**Advancing Professional Competency So All People with Visual Impairment Receive Services from Highly Qualified Professionals**



March 4, 2024

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# Preface

Certified Deafblind Intervenor Specialists (“CDBIS”) are highly trained professionals who work with individuals who are deafblind and those identified as having a dual sensory loss.

Intervenors are narrators, informers, guides, communicators, and generally a link to the world for someone who is deafblind. They act as a "bridge not a barrier" and subscribe to the philosophy "Do with NOT for".

An intervenor facilitates the interaction of the person who is deafblind with other people and the environment. The intervenor takes direction from the individual who is deafblind and provides information about the environment and what is happening (using receptive language), assists the individual who is deafblind to communicate (using expressive language), provides or develops concepts where necessary, confirms actions, assists with life skills and most importantly, assists the individual to achieve as much independence as possible within their situation.

The sector that they serve is comprised of people who are deafblind or living with dual sensory loss. CDBIS's are experts in providing auditory, visual, and tactile information to someone who is deafblind. In doing so, CDBIS provide access to information and afford opportunities for inclusion, skill development, empowerment, and independence.

This certification, has as its foundation, the several years of work created by agencies within the Province of Ontario, Canada in collaboration with the provincial government in the development of competencies for intervenors as part of the Intervenor Services Human Resources Strategy (ISHRS).  The goal of that work was to establish quality standards of practice for intervenors and certification is the natural next step that will allow intervenors to demonstrate to employers and consumers that they have met those standards.  The deafblind community was widely consulted in the development of the foundational standards in Ontario during the ISHRS initiative and individuals who are deafblind were also consulted on the Certification Criteria.

CDBIS are committed to a strong Code of Ethics that used, as a foundational element, the Intervenor Organization of Ontario's Intervenor Code of Ethics and Guidelines for Ethical Conduct that stems from the belief that "all individuals who are deafblind have the right to fully access all information / communication clearly and without bias. This includes the right to participate successfully in their community by accessing qualified intervenors that uphold the highest standards of professional integrity, competence, and ethics".

**While this certification has been developed by the CDBIS Subject Matter Expert Committee based on foundational quality standards developed in the Province of Ontario, Canada, it is open to any intervenor that meets one of the categories of Eligibility and passes the rigorous certification exam.**

**Thank you for your interest in professional certification as a Deafblind Intervenor Specialist (“CDBIS”). You have most likely been working in this field for some time. Certification will provide you with an opportunity to demonstrate that you have met the education and experience requirements for certification and have passed a rigorous standardized exam. Certification further evidences your commitment to be bound by a strong Code of Ethics and to stay at the cutting edge of your profession through recertifying every four years.**

**This handbook will provide you with background information regarding the profession, its Code of Ethics, Scope of Practice, Body of Knowledge and Applied Competencies. It will also include information about the certification process and requirements to become an ACVREP Certified Deafblind Intervenor Specialist (CDBIS).**

# Section 1 - Introduction

## ACVREP History, Mission and Purpose

Established in January 2000, ACVREP’s mission is to advance professional competency so all people with visual impairment receive services from highly qualified professionals. The tool used is certification.

ACVREP is committed to quality certification programs that meet rigorous recognized standards. Programs are designed to offer certificants the means to demonstrate knowledge, skills, and professionalism. ACVREP currently offers certification in four (4) disciplines: orientation & mobility, vision rehabilitation therapy, and low vision therapy and assistive technology instruction for people who are blind or visually impaired.

ACVREP achieves its mission by:

* Establishing best practices standards for professionals providing services to people who are visually impaired in specialized service areas.
* Devising and administering written examinations according to standards developed by ACVREP and its Subject Matter Expert committees in alignment with best practices.
* Granting recognition upon successful application and completion of ACVREP’s examinations and certification criteria and maintaining a listing of those persons granted such recognition.
* Supporting employees and employers in using and applying the skill standards for personnel development through the requirement of Recertification.
* Establishing programs that promote and support the reliance on the organization’s credentials by the general public and by regulatory bodies.

ACVREP is a private, nonprofit 501 C 6 organization and an independent and autonomous legal certification body governed by a volunteer Board of Directors. ACVREP is a member of the Institute for Credentialing Excellence and strives to conduct its certification programs according to standards established by the National Commission for Certifying Agencies (NCCA) and the international ISO 17024 standards for certification.

## 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, committee members, and consultants shall have access to these documents and all are bound by signed confidentiality agreements.

## Non-discrimination Statement

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

# Section 2 – History of CDBIS Certification

From the earliest days of recorded history to the nineteenth century, scarcely any record exists of persons who were both deaf and blind, neither congenitally nor acquired.

## The 1800s:

In 1829, The New England Institution for the Education of the Blind (known today as Perkins School for the Blind) opened. With only six students, Perkins was the first school for students who were blind. As a leader in blind and deafblind education, Perkins developed strategies to make reading materials accessible. (perkins.org/history/ January 17, 2019)

In 1837, Laura Bridgman attended Perkins as a student just before she turned eight years old. She is considered the first child who was deafblind to complete a formal education. She was a prolific letter and journal writer, wrote poetry, and was very expressive about her opinions, experiences, and even her dreams. (perkins.org/history/people/laura-bridgman January 17, 2019)

Graduating from Perkins in 1886, Anne Sullivan began working with Helen Keller the following year. As a schoolmate of Laura Bridgeman, together with patience and creativity, Anne used the teaching strategies used with Laura to train 6-year-old Helen to communicate using tactile fingerspelling, sign language and Braille.  Helen flourished under Anne and would later attend Radcliffe College where she became the first person who was deafblind to become a college graduate. (biography.com; January 27, 2019)

**1900-1950:**

One of the first mass attempts to reach out, identify, and support people who are deafblind was the 1915-1930 study of North America’s deafblind population, by Corrinne Rocheleau and Rebecca Mack~~.~~They identified a total of 47 Canadians who were deafblind and listed a series of recommendations. (Those in the Dark Silence: The Deaf-Blind in North America, A Record of To-Day by Corinne Rocheleau, Rebecca Mack Publication date 1930)

In response to people blinded by the Halifax explosion and soldiers blinded during WWI, a group of seven men, including Colonel Edwin A. Baker, established the Canadian National Institute for the Blind in 1918. Originally offering shelter, food, and clothing, CNIB would later expand its services to include employment programs, a home nursery hospital and kindergarten for children under the age of 6 (en.m. wikipedica.org; January 27, 2019)

1946 - The American Foundation for the Blind turned its interest to people who were deafblind and set up a new program known as the Helen Keller Department for the Deaf-Blind. The Helen Keller Department has become an active centre promoting the interests of people with multi-sensorial impairments. (afb.org January 17, 2019). In 1947, Mo Gård deafblind services opens in Sweden (mogard.se April 3, 2019)

## 1950-1999:

In 1950, Germany, Russia, Netherlands, USA and Nordic countries established the International Association for the Education of Deaf Blind Persons (IAEDB). The organization would later shorten their name to Deafblind International (Dbl). It was not until 1962, that IAEDB presented their first formal conference.

It was titled "Teaching Deaf-Blind Children". Hosted by Condover Hall School near Shrewsbury, England, forty-one people were in attendance. Subsequent worldwide conferences were held during the 1960s in Denmark and the Netherlands. (deafblindinternational.org April 3, 2019)

Throughout the world in the 1950’s, 1960’s and 1970’s widespread rubella epidemics significantly impacted the deafblind population. In response to this, Sense: The National Deaf-Blind and Rubella Association was founded in Britain. This was a self-help organization for parents of "rubella handicapped" children. (sense.org.uk April 3, 2019)

Following the rubella outbreak in the Netherlands, the Institute for the Deaf (renamed Kentalis) established a program for children who were deafblind. Dr. Jan van Dijk became their first teacher. With a career spanning 60 years, Dr. van Dijk made many contributions to the field of deafblindness; published research, textbooks, audio and video resources and countless journal articles. Dr. van Dijk received several acknowledgments for his accomplishments including the Anne Sullivan Award and the Distinguished Service Award from Deafblind International. Dr. van Dijk was also knighted by the Queen of the Netherlands for his dedication to people who are deaf with autism as well as his contributions to a school for students with disabilities (afb.org January 27, 2019)

In 1967, The Victorian Deaf Blind and Rubella Children’s Association was formed. In 2006, a focus on improving each individual’s abilities led to the Association changing its name to be “Able Australia”.(ableaustralia.org.au April 3, 2019)

Also in 1967, The Helen Keller National Center for Deaf-Blind Youths and Adults was established by a unanimous act of US Congress. Rebranded in 2015, Helen Keller Services (HKS) is now used to identify the entire organization and clarify the relationship between its two divisions: Helen Keller Services for the Blind and the Helen Keller National Center for Deaf-Blind Youths and Adults (helenkeller.org/hknc April 3, 2019)

Additionally, in the same year, Mae Brown, a Canadian woman who was deafblind, enrolled at the University of Toronto. With the help of CNIB, Joan Mactavish was commissioned to facilitate access to lectures and course materials. Working together with 35 volunteers, Mactavish translated textbooks into Braille. While Brown was able to express herself orally, she received information via tactile fingerspelling. After five years, Mae Brown became the first Canadian woman who was deafblind to receive a university degree. (en.m.wikipedia.org January 27, 2019)

1971 - W. Ross McDonald School in Brantford, Ontario opened their deafblind program. (pdsbnet.ca April 3, 2019)  Four years later, parents of students attending the deafblind program established the Canadian Rubella Association National (CDBRA). (cdbanational.com April 3, 2019)

Several years later, based out of the W. Ross MacDonald School, John McInnes and Jackie Treffry researched congenital deafblindness and published their findings in "Deaf-Blind Infants and Children: A Developmental Guide". University of Toronto Press, 1993

1975 - CNIB opens their Deafblind Services department.(cnib.ca April 3, 2019)

1980's - Anne Sullivan Centre opened in Ireland (annesullivan.ie April 3, 2019)

1984 - Lions McInnes Home opens in Brantford, Ontario, providing housing for 8 individuals (lionsmcinneshouse.com April 3, 2019)

