

**Vision Rehabilitation Therapist**

**Certification Handbook**



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**Preface**

Thank you for your interest in professional certification in Vision Rehabilitation Therapy. This Handbook has been updated effective October 1, 2016.

# This Vision Rehabilitation Therapist Certification Handbook will provide you with background information regarding the profession of Vision Rehabilitation Therapy, its Code of Ethics, Scope of Practice, Body of Knowledge and Clinical Competencies. It will also provide you with information about the certification process and the requirements to become an ACVREP Certified Vision Rehabilitation Therapist® (CVRT®).

Your decision to pursue Certification in this field demonstrates your commitment to a high standard of professional practice and we look forward to assisting you throughout this process.

**Section 1 - Introduction**

# ACVREP History, Mission, and Purpose:

Established in January 2000, ACVREP’s mission is to offer professional certification for vision rehabilitation and education professionals in order to set the standard for high quality service delivery to persons with visual impairment. 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 offers certification in four disciplines: Orientation & Mobility, Vision Rehabilitation Therapy, Low Vision Therapy and Assistive Technology Instruction for People with Visual Impairment.

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

* identifying the standards common to employees in the vision rehabilitation and education professions, including the body of knowledge and work experience;
* identifying the standards across specialized areas of the vision rehabilitation and education professions;
* supporting employees and employers in using and applying the skill standards for personnel development;
* creating a forum for key stakeholders in the vision rehabilitation and education profession, including employers, related health professions, education, and government groups;
* identifying relevant training materials and resources to assist in teaching the vision rehabilitation and education standards;
* devising and administering written examinations according to standards developed by the Academy;
* granting recognition upon successful application and completion of the corporation's examinations and certification criteria and maintaining a listing of those persons granted such recognition; and
* establishing programs that promote and support the reliance on the corporation’s credentials by the general public and by regulatory bodies.

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

### Confidentiality Statement:

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

##### Non-discrimination Statement:

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

**Section 2 - Scope of Practice**

Certified Vision Rehabilitation Therapists (“CVRTs”) comprise a highly trained cadre of rehabilitation experts who specialize in working with individuals who are blind, visually impaired or who have functional visual limitations, empowering individuals to achieve their maximum life goals for education, employment, personal safety and independence.

CVRTs engage in a comprehensive approach to vision rehabilitation addressing visual, physical, cognitive, psycho-social, safety and emotional concerns through training in the use of compensatory skills, integration of existing and emerging technology and targeted adjustment counseling. Methods and strategies include use of non-visual techniques, visual enhancement devices and strategies, universal design and problem-based learning.

CVRTs provide service in a variety of settings including rehabilitation centers, hospitals, governmental rehabilitation agencies, private, non-profit agencies, workplaces, educational settings, assistive living facilities, senior living facilities, consumers’ homes and in the community. CVRTs function as members of an interdisciplinary team comprised of, but not limited to, eye care, health care, rehabilitation and education professionals working with consumers and their families. Specific responsibilities of CVRTs include interpretation of medical eye reports; analysis of medical implications for optimizing visual functioning; assessment of functional limitations; development and implementation of individualized and evidence-based objective-based learning and intervention programs; promotion of safety and wellness; management of individualized case records; identification of local, regional and national resources, and facilitation of psycho- social acceptance of vision loss. Training is provided in compensatory skills such as:

* Use of residual vision for enhanced functioning
* Independent Living: Personal and home management and safety skills
* Adaptive communications
* Braille
* Access/Assistive technologies
* Recreation and Leisure
* Indoor orientation and basic mobility techniques and safety
* Jobsite accommodations
* Environmental modifications that will aid in the prevention of falls

[Editor’s note: this does not include evaluation, prescription or instruction in the use of a support cane or long cane. If a CVRT observes that a consumer may benefit from a support cane or long cane they are to make a referral to the appropriate professional]

CVRTs work with a diverse range of individuals of all ages including persons with congenital or adventitious vision loss and blindness. In addition to working with individuals who have vision loss, CVRTs also provide individualized programs of instruction targeted to address the specific needs of individuals with disabilities concomitant to visual impairment including, but not limited to those who are deafblind, or who have diabetes, multiple sclerosis, brain injury, and age-related disabilities.

