cognitive/perceptual changes in the aging process.
- c. Demonstrate knowledge of the major theoretical and psychosocial aspects of aging.
- d. Demonstrate knowledge of the current network of services to older adults, including entitlement programs, health-care service delivery systems, and residential and institutional living arrangements/options.
- e. Demonstrate knowledge of the current policies and legislation related to aging and vision loss.
- f. Identify appropriate resources and referrals for services to older adults who are blind or visually impaired.

**11. Deaf-blindness**

- a. Demonstrate the ability to utilize basic alternative communication systems for individuals who are deaf-blind.
- b. Demonstrate knowledge of appropriate methods and materials for the adaptation of independent living skills for individuals who are deaf-blind.
- c. Identification of appropriate resources for instruction in other forms of communication used by individuals who are deaf-blind.
- d. Identify resources for services to persons who are deaf-blind, including persons who are aging with hearing and vision loss.

**12. Teaching and Learning Strategies**

- a. Demonstrate knowledge of contemporary learning theories including those that are appropriate for children and young adults.
- b. Demonstrate the ability to utilize the principles of andragogy (adult learning theory), specifically in relation to rehabilitation teaching assessment and teaching processes.
- c. Demonstrate knowledge of lifespan human development, specifically in relation to the needs of adult learners.
- d. Demonstrate the ability to utilize appropriate interview, listening, and problem-solving skills required during client/consumer interviews, preliminary history taking, and comprehensive rehabilitation assessment to formulate a treatment plan.
- e. Demonstrate the ability to design, select and implement appropriate methods and materials for comprehensive vision rehabilitation assessments.
- f. Demonstrate the ability to create and modify lesson plans that contain appropriate goals, objectives, and task analysis based on interpretation of assessments.
- g. Demonstrate knowledge of vision rehabilitation teaching methodologies utilized in various service delivery systems.

- h. Demonstrate knowledge of appropriate instructional strategies for the transfer of independent living skills from the rehabilitation setting to the home and community environments.
- i. Identify appropriate resources and referrals to accommodate cultural diversity and socio-cultural differences in learning.
- j. Identify appropriate resources and referrals for services to older adults who are blind or visually impaired.

**13. Psychosocial Aspects of Blindness and Vision Loss**

- a. Demonstrate knowledge of factors affecting an individual's adjustment to vision loss, visual impairment, and the rehabilitation process.
- b. Demonstrate knowledge of the impact of visual loss and visual impairment on family, friends and significant others, and the application of problem solving strategies.
- c. Demonstrate knowledge of the relevant theories of adjustment to loss.
- d. Demonstrate knowledge of the key elements necessary for the establishment of an appropriate working relationship with client/consumers.
- e. Demonstrate knowledge of appropriate counseling techniques to facilitate adjustment to vision loss.
- f. Demonstrate ability to design and implement strategies of self-advocacy.
- g. Identify appropriate community resources for counseling services for individuals who are blind or visually impaired, as well as families, friends, and significant others.

**14. Individuals Who are Blind or Visually Impaired With Additional Disabilities**

- a. Demonstrate knowledge of eligibility criteria for the classifications, major legislative issues, and current demographics of disability groups.
- b. Demonstrate knowledge of the interactive effects of a range of disabilities upon individuals who are blind or visually impaired, their families, and relevant home/vocational environments.
- c. Demonstrate familiarity of alternative mobility devices (i.e. wheelchairs, walkers, support canes) and transportation options that may be utilized by children and adults with disabilities.
- d. Demonstrate knowledge of appropriate methods and materials for the adaptation of independent living skills by individuals who are blind or visually impaired with additional disabilities.
- e. Identify appropriate resources and referrals for services to children and adults who are blind or visually impaired with additional disabilities.

**15. Research**

- a. Demonstrate knowledge of the basic language and concepts of research.
- b. Demonstrate the ability to understand and evaluate research studies.
- c. Demonstrate the ability to obtain and apply research findings to best and promising rehabilitation practices for individuals who are blind or visually impaired.
- d. Demonstrate the ability to formulate an hypothesis in order to explore the feasibility of needed research.
- e. Demonstrate knowledge of ethical considerations in research.

- f. Demonstrate knowledge of contemporary research issues and needs in education, adaptive technology, and rehabilitation.

## **16. Orientation and Mobility**

- a. Select, design and implement a sequential instructional program to familiarize a blind or visually impaired learner with indoor orientation and basic mobility skills.
  - 1. Basic orientation techniques.
  - 2. Human Guide techniques.
  - 3. Self-protective techniques.
  - 4. Independent indoor movement.
  - 5. Systematic search patterns.
  - 6. Seating techniques.
  - 7. Room familiarization.
  - 8. Sensory development techniques.
- b. Identification of appropriate orientation and mobility resources.
- c. Knowledge of guide dog programs, including an understanding of federal/state regulations surrounding their use.
- d. Referral for evaluation to a Certified Orientation and Mobility Specialist.