1985 - Sense Scotland opens(sensescotland.org.uk April 3, 2019) and Canadian National Society of Deafblind (CNSDB) was registered as a national consumer run advocacy association (deafblindcanada.ca April 3, 2019)

1989 - Independent Living Residences for the Deafblind in Ontario (ILRDBO) was founded. A group of parents lobbied the provincial government as advocates for their children in an attempt to secure funding for community based supported living to commence when the children complete their education. ILRDBO rebranded to DeafBlind Ontario Services in 2007 (deafblindontario.com April 3, 2019)

1990 - Centre Jules Leger School  deafblind program started in Ottawa, Ontario (centrejulesleger.com April 3, 2019)

1991 - Establishment of the George Brown College Intervenor Program (georgebrown.ca April 3, 2019) and  Intervenor Organization of Ontario (IOO) was established. The original purpose of the organization was to recognize intervenors as professionals, and to provide support and standards for certification. (intervenors.ca April 3, 2019)

1992 - Rotary Cheshire Homes (RCH) officially opened in Toronto with sixteen one-bedroom apartments for independent adults who are deafblind. RCH provides intervention services to its tenants. (chkc.org April 3, 2019)

1993 - Sense international was launched (senseinternational.org.uk April 3 2019)

## 2000:

2001- Canadian Hellen Keller Centre opened in Toronto. The Centre provides individualized training to people who are deafblind. (chkc.org April 3, 2019)

2003 - Deafblind Coaltion of Ontario was established (DBCO).  A group made up of individuals, organizations and service providers who work together to improve services for Ontarians who are deafblind. DBCO was rebranded to Deafblind Network of Ontario (DBNO) in 2017 (deafblindnetworkontario.com April 3, 2019)

2015 – 2018 Intervenors Services Human Resource Strategies (ISHRS) launched. A multi-year initiative funded by the Ministry of Children, Community and Social Services (MCCSS) with the goal of professionalizing Intervenor Services, increasing the number of skilled intervenors, and improving the quality of services for individuals who are deafblind. (deafblindnetworkontario.com April 3, 2019)

2017 - Stemming from the ISHRS, the Intervenor Code of Ethics Review Committee began working on revising the Code of Ethics. This was the first revision in approximately 25 years. The committee was comprised of intervenors, managers, and people who are deafblind with representation from all the major organizations who provide intervenor services. The revised Intervenor Code of Ethics and Guidelines for Ethical Conduct was launched at the Intervenor Symposium in June 2018. (Intervenors.ca January 27, 2019)

In April 2018, as part of CNIB's restructuring strategy – Path to Change, Deafblind Services becomes it's own separate pillar under the CNIB Group and is renamed CNIB Deafblind Community Services. (cnib.ca January 27, 2019)

In January 2019, CDBA becomes Sensity: Deafblind and Sensory Support Network of Canada and broadens its service model to include a wider range of impairments. (Sensity.ca January 27, 2019)

# Section 3 – Scope of Practice

Certified Deafblind Intervenor Specialists are highly trained professionals who work with individuals who are deafblind and those identified as having a dual sensory loss. Intervenors are narrators, informers, guides, communicators, and generally a link to the world for someone who is deafblind. They act as a “bridge not a barrier” and subscribe to the philosophy "Do with NOT for”.

An intervenor facilitates the interaction of the person who is deafblind with other people and the environment. The intervenor takes direction from the individual who is deafblind and provides information about the environment and what is happening (using receptive language), assists the individual who is deaf blind to communicate (using expressive language), provides or develops concepts where necessary, confirms actions, assists with life skills and most importantly, assists the individual to achieve as much independence as possible within their situation.

The sector that they serve is comprised of people who are Deafblind or living with dual sensory loss. CDBIS's are experts in providing auditory, visual and tactile information to someone who is deafblind. In doing so, CDBIS provide access to information and afford opportunities for inclusion, skill development, empowerment and independence.

CDBIS are committed to a strong Code of Ethics that is derived from the belief that "all individuals who are deafblind have the right to fully access all information / communication clearly and without bias. This includes the right to participate successfully in their community by accessing qualified intervenors that uphold the highest standards of professional integrity, competence, and ethics.

CDBIS employ a total communication approach to intervenor services, relaying and interpreting auditory, visual and tactile information in their immediate environment as well as about local and global issues. Systems of communication include but are not limited to formal languages such as American Sign Language, Langue Signe du Quebecois, English and French as well as modes such as 2-Hand Manual, tactile cues, hand-over-hand, Pro-Tactile, gestures, and Signed Exact English. Other communication strategies include note taking, large print note, print on palm, braille and calendar systems.

CDBIS' adhere to a strict standard ethical practice and strive to empower their clients by ensuring that all choices, thoughts and ideas are accurately communicated. Additionally, intervenors encourage self-advocacy; however, in instances where individuals are not able to do so, intervenors will follow directives to advocate on the person’s behalf.

Service provision is done in a variety of settings including but not limited to the client's home, medical facilities, educational environments, volunteer/workplaces, sporting events, religious institutions, non-profit agencies, long-term care homes, independent living programs, financial institutions, as well as various locations within the community for tasks of daily living. As the words 'link to the world' imply, intervenors not only support the person who is Deafblind, but also anyone they are 'linking' to.

CDBIS work as part of an inter disciplinary team of professionals to develop strategies to meet changing needs and to support the overall health and welfare of the people serve.

The deafblind community is very diverse; therefore, Certified Deafblind Intervenor Specialists work with people of all ages, race, creed, gender, gender orientation, cognitive and physical abilities.

The knowledge and skills applied in intervenor services include but are not limited to:

1. Understanding of Deafblindness
2. Values, Ethics and Principles of Intervenor services
3. Strategies Used in Providing Intervenor Services
4. Theories and Practices of Communication
5. Social, Emotional, and Psychological Impact of Deafblindness
6. The Relationship between Deafblindness and Health, Mental Health and Aging
7. Sensory Systems
8. Orientation and Mobility
9. Use of Assistive Devices and Technology

# Section 4 – Body of Knowledge

CDBIS must know and understand nine core domain areas and the listed knowledge areas within domains. The CDBIS must know the following:

## 1.Understanding Deafblindness

1. Know the definitions of Deafblindness
2. Know the history of Deafblindness
3. Know the definitions of and the difference between congenital and acquired Deafblindness
4. Know the causes of Deafblindness and its complications

## 2.Values, Ethics and Principles of Intervenor services

1. Know the role of the intervenor
2. Know how the intervenor provides continuous environmental, visual, tactile, and auditory information.
3. Know what incidental information is and its importance
4. Know the philosophies of intervenor services
5. Know the concepts of control and power, empowerment, learned helplessness, self-determination, advocacy
6. Know professional boundaries and the importance of maintaining them
7. Know how to function as part of both an interdisciplinary team and to manage the flow of information with the team and the required follow up
8. Know how to prepare for an assignment/shift
9. Know the importance of building a trusting relationship and rapport with Deafblind individuals (due to vulnerability) and other professional colleagues
10. Know the CDBIS Code of Ethics
11. Know how and when to advocate for the person's right to have an intervenor regardless of setting and when to allow the person who is Deafblind to self-advocate
12. Know the intervenors role as “informer” to ensure that Deafblind individuals are kept apprised of issues that are not necessarily in their immediate environment (world or local news, news within the Deafblind community or with the agency providing intervenor services, weather forecast, important dates, agency closures, election candidates, general news stories

## 3.Strategies Used in Providing Intervenor Services

* 1. Know the importance and impact to responding to individual’s interests
	2. Know the importance of responding to interactions by the individual
	3. Know the importance and impact of an individual’s need for anticipation, motivation, communication and confirmation
	4. Know the importance and impact of providing a responsive/reactive environment
	5. Know the definitions and differences of concept versus skill development
	6. Know the methods an intervenor would use to teach/relay a concept, skill and communication
	7. Know the various environmental factors and the impact of various environmental factors on the individual
	8. Know the intervenor’s role in providing the “Do With, Not For” philosophy
	9. Know how to monitor and adjust the level and intensity of input to ensure pace and duration meets the individual’s ability to receive and respond

## 4.Theories and Practices of Communication

* 1. Know the impact of communication, interaction and the development of language
	2. Know the role of the intervenor in facilitating the use of receptive and expressive communication and comprehension of information
	3. Know the role of the intervenor in structuring the environment or situation to encourage conversation
	4. Know the various types of communication and their applications
	5. Know the modes of communication and different languages used by individuals who are Deafblind
	6. Know how the impact on the body, speed and touch can affect communication
	7. Demonstrate proficiency in the language or communication mode used by anindividual
	8. Know how to interpret the meaning of individual’s communication, relay to others and respond appropriately
	9. Know how to recognize, respond and provide feedback for all attempts at communication

## 5.Social, Emotional, and Psychological Impact of Deafblindness

* 1. Know how an individual’s etiology could affect their social, psychological and emotional well-being
	2. Know the grieving process and how it relates to an individual who is Deafblind, families and social networks etc.
	3. Know the definition of challenging behaviors/enhanced coping skills andtheir possible precipitating factors
	4. Know how isolation affects the individual
	5. Know to support the individual’s opportunities for self-determination, self-esteem and well-being

## 6.The Relationship between Deafblindness and Health, Mental Health and Aging

* 1. Know the impact Deafblindness has on health
	2. Know the impact of an individual being Deafblind and medically fragile
	3. Know the impact of Deafblindness on mental health and well-being
	4. Know what the adaptations/techniques used when working with older individuals who are Deafblind

## 7.Sensory Systems

* 1. Know the anatomy and functions of the eye and ear
	2. Know conditions that affects the eye and ear
	3. Know the strategies that support the use of residual vision and hearing
	4. Know the definition of sensory integration and sensory integration disorder
	5. Know the impact of sensory integration and processing of sensory of information
	6. Know the eight senses and the importance of the senses and impact on the individual who is Deafblind

## 8.Orientation and Mobility

* 1. Know the impact of Deafblindness on movement, spatial awareness, exploration or navigating and understanding the environment
	2. Know the types of technology and tactile cue available to support the O&M process
	3. Know how to relay information from the environment

## 9. Use of Assistive Devices and Technology

* 1. Know the various technical and augmentatives devices available to individuals who are Deafblind
	2. Know the benefits related to the use of assistive devices
	3. Know vocabulary and related terms to technical and augmentative devices

# Section 5 – Applied Competencies

CDBIS must be able to demonstrate skills in 7 core domain areas.