Certified Vision Rehabilitation Therapists are committed to excellence in serving individuals who are blind or have low vision to facilitate dignity, independence, and respect with successful outcomes for enhancement of quality of life and/or engaging in substantial gainful employment.

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

1. **Knowledge of the Blindness System**
   1. Know demographics of blindness and visual impairment
   2. Know the history of the education and rehabilitation services for people with visual impairments
   3. Know major legislation governing blindness services and disability issues including eligibility criteria for services
   4. Know the philosophy, structure, and governing legislation of independent living programs.
   5. Know the structure and funding sources of private, state/province and federal blindness systems
   6. Know the major blindness consumer groups, their philosophies and the services/benefits they offer
   7. Know advocacy strategies used to promote positive attitudes towards, and inclusion of, individuals with disabilities and other under-represented populations
   8. Identify major publications and information resources relating to services for people with visual impairments
   9. Know services to children and youth including, in the U.S., IDEA, Expanded Core Curriculum (ECC) and age appropriate service delivery including the Individualized Education Programs (IEP)
   10. Know vocational rehabilitation practices and regulations, including the Individual Plan for Employment (IPE), and the Individual Program Plan (IPP-Canada)
2. **Medical Aspects of Blindness and Low Vision**
   1. Know the relationship between etiology of vision loss and the effect of that loss upon individual development, behavior and environmental needs, including implications for vision rehabilitation therapist services:
      1. Anatomy of the human visual system
      2. Diseases and disorders of the human visual system
      3. Functional implications imposed by diseases and disorders of the human visual system
      4. Range of medical, surgical, and optical remediation for diseases and disorders of the human visual system
      5. Specific medical and physical contraindications for diseases and disorders of the human visual system
      6. Systemic diseases, acquired medical conditions and traumatic injury and their impact on vision

vii. Possible side effects of medications and impact on functioning and the rehabilitation process

* 1. Know how to complete an assessment to determine whether visual, non-visual or a combination of strategies is appropriate to achieve specific goals of the learner
  2. Know how to select or create and implement a functional vision assessment to identify and quantify the level of current visual functioning
  3. Know how to select or create and implement a sequential instructional program to integrate the use of low vision aids and strategies to specific instructional needs of individuals who are visually impaired including:
     1. Fixating, focusing, tracking and scanning skills, including techniques for eccentric viewing and fixation
     2. Visual perceptual skills
     3. Vision stimulation training and instruction
     4. Instruction in a range of techniques for print reading or access
     5. Assessment and adaptation of environmental variables and materials for personal, educational, and vocational tasks, including organization lighting, color, glare control and contrast
     6. Instruction in the use of equipment and adaptive devices for persons who are visually impaired including, in daily living activities, reinforcing instruction in the use of optical devices as prescribed by optometrists and ophthalmologists
     7. Assessment of natural and artificial lighting and implementation of strategies to optimize visual functioning
  4. Know appropriate resources and referrals for environmental, media, and instructional interventions used to alleviate or modify the functional effects of specific eye disorders

1. **Professionalism and Practice Methods**
   1. Know effective case management practices, including methods for data collection and case reporting
   2. Know interdisciplinary teamwork principles and appropriate referral processes
   3. Know the legal and civil rights relating to rehabilitation, transition planning, vocational services and advocacy of protected persons
   4. Know the historical development, current status, practitioner demographics, and major issues in the field of vision rehabilitation therapy (VRT) (i.e. home teacher, living skills instructor, rehabilitation teacher, access technology specialist)
   5. Know the CVRT Code of Ethics, the Scope of Practice, and privacy/confidentiality regulations. [Editor’s note: privacy regulations include HIPAA in the US and PIPEDA in Canada]
   6. Know the standards and practices of certification and accreditation
   7. Know the principles of individualized program planning, including transition, independent living and vocational rehabilitation services and programming
   8. Know the skills and abilities to assess, design and implement an individualized service plan based on client/consumer needs
   9. Know how to write and effectively document; including goals and objectives with measurable outcomes.
   10. Know the roles and functions of a private contracting VRT
   11. Know appropriate resources to meet the need for services or adapted materials by and for individuals with visual and/or multiple impairments
   12. Know methods for securing, instructing and working with volunteers, peers, para-professionals, vendors and private contractors
   13. Know methods for the design and delivery of in-service workshops to consumers, communities, service organizations, etc.
   14. Know how to communicate effectively with clients/consumers, family members, peers and other professionals.
   15. Know how to evaluate and integrate new and existing technology into vision rehabilitation services.
   16. Know how to manage casework services related to itinerant teaching.
2. **Independent Living : Personal Management**