### **Section 4 - History of Vision Rehabilitation Therapy Certification**

The history of vision rehabilitation therapy certification can be traced back to the 1930's. Prior to the 1932 Eastern Conference of Home Teachers, there had not been any official attempts to set any standards regarding acceptable teaching practices for home teachers of the blind. At this conference, a committee was appointed with the task of developing minimum standards of practice. The committee's final report indicated that no standards could be set due to the wide variety of needs among those who were blind.

A concern voiced by some people associated with the field was that most of the home teachers were blind women who were not trained to adequately serve the needs of the constituents that were assigned to them. Similar jobs within the field of serving those with disabilities were usually social worker positions that were held by people who were sighted and had received college training, usually at the graduate level.

By 1937, several states had adopted short-term training sessions for home teachers, and a book was produced entitled, "What of the Blind?" consisting of a series of articles dealing with blindness and providing services to blind people. Another book came out three years later, "More of the Blind" (Koestler, page 291).

By 1939, a merit system for home teachers had been suggested as a means of equalizing the civil service standards of other workers in related fields. There was some worry about sighted social workers replacing blind home teachers, and it was thought that a merit system for home teachers might help offset the problem of a lack of recognized credentials when compared to college trained social workers.

Although the initial training attempts were considered helpful, there were still many unanswered questions regarding acceptable practice standards. The American Foundation of the Blind (AFB)

and the American Association of Workers for the Blind (AAWB) organized a meeting in 1938 inviting specialists in the field of blindness to adopt the first professional certification standards for home teachers. At this meeting, a board was appointed to develop the standards that were presented at the 1941 AAWB convention.

The 1941 AAWB convention adopted official standards for home teachers. Two levels of certification were available. Class I certification required two years of college credits in the areas of social work and teaching, demonstration of proficiency in braille, and the knowledge and ability to teach six handicraft skills. Four years of experience could be substituted for two years of college. Class II certification required Class I proficiencies as well as being a college graduate with one year of post graduate study in the school of social work. Following the 1941 AAWB convention, many "promising young blind people" were urged to go into social work as home teachers (Koestler, p. 291- 92). The American Foundation of the Blind began funding training for home teachers. The 1942 annual foundation report stated that 19 scholarships had been awarded for training, with five full-time graduate students, and three in home teacher training courses.

As training for home teachers continued, a question remained about how to work with the approximately 300 other home teachers in the field that had not received any official training. As an attempt to resolve this dilemma, a six-week summer training program was initiated and sponsored by the AFB in 1942. Practicing home teachers could get academic credits needed for Class I certification. The Hadley School for the Blind also offered college level correspondence courses as another alternative to obtaining credits for certification.

The professional status of home teachers was fostered by changes in funding and professional titles given to home teachers. The 1954 amendments of the Vocational Rehabilitation Act provided for grant funding to finance personnel training in several areas of related rehabilitation disciplines, including home teachers. In addition, a 1959 revision of the AAWB Class II certification requirements changed the title of Class II teachers to Home Teacher Specialists.

A.N. Magill, Chairman of the board of certification for AAWB in 1959, issued a statement that would later serve as a link between what was currently accepted as a model of the home teaching function and what was emerging as a new concept of the rehabilitation center. His statement proclaimed, "professional home teaching embraces counseling and casework as well as instruction and that it should be the basic field service for the blind which begins the process of rehabilitation" (Koestler, p. 293). In 1965, the Commission on Standards and Accreditation of Services for the Blind (COMSTAC) along with AAWB renamed the title of home teachers to rehabilitation teachers. This change was made in response to the understanding and acceptance of the new teaching function now required of professionals serving the blind. A two-year master's program was begun at Western Michigan University in 1963 that further expanded the professionalism of rehabilitation teaching.

The certification standards were updated in 1963 to reflect the academic personnel preparation of rehabilitation teachers. In 1984, AAWB became part of a new consolidated organization, the Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER). This new organization, AER, then became the certifying body. Among the changes of the certification process was the elimination of permanent certification that was replaced with a five-year renewable certification.

The need for an independent certification body led AER to seek a separate organization to provide certification to the professionals. Thus, the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) was established and officially began certifying rehabilitation teachers as of December 2, 2000.

During the March 2004 ACVREP Board meeting, it was decided that the Rehabilitation Teacher Certified (RTC) designation had to be renamed due to copyright violations. With the support of AER and AER's Division 11 (Rehabilitation Teaching), a nationwide request for possible designations was rendered. ACVREP received hundreds of e-mail responses with great ideas and enthusiasm. ACVREP's Rehabilitation Teaching (RT) Committee reviewed all of the suggestions and carefully selected five names to present to the ACVREP Board of Directors for its consideration at the September 2004 Board meeting.