## 1.Values, Ethics and Principles of Intervenor Services

The CDBIS will demonstrate the ability to:

1. Effectively communicate the role of an intervenor:
	1. An intervenor facilitates access to environmental information that is usually gained through vision and hearing for persons who are Deafblind.
	2. The intervenor will support persons who are Deafblind to gather information, learn concepts and skills, develop communication and language, and establish relationships that lead to greater independence.
	3. The intervenor will provide a bridge to the world for the person with Deafblindness and ensure that the person is informed and an active participant in every activity.
	4. Intervenors provide a consistent presence in the person’s life in order to gain their trust, and provide them with a safe base for exploration and learning which promotes social and emotional development and well-being.
	5. Intervenors provide the information necessary for anticipation, motivation, communication, and confirmation for an individual who is Deafblind to participate.
2. Engage the individual in effective interactive communication, using the individuals preferred mode of communication, and provide feedback in order for them to be an active and informed participant.
3. Provide continuous environmental, visual, tactile, and auditory information. For example, the weather, identifying other people in the area, different grocery item choices in a store.
4. Plan and prepare for the assignment or activity. For example, have resources needed to ensure assignment/activity will be successful (money, location, timing of event).
5. Support the individual’s efforts for empowerment, advocacy, and self-determination. For example, assisting in researching employment opportunities, support during educational sessions.
6. Self-reflective techniques. For example, coaching sessions with peer or supervisor, mentorship program, self-assessment in personal appraisal.
7. Interact professionally, respectfully, appropriately within a multi-disciplinary team (family, support network, other professionals, paraprofessionals), and the public at large.
8. Adhere to and maintain professional boundaries. For example, no use of personal phone whilst providing intervenor services, appropriately manage all shared information respecting privacy and dignity.
9. Agree to be bound by the CDBIS Code of Ethics.
10. Complete documentation/reports objectively with pertinent, timely, accurate, respectful, factual information as per reporting agency standards.
11. Recognize, respond to, and report abuse per the appropriate governmental authority using reporting agency standards. For example, being well versed with agency policy and procedures regarding abuse.
12. Recognize when personal mental health and wellness is affecting your performance and use effective coping strategies. For example, accessing counselling, mental health supports, yoga, mindfulness.

## 2.Strategies Used in Providing Intervenor Services

The CDBIS will demonstrate the ability to:

1. Consistently provide the “Do With, Not For” philosophy. For example: guiding client’s hand to use pin pad at grocery store, including the individual in all steps of an activity (including gathering items needed, arranging them, using them, putting them away, and cleaning up afterwards).
2. Support the individual’s goals and objectives by assisting in the design, development, and implementation of activities and experiences. For example, taking client swimming each week and utilizing floatation devices to allow client to float. Researching and accessing Snoezelen room for individualized sensory input.
3. Provide anticipatory information to the individual using a variety of methods for example: calendar system, tactile cues, listing out activities utilizing intervenor services.
4. Utilize tools and strategies to support concept development, skills, choices, and decision-making for example, growing vegetables at home and cooking with them, utilizing tactile/visual choice boards.
5. Relay visual/auditory information. For example, room layout, the presence of other individuals, conversations.
6. Assess, adapt, and deal with the environment. For example, seeking out a quite space for communication within a loud room, minimizing clutter within a space for safe mobility.
7. Observe and respond to an individual’s changing needs. For example, accessing external supports and adapted devices such as a walker when there are changes in mobility due to aging.
8. Assess the degree of complexity with which a concept should be introduced, relayed and/or expanded. For example, the concept of grocery shopping- making a list, adapting recipes, budgeting.
9. Vary the level and intensity of input and ensure that the pace and duration meet the individual’s ability to receive and respond. For example, taking into account health issues, environmental factors, familiarity of activity.

## 3.Theories and Practices of Communication

The CDBIS will demonstrate the ability to:

1. Demonstrate proficiency in literacy in the preferred language of the individual including, but not limited to, English, French, Spanish, Mandarin.
2. Demonstrate proficiency in the language or communication mode used by an individual including, but not limited to, ASL, LSQ, SEE, tactile, gestures, concrete cues, picture cues, calendar system.
3. Demonstrate the ability to interpret the individual’s expressive communication by interpreting sign, body gestures, use of technology, and total communication depending on the individual. The ability to voice what the individual is communicating, to convey in a non-distorted unbiased manner, and respond appropriately.
4. Demonstrate proficiency in communication by utilizing the preferred language adapted to the individuals’ needs and preferences. For example: signs adapted due to restricted mobility, adapted “home” signs.
5. Demonstrates the ability to enhance and expand communications through various mediums and experiences. For example: cues, pictures, experience tools, assisted technology such as iPads, switch technology.
6. Demonstrates the ability implement methods and strategies for providing information. For example: environmental, social, community, health and learning opportunities.
7. Demonstrate the ability to facilitate an environment that will encourage expressive communication by an individual.
8. Demonstrates the ability to continuously recognize, respond, and provide feedback for all attempts at communication.

## 4.Social, Emotional, and Psychological Impact of Deafblindness

 The CDBIS will demonstrate the ability to:

1. Implement their role in situations related to an individual’s social, psychological, and emotional well-being. For example, researching community activities that would be of interest to the individual.
2. Support a culture of acceptance, safety, and security that is reliable and consistent. For example, the individual has privacy and property respected, has access to medical care, has faith and ethnicity valued.
3. Support the individual’s opportunities for self-determination, self-esteem and well-being. For example, assisting in researching educational opportunities, local yoga sessions.
4. Implement strategies and protocols for challenging behaviors for example, accessing Behavior Management Support Services, consistently following recommendations. i.e. Behavior Support Plan.
5. Support social interactions and the development of meaningful relationships. For example, researching and accessing interest groups, places of worship, as determined by the individual. Utilizing social media to connect with individuals or interest groups.
6. Establish and maintain a professional working relationship with the family and support circles. For example, appropriately manage all shared information respecting privacy and dignity of the individual.

## 5.The Relationship between Deafblindness and Health, Mental Health and Aging

 The CDBIS will demonstrate the ability to:

1. Utilize observation skills to recognize that changes could be related to health, mental health and aging as per agency reporting standards.
2. Make adaptations appropriate to the environment, medical and physical needs, and cognitive needs of the individual, for example. being familiar with the use of mobility aids and assistive devices, increasing accessibility in the home.
3. Follow appropriate protocols to meet the individuals’ health, mental health, and aging as stated by agency and multi-disciplinary team.
4. Access community resources and services for the client for health, mental health, and aging, for example, an OT for mobility resources, Alzheimer’s specialist, rheumatologist for arthritis.

## 6. Sensory Systems

 The CDBIS will demonstrate the ability to:

1. Support an individual to use residual vision and hearing, including, but not limited to, environmental factors such as reducing visual and auditory clutter, use of assistive devices.
2. Make adaptations for visual and auditory needs for example adjust lighting, use of color contrast, clothing considerations when signing, positioning of intervenor.
3. Utilize observational skills to recognize changes in vision and hearing.
4. Utilize strategies that support the sensory needs of an individual, for example, the prescribed use of deep pressure massage or weighted blanket, the use of Snoezelen room, aromatherapy.
5. Facilitate an individual’s use of other senses to supplement auditory, visual and tactile information, for example, providing taste and smell opportunities when cooking along with proprioceptive feedback from equipment and food items.

## 7.Orientation and Mobility

 The CDBIS will demonstrate the ability to:

1. Adjust to changing environmental factors. For example: transitioning to different lighting, change in terrain, intervenor would offer a different approach.
2. Support and provide human guide as recommended by an O&M specialist and/or by an individual’s preferences.
3. Support the individual who is Deafblind in the use of appropriate mobility devices, as recommended by an O&M specialist. For example: white cane, walker, support cane.
4. Relay information from the environment. For example: weather, planned route, presence of other people.
5. Develop tactile cues and maps.
6. Recognize and assess their own physical ability and limitations to provide human guide as an O&M technique, and make accommodations as needed.
7. Provide a safe environment for exploration. For example: be aware of potential hazards within the environment i.e. water on the floor, furniture placement.

## 8.Assistive Devices

 The CDBIS will demonstrate the ability to:

1. Instruct/assist in the use of assistive devices for example: alerting system, cause and effect device, augmentative communication device such as an iPad.
2. Instruct/assist an individual in utilizing various technical devices.
3. Research new and emerging technology and provide that information to the client. For example: knowing preferred website(s) for client’s specific technology needs.
4. Use basic computer skills and software, for example: Word, accessibility features.

# Section 6 – Code of Ethics

## PREAMBLE

The preservation of the highest standards of integrity is vital to the successful discharge of the professional responsibilities of a Certified Deafblind Intervenor Specialist (CDBIS). This Code of Ethics has been established to safeguard the Deafblind individuals with whom the intervenor works. This Code of Ethics ensures that the training and education that individuals receive in the area of Deafblind intervenor services is of the highest quality to support the independence of the individual.

The Code of Ethics provides guidance for ethical practice but is not intended to serve as an exhaustive list of every possible ethical or unethical behavior. The CDBIS is responsible for developing and implementing a sound assessment and instructional program. When questions regarding ethical practices arise that require consultation, the CDBIS is responsible for discussing the issue with other appropriate parties to resolve the matter. To assure the public of a CDBIS’ awareness of this obligation, the specialist commits to the Code of Ethics for Certified Deafblind Intervenor Specialists.