The following considerations were identified before selecting a new acronym:

1. Making sure that the designation clearly defines the population that we serve.
2. Finding a designation that will satisfy both the profession and Medicare.
3. Finding a name that is consistent and yet specifically different from the other two certifications.
4. Creating a designation that has not yet been copyrighted.

In November 2004, the ACVREP Board of Directors voted to approve "Certified Vision Rehabilitation Therapist" (CVRT) as the new name for rehabilitation teachers. After a careful review of the literature and comments from the field, the ACVREP Board felt that CVRT was the most suitable name. The population of people CVRTs serve is dramatically shifting to the elderly. CVRTs must be poised and ready to respond not only to the needs of these consumers but also to rely on new sources of funding that have not yet been available to us. While recognizing the difficulties of selecting a name that everyone would be pleased with, ACVREP saw its responsibility to look beyond that and select a name that would meet the future needs of CVRTs.

References:

Koestler, F.A. (1976). The unseen minority: A social history of blindness in America. In *The Three-Wheeled Cart*. (pp. 291-294). New York: David McKay

Ponchillia, P. and Ponchillia, S. (1996). Foundations of Rehabilitation Teaching with Persons Who Are Blind or Visually Impaired. In *From Home Teaching to Rehabilitation Teaching*. (pp. 15-17). New York: American Foundation for the Blind.

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

### **Preamble**

We, professionals in the area of vision rehabilitation therapy of persons who are vision impaired, recognize our commitment to provide the highest quality of services to those individuals whom we serve. The purpose of our profession is to instruct individuals with visual impairments in the

use of those compensatory skills and aids that will enable them to live safely, productively, and interdependently. Our primary obligation as vision rehabilitation therapists is to consumers, and in all of our professional relationships, we will keep the best interests of consumers as our priority. Vision rehabilitation therapists are committed to consumers and their families, to our employers, the community, our profession and other professionals, and to ourselves. We recognize that our actions and inactions affect the lives of those whom we serve, and we accept this responsibility.

Defined by this Code of Ethics, the vision rehabilitation therapist is a professional practicing in the private or public sector who evaluates, instructs, and guides a person with a visual impairment through a consumer-centered individualized plan of rehabilitation instruction designed to achieve stated life skills and goals. These competencies encompass specific, identifiable, evaluation and teaching skills, and knowledge to enable a person with a visual impairment to develop and/or enhance sensory and kinesthetic capabilities, personal management skills, communication skills, orientation skills, low vision utilization, assistive technologies, vocational skills, leisure and recreation activities, and home management. The vision rehabilitation therapist will also assist the consumer to understand his/her vision loss and facilitate the development of appropriate coping mechanisms.

### **Philosophy**

Vision rehabilitation therapists are ethically, morally, and legally committed to providing quality instructional services to the consumer.

Vision rehabilitation therapists will respect the competence and abilities of individuals with visual impairments and their right to actively contribute to and participate in the community.

The vision rehabilitation therapist will inform consumers and promote their rights and responsibilities under current legislation to equal access.

### **1. COMMITMENT TO CONSUMERS**

Vision rehabilitation therapists will respect the value, culture, and dignity of each individual, and assure the highest quality of service.

The disclosure of confidential information is restricted to what is necessary, relevant, and verifiable with respect to each person's privacy and right to self-determination.

### **2. COMMITMENT TO THE COMMUNITY**

Vision rehabilitation therapists promote understanding and awareness of vision-related issues through community education and strive to develop relevant community resources.

Vision rehabilitation therapists advocate for policies and legislation that promote access, inclusion, social justice, equal opportunity, and informed choice for people with visual impairments.

### **3. COMMITMENT TO THE PROFESSION OF VISION REHABILITATION THERAPY**

Vision rehabilitation therapists will develop and maintain an evolving and vibrant knowledge base of expertise in vision-related rehabilitation instruction through research and dissemination of best practices.

Vision rehabilitation therapists will seek and support rehabilitation teacher certification to assure quality rehabilitation instruction, and promote an ongoing policy of continued education for all vision rehabilitation therapy professionals.

To assure quality services, vision rehabilitation therapists will refer consumers to the best possible resource of instruction when other systems or professional expertise will be more beneficial to the consumer.

#### **4. COMMITMENT TO EMPLOYMENT PRACTICES**

The vision rehabilitation therapist in public or private practice will abide by all federal, state, and local laws regarding the delivery of services to consumers.

Vision rehabilitation therapists should strive to attract suitable persons to careers in vision rehabilitation therapy, and promote the employment of certified vision rehabilitation therapists.

Vision rehabilitation therapists will adhere to professional standards as outlined in this Code of Ethics and accompanying Guidelines.

### **PRINCIPLES OF PRACTICE**

The following principles of practice are designed as a guideline to assist in the adherence to the Vision Rehabilitation Therapy Code of Ethics.

#### **1. COMMITMENT TO CONSUMERS**

- 1.1 The professional vision rehabilitation therapist shall respect the worth, culture, and dignity of each individual. This includes exhibiting courtesy and temperance in situations of conflict.
- 1.2 The role of the vision rehabilitation therapist as an instructor is to recognize both the limits and potentials of each individual, and to work in cooperation with individual consumers, families, and other professionals to help the consumer achieve his/her optimal, desired level of activity and independence.
- 1.3 The role of the vision rehabilitation therapist as an advocate is to promote the welfare of persons with vision impairments for the purpose of assisting them to achieve their desired levels of independence. In addition, the vision rehabilitation therapist shall make every effort to educate the consumer in the principles of self-advocacy so that the consumer will be able to achieve life long independence.
- 1.4 Prior to the commencement of instruction, the vision rehabilitation therapist will seek to obtain and evaluate information that is relevant to the consumer's rehabilitation program.

- 1.5 The vision rehabilitation therapist shall take all reasonable precautions to ensure the safety of the consumer and will seek to provide an instructional environment that is conducive to learning.
- 1.6 The vision rehabilitation therapist shall seek, where appropriate, the support and involvement of the consumer's support system in promoting an individual's instructional objectives and in advancing continued success. This includes sharing information with the family or others who will facilitate the consumer's welfare and independence, but not communicating information that violates the principles of confidentiality.
- 1.7 The vision rehabilitation therapist will relate to all consumers in a professional manner during the individual's rehabilitation and will not engage in personal or private relationships that would jeopardize the rehabilitation process.
- 1.8 The purpose of confidentiality regarding consumer information is to safeguard facts, data, and professional judgments that are obtained in the course of practice. Disclosures of information are restricted to what is necessary, relevant, and verifiable with respect to each consumer's right to privacy. Professional files, reports, and records shall be maintained under conditions of security.
- 1.9 The vision rehabilitation therapist shall obtain the informed consent of the consumer before inviting others to observe a lesson, photograph or record, or involve the consumer in a research study in which personal identifying information would be gathered and disseminated.
- 1.10 The vision rehabilitation therapist will recognize personal and professional limitations and will make referrals when appropriate and when another service provider could provide a more appropriate service to an individual consumer.
- 1.11 Decisions regarding the continuation or discontinuation of instruction shall be made with each consumer, respecting his/her rights to participate in decisions regarding his/her objective evaluation of his/her needs and abilities to benefit from defined services.
- 1.12 The vision rehabilitation therapist will make every effort to ensure that the consumer is well informed concerning service options, grievance procedures, current and relevant legislation, and disability issues related to his/her personal rights and responsibilities.

## **2. COMMITMENT TO THE COMMUNITY**

- 2.1 The vision rehabilitation therapist will seek to exhibit the highest standard of practice when using any specialized knowledge or abilities to contribute to community education, avoiding exaggeration, sensationalism, superficiality, and other misleading activities.
- 2.2 The vision rehabilitation therapist should encourage the community to be actively involved in education and rehabilitation processes. Full inclusion benefits all of society and the vision rehabilitation therapist should advocate for this end.

- 2.3 The vision rehabilitation therapist will promote equal access to information, signage, transportation, and employment in the community.
- 2.4 The vision rehabilitation therapist shall not engage in activities that result in exploitation of the consumer or his/her family.
- 2.5 In working with the media, all efforts should be made for the positive portrayal of blindness.
- 2.6 The vision rehabilitation therapist should encourage and participate in agency and university accreditation.
- 2.7 The vision rehabilitation therapist will be committed to removing barriers to those who are disabled: environmental, social, attitudinal, vocational, and physical.

### **3. COMMITMENT TO THE PROFESSION**

- 3.1 The vision rehabilitation therapist has full responsibility for the exercise of professional judgment related to instruction.
- 3.2 The vision rehabilitation therapist has responsibility to contribute to the growing body of knowledge and expertise of the profession by supporting research, contributing articles to professional journals, and presenting at conferences and meetings.
- 3.3 The vision rehabilitation therapist will advance rehabilitation practices through full participation in the development of improved agency policies, practices, and system evaluation and advancement.
- 3.4 The vision rehabilitation therapist will be an active and vibrant contributor to the rehabilitation team working cooperatively with other colleagues and professionals and supporting consumer-centered team decisions.
- 3.5 The vision rehabilitation therapist will insure the future of quality services through peer support, mentoring, supporting interns, professional development, and continuing education.
- 3.6 The vision rehabilitation therapist will participate in local, regional, and national organizations that are directly related to the profession of vision rehabilitation therapy.
- 3.7 The vision rehabilitation therapist will encourage, support, and cooperate with others in the profession by encouraging fair treatment of consumers and colleagues.
- 3.8 The vision rehabilitation therapist shall make reasonable efforts to oppose incompetent, illegal or unethical behavior and report such behavior to the regulating bodies.
- 3.9 The vision rehabilitation therapist will make referrals to other professionals in agreement with the consumer and the consumer's service plan.