## 1.Professional Values and Integrity

1. Respect the inherent rights of individuals who are Deafblind, ensuring that the needs of the individual take priority.
2. Remain impartial and neutral in all situations.
3. Will not influence or coerce the individual who is Deafblind in any way.
4. Will not allow personal values to influence professional decisions.
5. Demonstrate respect for the profession of intervenor services.
6. Support the professional associations for intervenor services.
7. Support the inclusion and self-determination of individuals who are Deafblind, including support for consumers to achieve their goals.
8. Respect the dignity and right for inclusion by ensuring that conversations occurring in the presence of the individual who is Deafblind are made accessible to them in the moment.
9. Promote the personal development of the individual who is Deafblind, promoting maximum independence through CDBIS Services.
10. Will respect an individual's intervenor services time and will not use this time for personal gain. When providing intervenor services, the CDBIS must remain engaged and focused on the needs, desires, and goals, as determined by the individual who is Deafblind at all times.
11. Empower individuals who are Deafblind by clearly relaying choices and ensuring the individual’s thoughts and ideas are accurately represented and respected.
12. Encourage individuals who are Deafblind to advocate for themselves. In instances where the individual is unable to do so, the CDBIS will follow outlined procedures/guidelines to advocate on their behalf.

##  2.Professional Competence

* 1. Provide continuous visual and auditory information, as directed by the individual who is Deafblind.
	2. Ensure access to unbiased information; taking direction from the Deafblind individual regarding the type and level of information wanted.
	3. Engage in ongoing professional development to enhance current theory and practice.
	4. Relay the tone, meaning and spirit of the message in the preferred method of communication as directed by the individual who is Deafblind.
	5. Ensure the clothing attire selected matches the visual needs of the individual who is Deafblind, the specific setting, and type of professionalism required.
	6. Make every effort to avoid compromising the safety of the individual who is Deafblind through proper sighted guide techniques.
	7. Engage in regular self-reflection with respect to your practice ensuring professional growth and continued quality of service for individuals who are Deafblind, their families and all others who may come in contact with you as an intervenor.
	8. Adhere to and practice within the CDBIS Scope of Practice.
	9. Arrive to all assignments fully prepared.
	10. Accurately represent your own competence, education and experience and seek further training when necessary.
	11. Refrain from performing duties that are outside of the CDBIS Scope of Practice or beyond your expertise.
	12. Remain current on the use and function of various assistive devices as they relate to the consumers they support and on emerging research and best practices.

## 3.Confidentiality

* 1. Respect the right of the individual who is Deafblind to withhold information and maintain the individual’s confidentiality by not sharing information on the person’s behalf.
	2. Appropriately manage and share information within team settings pertaining to the delivery of high quality CDBIS services while maintaining the privacy, dignity and identity of the individual who is Deafblind.
	3. Understand the legal obligation and adhere to the duty to report real or suspected abuse/neglect of the individual who is Deafblind.
	4. Share only the information required in professional team settings or when required by law ensuring that this information is specific, accurate and relevant protecting all other non-relevant information about the individual.
	5. Maintain, in strict confidence, any information gathered during the provision of services. This includes information about the individual who is Deafblind along with any other individuals involved in the assignment including but not limited to family members, friends, partners, doctors, lawyers and social workers.
	6. Obtain consent, where possible, from consumers/families to share/withhold information.
	7. Maintain confidentiality about personal information, assessment results, medical history and any other records concerning individuals who are Deafblind and their families. This information may only be shared to ensure a consistent level of service or where required by law.

## 4.Accountability and Transparency

* + - * 1. Be transparent in openly stating a real or potential Conflict of Interest at the moment it presents ensuring that all necessary parties are made aware and are given an opportunity to respond and mitigate appropriately and make some alternative arrangements if necessary.
				2. The intervenor will openly state (at the time of hiring or when appropriate) where they are not able to accept and assignment to avoid a scheduling conflict.
				3. Be accountable for ensuring that you are clearly defining and fulfilling the role as outlined in the CDBIS Scope of Practice and mitigating situations in which you are asked to provide functions outside of the CDBIS Scope of Practice.
				4. Be accountable for and ensure punctuality and adequate preparation for your assignments.
				5. Ensure that you know and practice within the guidelines, policies and procedures and regulations approved by the school district, agency or governmental ministry for educational and/or human services personnel.
				6. Be conscious of your personal values and how they influence your professional decisions.
				7. Be accountable for all of your decisions and actions.
				8. Maintain accurate notes, records and documentation where necessary to ensure adequate transparency and be accountable for the confidentiality of this information.
				9. Promote the health, safety and well-being of the individual who is Deafblind and be vigilant in identifying, discussing with others and reporting any situations in which the individual who is Deafblind is at risk for abuse, neglect, exploitation or harm.
				10. Be accountable for the provision of high quality CDBIS services as defined in the Scope of Practice, Body of Knowledge and Applied Competencies.

## 5.Respect in Professional Relationships

Respect the professional relationship with the individual who is Deafblind.

Ensure that, as a member of a multidisciplinary team, you bring forward knowledge specific to Deafblindness, acting as a professional, dependable supportive member of the team and keeping the needs of the individual who is Deafblind at the forefront.

Act within the scope of your role as a CDBIS as a member of the multidisciplinary team and clearly share these parameters with all team members.

Share only the non-judgmental service-related information within the intervenor services and multidisciplinary teams and only where appropriate.

Openly state a conflict of interest or perceived conflict of interest at the moment it presents, as a member of the team.

Avoid engaging in any boundary violations with the individual who is Deafblind, their families or colleagues you support including sexual, emotional, financial, psychosocial or social boundaries because of the complexities of dual relationships and the potential impact on the work environment.

Respect colleagues and individual differences/diversity. Professional differences with colleagues will be set aside to ensure the best course of action is made available for individuals who are Deafblind.

Pursue opportunities according to agreed upon methods and guidelines to communication with family members about progress and concerns regarding the individual who is Deafblind. When communicating with others the identity of the individual who is Deafblind will be protected.

You will at all times engage in professional conduct when interacting with family members, members of the community and other professionals in all settings.

## 6.Communication

1. Communicate with the person who is Deafblind in a respectful manner.
2. Using communication best practices accurately relay information to the person who is Deafblind.
3. Communicate in the manner preferred by the individual who is Deafblind.
4. Respect the right of the person who is Deafblind to communicate in multiple forms and work diligently to respond positively, appropriately and consistently to his/her communication.
5. Provide a responsive environment and ensure that a total communication approached is utilized at all times.
6. Recognize and support the development of communication by the individual who is Deafblind.
7. Ensure that your tone and body language are appropriate to meet communication best practices standards.
8. Maintain best practices standards with respect to various communication methods.

# Section 7 - Criteria for Eligibility

Any person may apply for Eligibility as a Certified Deafblind Intervenor Specialist (CDBIS). However, the applicant must be able to meet the **“Eligibility Criteria”** listed below in the following areas:

* Education/Training
* Practical Work Experience

In addition, the applicant must submit all of the documentation required for the Category in which the applicant is applying as outlined below. At the time the application submits their Eligibility application online they acknowledge and agree to be bound by the CDBIS Code of Ethics.

## Category 1:

**Education:**

George Brown College Deafblind and Intervenor Studies Diploma dated prior to May 2022. [previously named Intervenor for Deafblind Person Diploma] or a diploma equivalent from another post-secondary educational institution that is specific to deafblind intervenor services and includes the CDBIS Body of Knowledge 9 domain areas. If you received the George Brown College Deafblind Intervenor Studies Diploma after May 2022 you must apply in Category 2

**Practical Work Experience:**

2500 hours of practical work experience in intervenor services for individuals who are Deafblind in the most recent 5 years which can include supervisory experience, field placements and mentoring/coaching of Deafblind Intervenors.

**Note:** The hours of field placement completed as part of an intervenor for Deafblind Persons diploma will count toward the 2500 hours. For example, the George Brown College program field placements will be counted for a total of 400 hours.

**Documentation Required:**

1. Official transcript of the completion of a diploma program for Intervenor for Deafblind Persons mailed directly by the college or university to ACVREP
2. Applied Competencies Evaluation Form
3. Strong Letter of Recommendation from employment supervisor

## Category 2:

**Education:**

A minimum 2-year post-secondary diploma or bachelor’s degree in a social/human services field such as Developmental Services Worker (DSW), Social Services Worker (SSW), Child and Youth Work (CYW), Recreation Therapy, Honors Bachelor of Interpretation or Diploma in Sign Language Interpretation and Bachelor degree in Psychology or Sociology, Undergrad program: Therapeutic Recreation and Registered Nurse (RN) and Registered Practical Nurse (RPN).

**Training:**

Agency/organization training or online training specific to the field of Deafblindness, sensory loss and intervenor services including a minimum of 30 hours of theory-based learning.

Or

Mentoring and/or job shadowing for a minimum of 30 hours with a CDBIS certified professional.

Plus

**Practical Work Experience:**

2500 hours of practical work experience in intervenor services for individuals who are Deafblind in the most recent 5 years which can include supervisory experience, field placements and mentoring/coaching of intervenors.

**Note:** that the 30 hours of mentoring and/or job shadowing as required in the training component above does **not** count toward the 2500 hours.

**Documentation Required:**

1. Official transcript verifying Category 2 qualifying education mailed directly to ACVREP by the college of university
2. Core Knowledge Domain Area Checklist evidencing how the Body of Knowledge Domain learning has been met to include any online course completion certifications if online training was included along with the Education/Training verification Form for each training listed for all other training
3. Employer Letter of Verification of the 30 hours of mentoring/job shadowing [if used for Eligibility]
4. Applied Competency Evaluation Form
5. Letter of Recommendation from employment supervisor

## Category 3

**Education:**

A minimum of 1-year post-secondary certificate in a social services field such as American Sign Language Certificate, American Sign Language (ASL) and Deaf studies Certificate, Personal Support Worker (PSW) Certificate, Communicative Disorders Assistant (CDA) and Human Services Certificate.

**Training:**

Agency/organization training or online training specific to the field of Deafblindness, sensory loss and intervenor services including a minimum of 30 hours of theory-based learning.

Or

Mentoring and/or job shadowing for a minimum of 30 hours with a CDBIS certified professional.