- 3.10 The vision rehabilitation therapist will respond truthfully when requested to write letters of recommendation for colleagues. When appropriate, vision rehabilitation therapists will make every effort to recognize the outstanding achievement of peers through award nominations and support.

#### **4. COMMITMENT TO EMPLOYMENT PRACTICES**

- 4.1 The vision rehabilitation therapist is expected to facilitate and enhance team efforts, on a professional level, and to share specialized knowledge, sources, experience, concepts, and skills. In situations where team decisions are made, the vision rehabilitation therapist will be a full participant, contributing relevant information and actively participating in the decision making process and supporting related decisions.
- 4.2 The vision rehabilitation therapist should avoid assuming responsibilities that are better provided by other professionals. Referrals to other professionals shall be done in agreement with the consumer and the consumer's service plan.
- 4.3 The vision rehabilitation therapist should adhere to the policies and regulations of the employer and should abide by the terms of a contract or agreement, whether verbal or written, unless the job duties include behavior which violates the Code of Ethics. The vision rehabilitation therapist should not accept a position where proven principles of vision rehabilitation therapy practices are compromised or abandoned.
- 4.4 The vision rehabilitation therapist should demonstrate concern and appreciation of the heritage, values, and principles of the employing agency.
- 4.5 The vision rehabilitation therapist may not solicit or directly accept a gift, subscription, advance, rendering, or deposit of money, gratuity, favor, entertainment, loan, or anything of significant value from a person, business, or organization with whom they have official relationships. This does not preclude normal business practices that enable the vision rehabilitation therapist to maintain ongoing services.
- 4.6 The vision rehabilitation therapist shall avoid distributing, or cause to be distributed, any advertisement, materials, or samples aimed at soliciting referrals for personal profit.
- 4.7 No person shall be refused service by the vision rehabilitation therapist on the basis of race, color, culture, religion, national origin, gender, age, sexual orientation or disability.
- 4.8 The vision rehabilitation therapist shall avoid causing misrepresentation of professional credentials or competencies.
- 4.9 When asked to comment on cases being actively managed by another rehabilitation practitioner and/or agency, the reviewer shall make every reasonable effort to conduct an in-person evaluation before rendering a professional opinion.
- 4.10 Competitive advertising of services and products shall be factually accurate. The vision rehabilitation therapist shall promise or offer only those services or results that there is reason to believe can be provided.

- 4.11 The vision rehabilitation therapist shall establish a fee for private contracting in cooperation with the contracting agency that is consistent with best practice fees of that particular geographic region.
- 4.12 The vision rehabilitation therapist shall not enter into fee arrangements that would be likely to create a conflict of interest.
- 4.13 The individual vision rehabilitation therapist shall not behave in such a manner as to use the position to influence or cause the recipient of services to name them as a beneficiary of a will, insurance policy, or other assets as compensation.

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

**\*\*\*Note: All appendices mentioned in this handbook refer to appendices in the VRT Eligibility Application**

### Category 1:

Eligibility to sit for the certifying exam:

- Proof of a minimum of a Bachelor's degree (or foreign equivalent, as verified through an independent credential evaluation company), with a specialization in the area of Vision Rehabilitation Therapy (VRT), from an AER approved VRT program at the time the degree was granted. If you are unsure of the status of your school's program when your degree was granted, contact your university program coordinator.

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

- Successful completion of at least 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 Certified Vision Rehabilitation Therapist (CVRT). The practice can be supervised by an onsite or offsite CVRT. The internship must include the provision of a variety of direct services to adults with vision impairments or blindness.

**Supporting documentation required: Submit a "*Clinical Competency Evaluation Form*" completed by your CVRT practice supervisor (see Appendix A). If the CVRT 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 D).**

- Sign a written statement agreeing to uphold high ethical and professional standards (see Appendix F).

Eligibility for VRT certification:

- Pass the VRT written exam demonstrating knowledge of VRT principles and applications.
- Approval by the ACVREP Board of Directors.

Category 2:

Eligibility to sit for the certifying exam:

- Proof of a minimum of a Bachelor’s degree (or foreign equivalent, as verified through an independent credential evaluation company), with a specialization in the area of VRT. This degree should be granted from a university or college with a program of study in VRT that meets the core curriculum of VRT.