Plus

**Work Experience:**

2500 hours of practical work experience in intervenor services for individuals who are Deafblind in the most recent 5 years which can include supervisory experience, field placements and mentoring/coaching of intervenors.

**Note:** that the 30 hours of mentoring and/or job shadowing as required in the training component above does **not** count toward the 2500 hours.

**Documentation Required:**

1. Copy of the 1-year post-secondary certificate
2. Core Knowledge Domain Area Checklist evidencing how the Body of Knowledge Domain learning has been met to include any online course completion certifications if online training was included along with the Education/Training verification Form for each training listed for all other training
3. Employer Letter of Verification of the 30 hours of mentoring/job shadowing [if included for Eligibility]
4. Applied Competency Evaluation Form
5. Letter of Recommendation from employment supervisor

## Category 4

**Education:**

High School Diploma

**Training:**

Agency/organization training or online training specific to the field of Deafblindness, sensory loss and intervenor services including a minimum of 30 hours of theory-based learning.

Plus

Mentoring and/or job shadowing for a minimum of 30 hours with a CDBIS certified professional.

**Work Experience:**

2500 hours of practical work experience in intervenor services for individuals who are Deafblind in the most recent 5 years which can include supervisory experience, field placements and mentoring/coaching of intervenors.

**Note:** that the 30 hours of mentoring and/or job shadowing as required in the training component above does **not** count toward the 2500 hours.

**Documentation Required:**

1. Core Knowledge Domain Area Checklist evidencing how the Body of Knowledge Domain learning has been met to include any online course completion certifications if online training was included along with the Education/Training verification Form for each training listed for all other training
2. Employer Letter of Verification of the 30 hours of mentoring/job shadowing
3. Applied Competency Evaluation Form
4. Letter of Recommendation from employment supervisor

# Section 8 – Certification Process

**There are 4 key steps in the certification process**. It is very important to complete all 4 steps. Please go to [http://www.acvrep.org/certifications/CDBIS](http://www.acvrep.org/certifications/catis) to review the Steps to Certification in detail.

## Certification Process Timeline:

It is important, as an Applicant, to understand that the certification process has a timeline that must be met for each stage in the process. This timeline applies to all certifications.

1. You must provide all required information in order to be declared Eligible within 6 months of the date of your Eligibility Application. If this timeline is not met, your application will be cancelled and you will need to reapply
2. Once you are declared Eligible, you must register for the exam within six months and must schedule and take the exam within 3 months of your Exam Registration Date. If this timeline is not met your application will be cancelled and you will need to reapply for Eligibility
3. You will have the earlier of 4 takes of the exam or 24 months from your Initial Exam Registration Date to pass the exam if you do not pass on the first try. If this timeline is not met your application will be cancelled and you will need to reapply for Eligibility
4. From the date you pass the exam you have 6 months to Apply for Certification. If your Application for Certification is not complete so that you are certified within 6 months of your Application for Certification Date your application will be cancelled and you will need to reapply for Eligibility

**It is expected by ACVREP that you will not share information regarding the exam registration or scheduling process (i.e. registration website address, login information, passwords) with any other individual. If you are found to have shared such information, you may face disciplinary action jeopardizing your eligibility to sit for the certification exam and/or to obtain ACVREP certification.**

# Section 9 – Examination Information

ACVREP provides an online Certification Exam delivered through third party proctored test centers or, with prior arrangements, a privately proctored exam at a site mutually agreed between ACVREP and the test taker.

## Reasonable Accommodations

When completing the Examination Registration Form, the examinee will make known his/her need for a reasonable accommodation, provide documentation supporting the need for accommodation by physician, and indicate what type of accommodation is needed for the administration of the examination. Based on the documentation provided, ACVREP will approve the use of requested accommodation and will work with the testing contractor to secure the appropriate resources and/or implement the necessary actions to facilitate a reasonable accommodation(s) for those examinees. Accommodations will be provided according to the Americans with Disabilities Act Accessibility Guidelines (ADAAG) 2011 Revisions.

## Testing Center Protocol

1. You must bring two (2) forms of I.D., one being a photo I.D., and your authorization code to the testing site on the day of your scheduled exam.
2. If you must reschedule your exam, a rescheduling fee of $90.00 (USD) will be charged if an exam is rescheduled by the candidate within 72 hours of the exam date. Remember that each time you reschedule you will need to wait another 30 days before being able to take the exam
3. If you miss the exam, you will be charged a rescheduling fee of $90.00 (USD).
4. Your certification exam will be held at a KRYTERION High-stake Secure Testing location. There are hundreds of locations available to you for your convenience.
5. You will find out the results of the exam immediately after your submission of the exam. You will be notified whether or not you passed or failed. No composite score will be provided. If you failed the exam your domain scores will be made available to you to assist you for studying for a retake of the exam. You will also receive an email with the results.

## Responsibilities of the Examinee

1. Notify ACVREP of any reasonable accommodations for the administration of the exam via the Exam Registration Form. Documentation is required to serve as evidence for the need of testing accommodations.
2. Arrive at the examination site at least 15 minutes before the designated time. Individuals requiring accommodations should arrive earlier to assure the appropriate use of the accommodation(s).
3. Bring and show appropriate identification, including photo ID.
4. Maintain quiet examination conditions during the test session.
5. Complete the examination before leaving.
6. Refrain from requesting information about the examination from the proctor.
7. Refrain from any behavior that could be interpreted as cheating (e.g., speaking with other examinees, consulting notes).
8. Follow all policies and procedures established by ACVREP and the testing contractor.
9. While Kryterion takes every precaution so that your testing center experiences goes smoothly, there can be unavoidable interruptions in the exam and from time to time an issue with launching the exam. It is critical that as a test taker you deal with those issues in a very professional manner and maintain decorum. Kryterion has the option to remove or refuse delivery to any test taker who becomes loud or abusive while at a testing center.

## Examinee Feedback

ACVREP will provide an opportunity for examinees to give immediate feedback regarding the certification examination following the administration of the exam. The feedback received will be provided to the CDBIS ACVREP Subject Matter Expert Committee for review and action, if necessary.

## Examination Site

The examination site shall be accessible according to the Americans with Disabilities Act Accessibility Guidelines (ADAAG) 2011 Revisions. Examination sites shall be rooms with enough space to allow at least 2 ½ to 3 feet between examinees. All possessions will be secured by the proctor away from where individuals are taking the examination. No cell phones, electronic devices (e.g. recording/transmitting/storage devices), etc. will be allowed in the exam room. The room must be kept completely quiet.

## Examination Retakes

Candidates who do not achieve a passing score may retake the examination by submitting the appropriate Examination Registration (Retake) Form online. The Exam Registration Fee includes up to two (2) administrations of the certification exam. Upon verification of a non-passing result, the candidate may log into their ACVREP online account and select and submit the Exam Retake form.

## Examination Results

Upon completion and scoring of the examination, you will receive your results immediately. You will be provided with the results on a Pass/Fail basis. If you fail the exam you will be provided with your domain scores only. If you pass the exam you will be provided with no further information

Once you have passed the exam you may log into your online account and Apply for Certification.

# Section 10 – CDBIS Test at a Glance

## About this test:

The Certified Deafblind Intervenor Specialist test is designed for individuals who are providing Intervenor services to individuals who are Deafblind.

**Number of Test Questions**: 120

**Time Allowed for the Exam**: 3 hours

It is important to know theory as well as practical application. If you are currently practicing as a Deafblind Intervenor and have decided to become certified, it is important to understand that the exam will test your knowledge across the full Scope of Practice, Body of Knowledge and Code of Ethics. This may test information that is not part of your current day to day practice, but is important for you to know as a certified professional. This exam will test working both with individuals who have congenital or acquired deafblindness.

The Domain Areas correspond to the Body of Knowledge domain areas and are designed to test the knowledge outlined in the Body of Knowledge for each domain. Additionally, you will be tested on the Code of Ethics.

## The number of exam questions related to each Body of Knowledge Domain Area and CDBIS Code of Ethics:

|  |  |
| --- | --- |
| Understanding Deafblindness | 11 |
| Values, Ethics and Principles of Intervenor Services | 14 |
| Strategies Used in Providing Intervenor Services | 15 |
| Theories and Practices of Communication | 11 |
| Social, Emotional and Psychological Impact of Deafblindness | 11 |
| The Relationship between Deafblindness and Heath, Mental Health and Aging | 11 |
| Sensory Systems | 21 |
| Orientation and Mobility | 8 |
| Use of Assistive Devices and Technology | 4 |
| CDBIS Code of Ethics | 14 |

**Sample Test Questions – the answer key is at the end of the reference list:**

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| --- |
| 1. An individual, who is deafblind and a non-verbal communicator, is shopping at a very busy mall. The individual starts to exhibit increased agitation. Which is the MOST likely cause of the agitation?
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| --- | --- | --- |
|   |   | **Answer Options** |
| A.   |  | frustration because they cannot communicate |
| B.   |  | sensory overstimulation |
| C.   |  | fatigue from shopping |
| D.   |  | escaping from a task they do not want to do |

|  |
| --- |
| 1. One day, a client's husband conveys to the intervenor that he and the client are looking for some home repairs but can not afford it. Because the intervenor's husband is a carpenter and could do the job more affordably, the intervenor offers to connect the spouses. Is there an ethics violation?
 |

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| --- | --- | --- |
|   |   | **Answer Options** |
| A.   |  | No, the arrangement is between the husbands. |
| B.   |  | Yes, Tara is generating business for her husband. |
| C.   |  | No, Tara is being kind to offer her husband's services at an affordable price. |
| D.   |  | Yes, Tara should have remained neutral and said nothing. |

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| --- |
| 1. Tom has suffered a head injury that has left him with the ability to detect sound but unable to understand it. Which part of the ear is causing the hearing loss?
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|  |  |  |
| --- | --- | --- |
|   |   | **Answer Options** |
| A.   |  | cochlea |
| B.   |  | auditory nerve |
| C.   |  | helix |
| D.   |  | eustachian tube |