The core curriculum must meet all of the 16 core domain body of knowledge areas listed below:

1. Knowledge of the Blindness System.
2. Medical Aspects of Blindness and Low Vision.
3. Professionalism and Practice Methods.
4. Personal Management.
5. Home Management.
6. Communication Systems.
7. Braille and Other Tactual Systems.
8. Adaptive Computer Technology.
9. Recreation and Leisure.
10. Aging and Vision Loss.
11. Deaf-Blindness.
12. Teaching and Learning Strategies.
13. Psychosocial Aspects of Blindness and Vision Loss.
14. Individuals who are Blind or Visually Impaired with Additional Disabilities.
15. Research.
16. Orientation and Mobility.

**Supporting documentation required: Official transcripts documenting the degree. Also, to demonstrate knowledge of the 16 core domain body of knowledge areas, the applicant must complete the “Core Domain Area Checklist (Category 2 applicants only)” (see Appendix B) and provide written documentation that s/he has received education in these areas. Examples of documentation include course descriptions or course syllabi, certificates of completion, continuing education (CE) hour information, continuing education unit (CEU) information, etc.**

- Successful completion of at least 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 Certified Vision Rehabilitation Therapist (CVRT). The practice can be supervised by an onsite or offsite CVRT. The internship must include the provision of a variety of direct services to adults with vision impairments or blindness.

**Supporting documentation required: Submit a “Clinical Competency Evaluation Form” completed by the CVRT practice supervisor (see Appendix A). If the CVRT 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 D).**

- Sign a written statement agreeing to uphold high ethical and professional standards (see Appendix F).

Eligibility for VRT certification:

- Pass the VRT written exam demonstrating knowledge of VRT principles and applications.
- Approval by the ACVREP Board of Directors.

Category 3:

Eligibility to sit for the certifying exam:

- Proof of a minimum of a Bachelor’s degree (or foreign equivalent, as verified through an independent credential evaluation company) in any field. **Also, must demonstrate knowledge in the 16 core domain body of knowledge areas listed below (see Appendix C):**
  1. Knowledge of the Blindness System.\*
  2. Medical Aspects of Blindness and Low Vision.\*
  3. Professionalism and Practice Methods.\*
  4. Personal Management.\*
  5. Home Management.\*
  6. Communication Systems.\*
  7. Braille and Other Tactual Systems.\*
  8. Adaptive Computer Technology.\*
  9. Recreation and Leisure.\*
  10. Aging and Vision Loss.\*
  11. Deaf-Blindness.
  12. Teaching and Learning Strategies.
  13. Psychosocial Aspects of Blindness and Vision Loss.
  14. Individuals who are Blind or Visually Impaired with Additional Disabilities.
  15. Research.
  16. Orientation and Mobility.

**Supporting documentation required:**

1. **Official transcripts documenting the degree.**
2. **For the first 10 VRT specific core domain body of knowledge areas listed above (\*), the applicant must demonstrate knowledge through formal education (university/college coursework) or ACVREP approved CE programs.**

*Documentation must include:*

- a. **Official transcripts and applicable course descriptions or course syllabi AND/OR**
  - b. **Certificate of Completion/Attendance and applicable course descriptions or course syllabi.**
3. **For the last six non-VRT specific core domain body of knowledge areas listed above (#11-#16), the applicant must demonstrate knowledge through formal education, ACVREP approved CE programs or other activities.**

*Documentation must include:*

- a. **Official transcripts and applicable course descriptions or course syllabi, OR**
  - b. **Certificates of completion/attendance and applicable course descriptions or course syllabi, OR**
  - c. **Continuing education (CE) hour or continuing education unit (CEU) information, to include certificates of completion/attendance and conference/workshop/ inservice training agendas and applicable handouts.**
4. **For the above 16 core domain body of knowledge areas, the applicant must also complete Appendix C [“VRT Core Domain Body of Knowledge Areas (Category 3 applicants only)”].**
5. **If you need to take a university college course to meet one or more of the 16 core domain body of knowledge areas, please see Appendix E (“University Programs for Vision Rehabilitation Therapists”).**
- Successful completion of at least 1,000 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 Certified Vision Rehabilitation Therapist (CVRT). The practice can be supervised by an onsite or offsite CVRT. The internship must include the provision of a variety of direct services to adults with vision impairments or blindness.

**Supporting documentation required: Submit a “Clinical Competency Evaluation Form” form completed by the CVRT practice supervisor (see Appendix A). If the CVRT 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 D).**

- Sign a written statement agreeing to uphold high ethical and professional standards (see Appendix F).

Eligibility for VRT certification:

- Pass the VRT written exam demonstrating knowledge of VRT principles and applications.
- Approval by the ACVREP Board of Directors.