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| --- |
| 1. You are working with a client who has a choice activity. You know they love to swim, but you do not like to swim. What should you do?
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|  |  |  |
| --- | --- | --- |
|   |   | **Answer Options** |
| A.   |  | Relay all of the options even though you do not like to swim. |
| B.   |  | Relay all options and tell them you do not like to swim. |
| C.   |  | Ask for another intervenor to take the shift. |
| D.   |  | Relay other activities that they enjoy. |

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| --- |
| 1. An 85-year-old woman, who is deafblind and frail, would like to access her local grocery store with an intervenor. Which type of technique would you utilize?
 |

|  |  |  |
| --- | --- | --- |
|   |   | **Answer Options** |
| A.   |  | "C" grip |
| B.   |  | support grasp |
| C.   |  | senior grip |
| D.   |  | elbow grasp |

|  |
| --- |
| 1. A person who is deafblind due to congenital rubella syndrome is at the doctor's office for a routine physical checkup. What must the intervenor do as a member of the multidisciplinary team?
 |

|  |  |  |
| --- | --- | --- |
|   |   | **Answer Options** |
| A.   |  | Ensure all information is communicated between the client and others. |
| B.   |  | Ensure correct information is given by the deafblind person. |
| C.   |  | Provide direct answers to the doctor's questions. |
| D.   |  | Ensure a family member/decision-maker attends the appointment. |

|  |
| --- |
| 1. You are working with a child who is deafblind due to CHARGE. She has a ritual of continuously sorting toy balls. What psychological diagnosis most likely explains this behavior?
 |

|  |  |  |
| --- | --- | --- |
|   |   | **Answer Options** |
| A.   |  | attention-deficit/hyperactivity disorder |
| B.   |  | oppositional defiant disorder |
| C.   |  | obsessive compulsive disorder |
| D.   |  | Tourette syndrome |

## **ACVREP CDBIS Exam Reference List**:

**These resources are saved in DeafBlind Virtual Resource Center DVRC)** The DVRC is hosted on Sharefile technology and available by controlled access. The Sharefile program works best when used with Google Chrome or Mozilla Firefox. To access DVRC or ‘sign up’, please visit deafblindontario.com/our-services/resource-centre/ or visit deafblindontario.com and select ‘Resources’ from the top menu. Please note, first time users will be prompted to enroll in secure sign in. You will receive a welcome email with a link to activate your account. From here, you can create a new password. For step-by-step access, please see appendix F.

These resources are organized in the Resource Center into Folders by Body of Knowledge Domain areas.

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1DeafBlind Ontario Services

2CNIB Deafblind Community Services

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**Strategies Used in Providing Intervenor Services**

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**CDBIS of Code of Ethics**

*CDBIS of Code Ethics:* Retrieved from ACVREP: CDBIS Handbook: Section 6

**The following resources are not located within the portal:**

**Strategies Used in Providing Intervenor Services:**

McInnes, J. M, Treffrey, J.A.(1993). *Deaf-Blind Infants and Children: A Developmental Guide*. University of Toronto Press, Scholarly Publishing Division.

**Social, Emotional and Psychological Impact of Deafblindness**

McInnes, J. M, Treffrey, J.A.(1993). *Deaf-Blind Infants and Children: A Developmental Guide*. University of Toronto Press, Scholarly Publishing Division

**Orientation and Mobility**

Sauerburger, D. (1993). *Independence Without Sight or Sound suggestions for Practitioners Working with Deaf-Blind Adults*. American Foundation for the Blind, for the Library of Congress

**Use of Assistive Devices and Technology:**

Duffy, M. A. (2016). *Making Life More Livable: Simple Adaptations for Living at Home After Vision Loss*. Chapter 2. AFB Press/American Foundation for the Blind.

**Reference Key for Sample Questions:** 1.B 2.B 3.B 5.A 6.B 7.A 8.C

# Section 11 – Recertification

**Recertification is required for CDBIS every four years** to ensure that the CDBIS is remaining current in the field. This recertification cycle is consistent with other recognized technology certifications.

**A certificant is required to have earned 80 points within the four-year period to be eligible for Recertification**.

The certificant must complete the Recertification Application by logging into his/her ACVREP account, completing the short application and submitting it with the appropriate recertification fee. The required supporting documentation of the points needed for recertification must already be in the certificant’s Recertification Tracker in order to submit the application.

Refer to “CDBIS Recertification Point Calculations” found at [http://www.acvrep.org/recert/points-CDBIS](http://www.acvrep.org/recert/points-catis).

Early applications for recertification may be accepted and reviewed only within 6 months prior to the certification expiration date. However, early applications for recertification will be issued the expiration date of the quarter in which the application was initially approved.

It is the responsibility of the ACVREP staff to check each application to see that all recertification requirements have been met. If not, the applicant will be notified by email and requested to provide the required information for recertification. Applicants for recertification can log into their account at any time to check on the status of their application.

Recertification applications must be submitted online by the first (1st) of March, June, September, and December in the quarter of expiry. Any application submitted after that date will incur the published late fee.

Please note: A fee will be charged for an “Expedited Review” at the posted rate for fees at [www.acvrep.org](http://www.acvrep.org).

# Section 12 – Reinstatement of Certification

1. Candidates initially granted certification, but who have not applied and been recertified prior to their Expiry Date, may be reinstated and Recertified by Points within one calendar year following their Expiry Date if they meet the recertification requirements and pay the recertification late fee.
2. If not recertified within one year of the Expiry Date, a certificant’s certification will Lapse. Once a certification has Lapsed, it may only be reinstated by Recertification by Exam that will require the applicant for reinstatement to take the current exam in their field.
3. If a certification has Lapsed by longer than ten years, the former certificant will need to reapply for Eligibility and be prepared to provide all documents required for certification.
4. It is the certificant’s responsibility to update his/her contact information in his/her online account in order to receive all notices from ACVREP including those notices reminding him/her of Expiry and Lapsed dates. **While ACVREP will provide notices, it is solely the responsibility of the certificant to ensure that they recertify within the required time frame.**
5. If the certificant does not apply for recertification by the due date that is the first day of the month of Expiry, then the certificant will not be able to submit their online application without paying the published late fee.
6. ACVREP has a responsibility to notify the certificant who has applied for recertification within ten business days if their application is not complete or does not conform to recertification standards. It is then the certificant’s responsibility to provide the required information on a timely basis to ACVREP. ACVREP is not liable for recertifying a candidate prior to their Expiry if all required information has not been submitted ten days prior to expiry.

**It is solely the responsibility of the certificant to be aware of their expiry date and to recertify on time. A certificant can log into his/her online account at any time and verify their expiry date. Additionally, a certificant can verify their expiry date by using the online directory under the “Verify” tab on the ACVREP website.**

# Section 13 – Appeals Process

## A. Introduction

Eligibility criteria for certification/recertification is established by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) Board of Directors based upon the recommendations of the Subject Matter Expert Committee (SME) of the respective discipline.

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

The process of appeal does NOT permit:

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

## B. Levels of Appeal

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

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

## C. The Appeal Process

**1. First Level of Appeal**

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

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

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

**2. The Second Level of Appeal**

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

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

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

## D. Related Items

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

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

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

# Section 14 – Disciplinary Procedures and Grounds for Discipline

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

ACVREP encourages complainants to attempt to resolve issues directly with the certified professional involved 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 ACVREP certified professionals, including the following acts or omissions, which serve to constitute grounds for discipline, whether or not the misconduct occurred in the course of interacting with a client/student.

1. Any act or omission that violates the provisions of the applicable ACVREP Code of Ethics.
2. Unauthorized disclosure of Protected Health Information (PHI) as defined by HIPAA (Health Insurance Portability and Accountability Act).
3. Conviction of a felony or conviction of a crime involving dishonesty or moral turpitude.
4. Knowingly billing for services not provided.
5. Any act which the Disciplinary Review Committee (“DRC”) reasonably believes constitutes discrimination, harassment or retaliation in violation of federal and/or state law.
6. Obstruction of the Disciplinary Review Committee's performance of its duties.
7. Any materially false or misleading statements made while acting in the capacity of an ACVREP certified professional.

## Complaint

1. Upon ACVREP’s receipt of a complaint, written or oral, the President shall:
2. send a copy of the appropriate Code of Ethics to the complainant along with the ACVREP Complaint Form and Affidavit.
3. forward the complainant's written complaint and all accompanying evidence to the Chair of the DRC for review.
4. Within twenty (20) business days of receipt of all of the submitted material, the Chair shall determine whether there is reasonable cause to believe that grounds for discipline exist based upon the materials submitted. The Chair may consult with ACVREP’s legal counsel for advice during the Chair’s review of the matter.
5. If the Chair determines that there is no reasonable cause to believe that grounds for discipline exist, the Chair will so notify the complainant, shall inform the complainant of the reason(s) for the decision, and shall thereafter close the file.
6. If the Chair determines that reasonable cause to believe grounds for discipline exist, within ten (10) business days of that determination the Chair shall:
	1. Send by certified mail, return receipt requested, or by other means providing proof of receipt, to certified professional’s most current address on file, a copy of the complaint and supporting documentation.
	2. advise the certified professional of his/her right to respond in writing to the allegations of the complaint, by sending the response and supporting documentation to the Chair within ten (10) business days of certified professional’s receipt of the complaint.
7. If the certified professional does submit a written response, a copy of the response and any accompanying documentation shall be provided to the complainant within a reasonable period of time but no later than five (5) business days before the hearing.
8. The Chair shall also schedule the hearing for a date and time convenient for the parties and the DRC. The date of the hearing shall be no later than 60 calendar days from the date the Chair makes the determination of reasonable cause, unless the hearing is continued by the Chair for good cause shown or by mutual agreement.

## Hearing

1. The hearing may be held either face-to-face or via teleconference.
2. The Chair shall conduct the proceedings as a nonvoting committee member and shall rule on the admissibility of evidence.
3. The complainant shall present complainant’s evidence first. The certified professional may then respond.
4. Both parties may be represented by counsel, but each shall be responsible for the cost of such counsel as well as any expenses associated with the hearing.
5. The voting members of the committee shall determine whether or not grounds exist for discipline, and shall issue findings and a determination, including any discipline to be imposed, based upon a majority vote of those members eligible to vote.
6. The findings and determination, including any discipline imposed, shall be sent promptly to the complainant and to the certified professional by certified mail, return receipt requested, or by other means providing proof of receipt.