## **Section 7 - Application Process**

1. All applicants for certification should request the application forms from the ACVREP office, 3333 N. Campbell Ave., Suite 11, Tucson, AZ, 85719, or download these forms 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 Vision Rehabilitation 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 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 Certification Application Request Form for certification approval 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 Vision Rehabilitation 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 – Vision Rehabilitation Therapy Test at a Glance**

Test Name: Vision Rehabilitation Therapy

Time: Two hour limit

Number of Questions: 100

Format: Multiple-choice questions

Content Categories

Domains	Approximate # of Questions	Approximate % Of Examination
Vision Rehabilitation Therapy Services	50	50
Case Management Services	25	25
Low Vision Services	20	20
Administrative Services	5	5

**About this test**

The Vision Rehabilitation Therapy test is designed for individuals who are teaching adaptive life skills. The 100 multiple-choice questions focus on knowledge of basic facts and principles of vision rehabilitation therapy as a discipline and on the application of that knowledge in working with persons with visual impairments.

The four content categories cover vision rehabilitation therapy services, case management services, low vision services, and administrative services.

1. Vision Rehabilitation Therapy Services:
  - a. Write instructional plans.
  - b. Teach home management.
  - c. Teach adaptive kitchen skills.
  - d. Teach labeling skills.
  - e. Teach personal management skills.
  - f. Teach money management skills.
  - g. Teach handwriting skills.
  - h. Teach techniques of telling time.
  - i. Teach listening and recording equipment.
  - j. Teach spatial concepts.
  - k. Teach braille skills and alternative tactile codes.
  - l. Teach adaptive math skills.
  - m. Teach mobility in familiar environments.
  - n. Teach computing skills.
  - o. Teach leisure/recreation skills.
  - p. Understand other disabling conditions.
  
2. Case Management Services:
  - a. Conduct scheduling activities.
  - b. Provide counseling.
  - c. Conduct assessment interviews.
  - d. Write IPE's or equivalent.
  - e. Function as a member of an interdisciplinary team.
  - f. Make referrals to other community agencies.
  - g. Provide family counseling.
  - h. Provide information about consumer benefits.

- i. Maintain written reports.
  - j. Maintain resource file.
3. Low Vision Services:
- a. Interpret eye diseases/disorders.
  - b. Conduct functional vision assessment.
  - c. Administer clinical low vision test.
  - d. Provide vision stimulation training.
  - e. Teach strategies for improving visual efficiency.
  - f. Teach use of optical aids for near and intermediate distances.
  - g. Teach use of optical aids for distance.
  - h. Teach use of nonoptical aids.
4. Administrative Services:
- a. Participate in staff meetings.
  - b. Provide consultation to other community programs.
  - c. Attend job-related conferences.
  - d. Participate on committees or boards.
  - e. Participate in blindness related support groups.
  - f. Participate in research activities.
  - g. Train and supervise volunteers.
  - h. Write grants.
  - i. Provide education to the community.

### Sample Test Questions

The sample questions that follow illustrate the kinds of questions in the test. They are not, however, representative of the entire scope of the test in either content or difficulty. Answers with explanations follow the questions.

Directions: Each of the questions or statements below is followed by four suggested answers or completions. Select the one that is best in each case.

1. According to the Vision Rehabilitation Therapist Code of Ethics, disclosure of confidential information is limited to information that is:
  - a. necessary, relevant, and verifiable
  - b. permissible, documented and available
  - c. positive, relevant and documented
  - d. documented, released and public
  
2. Adjustment to deteriorating vision by an older person is facilitated by:
  - a. the age of onset of vision loss and the medical intervention available
  - b. access to vision related rehab services and participation in support groups with other visually impaired persons
  - c. the supportive family environment and effective vocational planning
  - d. access to braille prepared materials and assistive technology for persons with visual impairments.

3. When transcribing printed materials into braille, format rules include:
  - a. double spacing material
  - b. indenting paragraphs 2 blank spaces
  - c. leaving 2 blank spaces after sentences
  - d. beginning headings at the right margin
  
4. The individual most widely known for his/her pioneering work on the impact of various losses resulting from blindness is:
  - a. Father Thomas Carroll
  - b. Dean Tuttle
  - c. Natatlie Barraga
  - d. Ruth Kaarlela
  
5. The learning theory which bases its premise on observable environmental factors is:
  - a. Social Learning Theory
  - b. Cognitive Learning Theory
  - c. Behavioral Learning Theory
  - d. Human Learning Theory
  
6. The Talking Book Program is a free:
  - a. locally supported cassette tape/disc program administered by library systems for persons with visual and physical limitations.
  - b. reader services provided by local and regional rehabilitation agencies serving the visually impaired and physically disabled.
  - c. nationally supported reading program administered by the Rehabilitation Services Administration.
  - d. national library program administered by the National Library Service for the Blind and Physically Handicapped of the Library Of Congress for persons with visual and physical limitations.
  