## Appeal and Final Decision

1. The certified professional may appeal the DRC's decision and/or discipline to the full ACVREP Board of Directors by written notice sent via certified mail or its effective equivalent to the ACVREP office within 20 business days after the DRC issues its findings and conclusions.
2. The Chair of the DRC shall then submit the DRC's findings and determination, along with the case file, to the full board which shall render a final decision and shall affirm, modify, or reject the discipline imposed by the DRC.
3. Unless requested by the board, no additional information may be introduced by the committee or certified professional during the appeal process.
4. The board's decision shall be final, with notification provided to the certified professional, via certified mail or its equivalent, within 45 business days from the date the ACVREP office received the certified professional’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 DRC or the Board may impose any of the forms of discipline as follows:

1. Private written censure
2. Public letter of admonition
3. Suspension of certification and the right to use the ACVREP marks for a specified period of time, not to exceed five years
4. termination of certification and of the right to use the ACVREP certification marks

**All disciplinary actions, with the exception of private written censure, shall be publicly disseminated by posting on ACVREP’s website for the period of time specified by the DRC or the board, as may be applicable**.

## Reinstatement

Reinstatement of suspended certification shall occur at the end of the period of suspension, upon the terms and conditions set by the ACVREP Board of Directors at the time discipline is imposed.

# Section 15 - Use of the Service Mark

The service mark “Certified Deafblind Intervenor Specialist” (and “CDBIS”) is owned by ACVREP. This mark identifies and distinguishes the services of the ACVREP Certified Deafblind Intervenor Specialist (“CDBIS”) from services provided by others. The ACVREP CDBIS has the exclusive right to use the mark in connection with the assistive technology services.

CDBIS is both singular and plural – one CDBIS or three CDBIS.

Proper usage of these certification marks is a crucial part of a certificant’s communication to his/her employer, organization, current or potential students, and clients. When properly used, these marks represent rigorous recognized standards for service delivery to individuals with vision impairment and demonstrate the certificant’s commitment to upholding these standards.

Individuals who have been officially granted a certification credential (s) by ACVREP shall adhere to all ACVREP accountability standards during the period in which they remain certified. Certificants are authorized to use the following mark in communications and collateral materials: **CDBIS**

1. Always use all capital letters
2. Never use periods

**Correct:** Jane Doe, CDBIS

 **Incorrect:** Jane Doe, C.D.B.I.S.

 **Incorrect**: Jane Doe, CDBIS

1. First letters always capitalized

**Correct:** John Doe is a Certified Deafblind Intervenor Specialist.

**Correct:** The organization employs12 people who hold the Certified Deafblind Intervenor Specialist credential.

**Incorrect:** A group of Certified Deafblind Intervenor Specialists are doing the presentation.

If a Certificant chooses to use the trademark on any of his/her materials, he/she is required to follow these guidelines. Under no circumstances may these marks be altered, modified, reproduced or electronically scanned in such poor quality as to distort or significantly alter its appearance.

## Authorized Use of the Marks for Individuals:

The marks may be used on the following materials:

* On business cards
* On stationery
* Directory listings
* On brochures and signage, provided it is clearly linked to an individual certified by ACVREP
* Display advertising, provided it is clearly linked to an individual certified by ACVREP
* As a hyperlink on an individual’s web site if it is linked directly to ACVREP’s home page ([www.acvrep.org](http://www.acvrep.org))

## Unacceptable Uses of the Marks

1. Trademarks may **not** be used to imply ACVREP’s sponsorship or endorsement of an organization (even when one or more members are certified).

**Correct:** Doe Agency for the Visually Impaired

 Jane Doe, CDBIS

 John Doe, CDBIS

 Allison West, CDBIS

**Incorrect:** Doe Agency for the Visually Impaired: Certified Deafblind Intervenor Specialists.

**Incorrect:** Jane Doe, CDBIS and Associates, Inc.

1. Trademarks may **not** be used to imply ACVREP’s sponsorship or endorsement of a particular product or service, nor may the marks and/or their derivatives be used as, or in the name or title of products or services not provided directly by ACVREP (including, but not limited to, educational programs, books, software tools, consulting services, etc.).

 **Correct:** Mary Smith, CDBIS

 **Correct:** Mary Smith, Certified Deafblind Intervenor Specialist

 **Incorrect:** Doe Certified Deafblind Intervenor Specialist Services

 **Incorrect:** Teaching Tips for CDBIS

1. Trademarksmay **not** be used on promotional items except by ACVREP, which retains the sole right to produce, sell or provide such items to other organizations for distribution or re-sale.
2. **It is not appropriate, under any circumstances, for an individual to represent himself or herself as a candidate for certification, because this implies that the individual will receive certification**. If a prospective employer requires verification of application for certification, ACVREP can provide this upon receipt of a written request to do so from the candidate.

 **Correct:** Maria Callas

 **Incorrect:** Maria Callas, CDBIS (expected June 20017)

 **Incorrect:** Maria Callas, who applied to take the CDBIS exam.

 **Incorrect:** Maria Callas, who sat for the CDBIS exam in April.

1. Individuals who have previously held certification may list this accomplishment on a resume or biographical statement as long as the statement clearly indicates the years during which the candidate held certification, and does not imply in any way that a candidate is currently certified.

**Correct:** Jane Doe is Director of Doe Agency for the Visually Impaired. Ms. Doe was a Certified Deafblind Intervenor Specialist from 2000-2005.

 **Correct:** Jane Doe (CDBIS, 2000-2005)

 **Incorrect:** Jane Doe, CDBIS (2000- 2005)

## Unauthorized Use of Certification Marks

ACVREP has the authority and obligation to make public the names of individuals who are authorized to use the ACVREP certification marks. ACVREP will publish the names in its directory on the ACVREP web site <http://www.acvrep.org/verify>.

# Section 16 - Certification and Recertification Record Retention

|  |  |  |
| --- | --- | --- |
| Certificant Files | **Retention Period** |  |
| Active | Permanently |  |
| Disciplined | Permanently |  |
| Denied certification or recertification | Permanently |  |
| Lapsed | Permanently |  |
| Revoked | Permanently |  |
| Deceased | Permanently |  |
| Historical list of names of certificants for each year | Permanently |  |
| Certification Application Forms |  |  |
| Sample forms  | Permanently |  |
| Completed applications | Permanently |  |
| Incomplete applications | Permanently |  |
| Candidates found to be ineligible | Permanently |  |
| Candidates otherwise not granted certification | Permanently |  |
| Candidates granted certification | Permanently |  |

# Section 17 - Fee Information

As published on the ACVREP website. <http://www.acvrep.org/ascerteon/control/certifications/fees>

ACVREP will provide notice of any changes in fees 90 days prior to the new fees becoming effective.

## Refund policy:

**All fees once paid are non-refundable**.

**This section left intentional blank**

# Appendix A

## Core Knowledge Domain Area Checklist

**In order to be declared Eligible for the Certification exam you must provide evidence that you have received training and/or education in each of the Body of Knowledge Domain areas.**

**This form must be completed and uploaded into your Eligibility Application listing all of the training/education received in each of the Domains and it must be accompanied by evidence of completion of the training/education.**

**For formal university courses an official university transcript must be must be mailed directly to ACVREP.**

**Use as many pages as needed to list all trainings/education in each area.**

1. **Understanding Deafblindess**
2. **Values, Ethics and Principles of Intervenor Services**
3. **Strategies Used in Providing Intervenor Services**
4. **Theories and Practices of Communication**
5. **Social, Emotional and Psychological Impact of Deafblindness**
6. **The Relationship Between Deafblindness and Health, Mental Health and Aging**
7. **Sensory Systems**
8. **Orientation & Mobility**
9. **Use of Assistive Devices and Technology**

# Appendix B

## Education Verification Form

## Certification and Recertification for CDBIS

**PARTICIPANT**

**Participant NAME;**

**Name of Course / Workshop:**

**Host Organization / Institution:**

**Presenter / Instructor Name:**

**Date(s) of Course / Workshop:**

**Course description (Provide a summary in space below or attach documentation provided by sponsor / host):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRESENTER/INSTRUCTOR**

**Number of contact hours completed by participant: \_\_\_\_\_**

**I confirm that this participant did successfully complete the course / workshop documented above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Presenter / Instructor Signature Date**

# Appendix C

## Format for Employer Letter of Recommendations

1. The employer(s) letter of recommendation must be on the Employer letterhead and signed.
2. The letter should describe the breadth of experience the intervenor has had with a variety of clients including the number of different clients.
3. The letter should address client rapport and satisfaction.
4. Any additional information that the supervisor believes important to the determination of Eligibility.

# Appendix D

## Applied Competency Verification Form

**A SINGLE FORM IS TO BE COMPLETED THAT TRAVELS WITH THE CDBIS APPLICANT TO MULTIPLE WORK ASSIGNMENTS. ALL WORK SUPERVISORS ATTESTING TO THESE COMPETENCIES MUST SIGN THE FORM BEFORE APPLICANT UPLOADS**

**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information and signatures are required for each portion of the work experience. if it has not been completed at a single location. If there is any question about what is intended for a specific competency, please refer to the more detailed Applied Competencies in Section 5 of the CDBIS Handbook. All competencies must be met for an Intervenor to be Eligible for Certification as a CDBIS. Use as many pages as needed to provide the information and signatures that are required for each location and portion of the work experience.**

Dates of Entire Program of Intervenor services work experience (or training):

**From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Each of the following minimal competencies must be met during a minimum of 2500 of discipline-specific supervised practice (e.g., place of work or placement in conjunction with post-secondary education), under the onsite supervision of a CDBIS or if prior approval has been obtained and off-site supervision of a CDBIS, as part of the ACVREP certification requirements. This evaluation form must be submitted with the application for Eligibility. It is strongly recommended that applicants for certification demonstrate applied competence with various populations of individuals with deafblindness, including children, adults, and individuals with multiple disabilities.