7. A vision rehabilitation therapist is a professional whose primary goal is to instruct persons with visual impairments to:
  - a. utilize adaptive skills to help them cope with the demands of everyday life.
  - b. facilitate awareness of household management, personal care, and assistive technology.
  - c. utilize adaptive equipment and devices to help them control the environment effectively.
  - d. facilitate awareness of client advocacy, client rights, environmental concerns, and specific personal care issues.
  
8. The system of communication by writing capital letters on the palm of a person who is deaf-blind by using a finger is known as:
  - a. Manual Alphabet
  - b. Palm Imprinting
  - c. Print on Palm
  - d. Tactile Imprinting

9. Which of the following techniques provides the most effective means of locating precise information on a cassette tape?
  - a. braille indexing
  - b. voice indexing
  - c. tone indexing
  - d. passive indexing
  
10. The most common cause of blindness in the U.S. among persons over age 60 is:
  - a. macular degeneration
  - b. cataracts
  - c. diabetic retinopathy
  - d. glaucoma

## ANSWERS

1. Necessary, relevant, and verifiable are the terms used in the vision rehabilitation therapy code of ethics to describe situations when revealing confidential information may be appropriate. The best answer is A.
  
2. According to the stated resource (Issues In Aging and Vision, Alberta Orr), an older person's adjustment to vision loss is determined by access to rehabilitation services and participation in support groups with other visually impaired persons. The best answer is B.
  
3. The Braille Authority of North America (1994), English Braille American Edition, states that paragraph indentation is 2 blank spaces. The best answer is B.
  
4. Father Thomas Carroll is the individual most widely known for his work on the impact of various losses resulting from blindness. The best answer is A.
  
5. Behavioral Learning theory is based on characteristics of behavior that are environmentally observable. The best answer is C.
  
6. The Talking Book Program has historically always been administered by the National Library Service for the Blind and Physically Handicapped of the Library of Congress. The best answer is D.
  
7. According to a widely used definition of a vision rehabilitation therapist, a vision rehabilitation therapist's primary goals are to assist persons with visual impairments to utilize adaptive skills to help them cope with the demands of everyday life. The best answer is A.
  
8. Print on Palm is the recognized communication system using a finger to write capital letters on the palm of a person who is deaf-blind. The best answer is C.
  
9. According to Ponchillia & Ponchillia, Foundation of Rehabilitation Teaching, pp. 178-179, voice indexing is the most effective means of locating precise information on a cassette tape. The best answer is B.

10. According to current statistics, macular degeneration is the most common cause of blindness in the U.S. among persons over age 60. The best answer is A.

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## **Section 11 - Recertification in Vision Rehabilitation 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 and recertification criteria for certification/recertification is established by the ACVREP Board of Directors, based upon the recommendations of the Certification Committees (Low Vision, Orientation and Mobility, and Rehabilitation Teaching).

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

The process of appeal does NOT permit:

- An appeal of certification examination results.
- 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 respective Certification Committee (CC) and the second is to the ACVREP Board of Directors. This structure assures:

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

## C. The Appeal Process

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

The appellant must submit a written request for appeal to the President of ACVREP. This request must be sent 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 (what decision is being appealed and why it is being appealed) and all relevant documentation in support thereof.

Only documentation included with the first appeal request will be considered at either level of appeal. The only exception to this would be if the ACVREP Board of Directors requests additional materials for review following the first level of appeal. Therefore, it is important for the appellant to submit any information and/or documents that s/he feels might be helpful in presenting and winning his/her appeal.

The President will forward the request for appeal to the Chair and members of the appropriate Certification Committee. The decision will be made by a 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 ACVREP Board of Directors of the CC's 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 the denial of eligibility or certification, the appellant has the right to petition for a second level of appeal.

### **2. The Second Level of Appeal**

The appellant must submit a written request for a second level of appeal to the President of ACVREP. This request must be sent 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, unless the ACVREP Board of Directors requests additional materials for review.

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 ACVREP 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 of appeal request and all documentation accompanying the first

level of appeal. None of the Ad-hoc Committee members may have been part of the CC that rendered the decision on the 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 Ad-hoc Committee's decision is final and no further appeals will be heard. 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 of 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 marks “Certified Vision Rehabilitation Therapist” and “CVRT” are registered with the United States Patent and Trademark Office and owned by ACVREP. These marks identify and distinguish the services of the ACVREP Certified Vision Rehabilitation Therapist (CVRT) from services provided by others. The ACVREP CVRT has the exclusive right to use the mark in connection with the service of vision rehabilitation therapy.

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

<u>Certificant Files</u>	<u>Retention Period</u>
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.**

LVT 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:	<b>\$10.00</b>

### **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.