**Applicant must complete a minimum of 2500 practical hours as part of this work experience verified on this form. 2,000 of the 2,500 hours must be in Direct Work Experience. The remainder may be in Non-direct Work Experience.**

**Direct Work experience hours include: -**

* Assessment of deafblind individuals
* Direct intervenor services
* Active participation in assessment, or other formal meetings where the intervenor is actively engaged in presenting information that will affect instruction provided to the consumer
* Providing direct consultation and training to parents, caregivers, teachers, and other related professionals who are working with the consumer
* Preparation for working with a specific consumer

**Non-direct work experience includes:**

* Observation of other intervenors
* Report writing
* Attendance at conferences
* General staff meetings
* Mentorship meetings
* Public education

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Applied Competency** | **Date Met (MM/DD/YY)** | **Supervisor****(Printed Name)** | **Supervisor****(Signature)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Successfully facilitates, for persons who are Deafblind, access to environmental information that is usually gathered through vision and hearing |  |  |  |
| Supports the consumer to gather information, learn concepts and skills; develop communication and language and establish relationships that lead to independence |  |  |  |
| Ensures that the consumer is informed and an active in every activity |  |  |  |
| Gains the consumer’s trust and provides a safe base for exploration and learning which has promoted the consumers social and emotional development |  |  |  |
| Successfully provides the information necessary for the consumer’s anticipation, motivation, communication and confirmation allowing the consumer to participate fully |  |  |  |
| Always Uses the consumer’s preferred mode of communication and feedback |  |  |  |
| Provides continuous environmental, visual, tactile and auditory information to the consumer |  |  |  |
| Consistently Is well prepared for each assignment or activity |  |  |  |
| Successfully supports the consumer’s efforts for empowerment, advocacy and self-determination |  |  |  |
| Uses self-reflective techniques to improve performance |  |  |  |
| Works well within a multidisciplinary team demonstrates professionalism, and respect with family, support personnel, other professionals and para professionals |  |  |  |
| Consistently adheres to and maintains professional boundaries |  |  |  |
| Completes documentation/reports objectively with pertinent, timely and accurate, respectful and factual information |  |  |  |
| Is able to recognize and respond appropriately to cases of abuse and follow appropriate policies and procedures |  |  |  |
| Is able to use appropriate personal coping strategies to maintain personal mental health and wellness |  |  |  |
| Consistently demonstrates the “do with” not “do for” intervenor principle |  |  |  |
| Effectively assists the individual in their goals and objectives by assisting in the design and implementation of activities and experiences |  |  |  |
| Consistently provides anticipatory information to the individual using a variety of methods |  |  |  |
| Effectively uses tools and strategies to support concept development, skills choices and decision making |  |  |  |
| Consistently relays visual/auditory information and observes and responds to the individuals changing needs |  |  |  |
| Effectively assesses, adapts and deals with the environment in which they are working in order to meet the individuals needs |  |  |  |
| Effectively assesses the degree of complexity with which a concept should be introduced based on the individual  |  |  |  |
| Consistently varies the level and intensity of input and ensures that the pace and duration meet the individual’s ability to receive and respond |  |  |  |
| Demonstrates proficiency and literacy in the preferred language of the individual |  |  |  |
| Demonstrates proficiency in the language or communication mode used by an individual including proficiency in ASL, LSQ, SEE, tactile, gestures, concrete cues, picture cues, calendar system |  |  |  |
| Consistently Demonstrate the ability to interpret the individual’s expressive communication by interpreting sign, body gestures, use of technology, and total communication depending on the individual. The ability to voice what the individual is communicating, to convey in a non-distorted unbiased manner, and respond appropriately. |  |  |  |
| Proficiently adapts the individuals preferred language to their preferred needs and preference and is able to enhance and expand communications through various mediums and experiences |  |  |  |
| Consistently demonstrates the ability to recognize, respond and provide feedback for all attempts by the individual at communication |  |  |  |
| Consistently supports a culture of acceptance, safety and security |  |  |  |
| Consistently supports the individual’s opportunities for self-determination, self-esteem and well-being  |  |  |  |
| Is able to implement strategies and protocols for challenging behaviors and consistently follows the recommendations of a Behavior Support Plan |  |  |  |
| Proficient in supporting social interactions and the development of meaningful relationships for the individual |  |  |  |
| Proficient in establishing and maintaining professional working relationships with the family and support circles of the individual |  |  |  |
| Proficient at recognizing changes that could be related to health, mental health and aging and making adaptations that are appropriate to the environment of the individual to address the changing needs and accesses community resources and services to support the individual |  |  |  |
| Consistently follows agency and multidisciplinary team protocols with respect to the individual’s health, mental health and aging |  |  |  |
| Proficient in supporting the individual’s use of residual vision and hearing and in recognizing any changes to the residual vision and hearing |  |  |  |
| Proficient in making adaptations to the individual’s environment to meet their needs for the use of their residual vision and hearing |  |  |  |
| Proficient in utilizing strategies that support the sensory needs of the individual |  |  |  |
| Consistently facilitates the individuals use of other senses to supplement residual visual and auditory and tactile information |  |  |  |
| Proficient as a human guide as recommended by an orientation & mobility specialist or the individual’s preference |  |  |  |
| Proficient in supporting the individual’s use of mobility devices that have been recommended by specialists |  |  |  |
| Proficient at developing tactile cues and maps and relaying environmental information related to travel |  |  |  |
| Consistently provides a safe environment of exploration and recognizes and makes accommodations if their own physical ability does not allow them to effectively act as a human guide for an individual |  |  |  |
| Proficient in the use of the computer and software |  |  |  |
| Proficient in instructing and assisting the individual in the use of assistive devices |  |  |  |
| Researches new and emerging assistive technologies and provides that information to the individual |  |  |  |

**If the work experience was not completed in one location, the information on this page must be completed for each work experience site and by each supervisor attesting to the competencies being met.**

Name of Supervising CDBIS:

Name of Onsite Supervisor if not a CDBIS

Name and Address of agency/employer:

Dates Applicant Has Accrued Hours Under Your Supervision:

**From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Integrity: We do hereby acknowledge that all the information submitted on this form is true and correct to the best of our knowledge and was completed in accordance with the CDBIS Code of Ethics. We understand that falsified information on this form is grounds for the denial of certification eligibility for the applicant**.

**I, the undersigned, verify that the applicant has met the competencies which I have signed and dated in the above evaluation under my supervision. I also verify that the applicant has completed \_\_\_\_\_\_\_ hours CDBIS work experience under my supervision.**

**Signature of Supervising CDBIS Supervisor:** Date:

**Signature of On-Site Supervisor if not a CDBIS:** Date:

**If signing as the final Supervisor that culminates the applicant’s completed Applied Competency Evaluation Form as well as the 2500 hours of discipline-specific supervised practice, please complete the following question as well.**

**I would \_\_\_\_\_ / would not \_\_\_\_\_ recommend the applicant for ACVREP certification**

**General Comments of Final Supervisor:**

# Appendix E

## Jay H. Stiteley Memorial Scholarship Fund

**EXAM REGISTRATION FEE ASSISTANCE PROGRAM**

ACVREP will make an annual contribution of $2,000.00 in January of each year to the Jay H. Stiteley Memorial Scholarship Fund to assist applicants, who are eligible for a scholarship based on their income, with payment of their Certification Examination Registration Fees

The fee assistance program will be applied on a first come first served basis.

Income eligibility will be determined based upon the applicable and effective income-eligibility standards of the Legal Services Corporation as set forth in Appendix A to 45 C.F.R. Part 1611. Eligible candidates whose income falls at or below 125% of the most recent federal poverty guidelines established by the Department of Health and Human Services qualify for a complete reduction in the Certification Examination Fee. Candidates whose income falls between 126% and 200% of the most recent poverty guidelines qualify for a partial reduction in the Certification Examination Fee in the amount of $217.00.

In order to apply for the fee assistance program, the candidate must indicate that they wish to apply for the fee assistance program on the Exam Registration Form submitted by the candidate once the candidate is declared Eligible to take the exam.

In addition, candidates must submit a copy of their most recent federal tax return or statement of income received from the Social Security Administration, if they are a recipient of social security disability income, as proof of income eligibility. ACVREP will review the provided documentation and inform applicant if s/he is eligible for a full or partial scholarship. Reviewed documents will not be retained by ACVREP and ACVREP will retain no personally-identifying information provided on such documentation. All documentation provided by the candidate for the review of income eligibility will be destroyed by ACVREP in a secure manner.

# Appendix F

## Instructions for Accessing References in the Deafblind Virtual Resource Center (DVRC)

The **DVRC** is hosted on Sharefile technology and available by controlled access. The Sharefile program works best when used with Google Chrome or Mozilla Firefox.

**ACVREP would like to acknowledge the hard work and generosity of Deafblind Ontario Services that is making this library of resources available for intervenors.**

**To access DVRC or ‘sign up’, please**

1. visit [www.deafblindontario.com/our-services/resource-centre](http://www.deafblindontario.com/our-services/resource-centre)

or

1. visit [www.deafblindontario.com](http://www.deafblindontario.com) and select **‘Resources’** from the top menu.
2. When you get to the landing page for the resources you will be advised to email ccsr@ or to “click here”. Click on the “click here option. You will then be taken to a page to enroll. Fill out the information and click Submit button.
3. You will then receive a welcome email within one week with a **link to activate** your account. From there you can create a new password.

**Please note that it could take up to one week** to receive the email so please plan accordingly with respect to your need to access these resources.

**Once you have your account set up and have created your password you will use** [https://deafblindontario.sharefile.com**/**](https://deafblindontario.sharefile.com/) **to log into your account to access the DVRC. You will use your email address and the password that you created to log in.**

Once logged in you will click on the CDBIS Folder that contains all of the resources used to create the certification exam. There are folders within the CDBIS Folder that are labeled with the names of each domain for the Body of Knowledge to make your search easier as you study for the exam.