Know how to select, design and implement a sequential instructional program to meet the specific independent living needs of learners who are blind or visually impaired including knowing how to:

* + 1. Design appropriate methods and materials used for the adaptations/ modifications of personal management skills.
    2. Instruct personal hygiene skills and techniques (i.e. shaving, nail care, dental care).
    3. Instruct dressing and grooming techniques (i.e. hair care, application of makeup, selection of appropriate and/or color-coordinated clothing).
    4. Instruct adaptive eating techniques.
    5. Instruct adaptive time management techniques (i.e. making appointments, use of adapted timepieces, managing daily calendar).
    6. Instruct care and maintenance of clothing (i.e. laundering, ironing, mending).
    7. Instruct adapted needle threading and sewing techniques.
    8. Instruct socialization skills (i.e. body language, gestures, self-advocacy, gathering and processing interpersonal information).
    9. Instruct identification, organization and labeling of medications to promote proper and safe usage.
    10. Instruct adapted medication administration techniques as appropriate (i.e. use of eye drop guide)
    11. Use methods and technology for adaptive management of diabetes (i.e. insulin measurement, glucose monitoring, medication management, record keeping, vision-related precautions, related resources)

1. **Independent Living: Home Management**

Select, design and implement a sequential instructional program to include appropriate methods and materials used for the adaptation/modification of home management skills.

* 1. Know how to teach kitchen skills including:

1. Identification, organization and labeling systems for kitchen and household items for operation, efficiency and safety
2. Use of adaptive kitchen and household safety techniques and equipment
3. Meal preparation skills including but not limited to:
   * + 1. Use of adaptive techniques for menu planning, grocery shopping, organizing and labeling
       2. Food preparation i.e. pouring, cutting, dicing, measuring
       3. Cold prep i.e. spreading, opening containers and boxes
       4. Access to nutritional and dietary information
       5. Adaptive cooking i.e. stove top use, oven use, and alternative devices and methods

b. Know how to teach use of adaptive techniques for money identification and management budgeting, banking on-line, automatic bill paying, debit card management and record keeping

c. Know how to recruit and manage volunteers/employees (i.e. readers, drivers, shoppers)

d. Know how to teach use of adaptive techniques of home mechanics (i.e. use of hand tools, performing minor repairs, changing light bulbs***/***batteries)

e. Know how to teach use of adaptive techniques of household cleaning (i.e. sweeping, dusting, vacuuming, cleaning bathrooms, washing windows)

f. Know how to teach upkeep and maintenance of home appliances

g. Know how to teach the use of home systems (i.e. regulating thermostats, use of home security systems, smoke detectors/fire extinguishers)

**6. Communication Systems**

Select, design and implement a sequential instructional program for:

a. Teaching adaptive reading skills to learners who are blind or visually impaired including:

1. Conducting a reading media assessment (i.e. standard/large print, tactile, audio) to assist learners in reaching their reading goals
2. Demonstrating competency with both the Unified English Braille Code and the English Braille American Edition [Editor’s note: UEB has now officially replaced English Braille American Edition]
3. Demonstrating knowledge of braille readiness activities
4. Knowing how to teach braille reading
5. Knowing alternative and augmentative communications systems, including; use of standard accessibility features in existing technology, computer screen magnification and screen reading programs, tactual output displays, electronic video low vision devices, telecommunication systems for deaf-blind persons, and communication boards
6. Knowing how to integrate low vision optical devices prescribed by an eye care specialist into a reading program
7. Knowing how to identify appropriate adaptive resources for instruction in basic reading skills

b. Teaching adaptive writing skills to learners who are blind or visually impaired including:

1. Braille writing with braille notetakers, brailler, slate and stylus
2. Keyboarding
3. Handwriting instruction techniques
4. Handwriting guides and devices and what constitutes a legal signature.
5. Note taking skills
6. Labeling methods
7. Techniques for teaching raised line drawings and tactile graphics
8. Techniques for producing raised line drawings and tactile graphics
9. Identifying appropriate resources for adaptive writing skills/tools
10. Adaptive/electronic notetakers
11. Current “off the shelf” technologies

c. Teaching recording skills, including storage and retrieval of information and maintenance of equipment:

1. Identify and teach operation and maintenance of a variety of audio recording and listening devices
2. Teach audio indexing techniques and managing audio files
3. Electronic listening, reading, and recording resources (e.g. Optical Character Readers, digital books, daisy formats, NIMAS)
4. Telecommunication devices and their features including smart phones and tablets
5. Techniques for using telecommunication devices, smart phones and mobile devices with accessible apps that can be applied throughout VRT domain areas
6. Radio Reading Services and telephone information services/audio information networks
7. Instruct the learner in strategies to recruit sighted readers
8. Identify appropriate resources for training in listening and recording skills
9. Resources and methods of downloading books that utilize electronic reading platforms

d. Teachingmeasurement and calculation skills including:

1. Adapted calculators and/or abacus
2. Measurement devices
3. Appropriate resources for measurement and calculation skills
4. Awareness of software/applications that are appropriate for assisting with mathematical calculations
5. Resources for adaptive mathematics, and science equipment

**7. Braille and Other Tactual Systems**

* 1. Ability to read standard contracted literary braille [Editor’s note: this refers to Unified English Braille]
  2. Ability to write standard contracted literary braille, using slate and stylus, mechanical braille and electronic braille notetaker
  3. Ability to assess tactual perception of the learner and adapt/modify instructional materials accordingly
  4. Ability to select, design and implement a sequential program for teaching braille reading
  5. Ability to select, design and implement a sequential program for teaching braille writing
  6. Ability to assess and adapt printed materials into an appropriate, usable tactile format
  7. Ability to scan, create and edit electronic files for braille production using appropriate technology, including computer software and hardware
  8. Identify appropriate braille resources and transcription services
  9. Awareness of alternative braille codes and resources for additional instruction [Editor’s note: for example - Fishburne and Moon type]
  10. Ability to select/create and administer diagnostic tests of braille literacy and reading/writing speed and accuracy

**8. Access/Assistive Technology**

* 1. Know the various types of emerging access/assistive technology
  2. Skill in the use of access/assistive hardware and productivity software and applications
  3. Ability to assess and assist learners in deciding which access technology and/or hardware modifications will best meet their goals
  4. Ability to select, design and modify a sequential instructional program incorporating the use of access/assistive technology based on learners’ abilities
  5. Ability to perform an ecological assessment of the learner's workplace
  6. Know how to access tech support, technology manufacturers and distributors.
  7. Awareness of access/assistive technology training resources
  8. Know various online education delivery formats and identify resources to address access issues
  9. Know the role of an assistive technology instructional specialist and referral process.
  10. Know universal design principles and universally designed products

**9. Recreation and Leisure**

* 1. Ability to select, design, and implement a sequential instructional program to meet the specific recreation and leisureneeds and interests of learners, including:

1. Crafts, hobbies and adapted games
   * + 1. Cultural, religious, and educational pursuits
       2. Sports and recreational activities
       3. Community participation/integration
   1. Ability to identify and organize materials, techniques and resources for planning and implementing recreational and leisure activities
   2. Ability to identify appropriate referral resources or additional recreational and leisure pursuits, including specialized blindness programs (i.e. BOLD, USABA, Blind Golfers Association)

[Editor’s note: this would also include Ski for Light. Additionally, it is important to be aware of resources for children and adults that exist through various organizations that provide information on recreation and leisure through their websites including, but not limited to American Foundation for the Blind (AFB), American Printing House for the Blind (APH) and Association for Education and Rehabilitation of Blind and Visually Impaired (AER) through its new Physical Activity & Recreation Division]

**10. Aging and Vision Loss**

* 1. Know the major demographic trends in aging and vision loss
  2. Know the major physiological, sensory, social, economic, and cognitive/perceptual changes in the aging process
  3. Know the major theoretical and psychosocial aspects of aging
  4. Know the current network of services to older adults, including entitlement programs, health-care service delivery systems, adult protective services and residential and institutional living arrangements/options
  5. Know the current policies and legislation related to aging and vision loss
  6. Know appropriate referral resources and referrals for services for older adults

**11. Deaf-blindness**

* 1. Ability to utilize alternative communication systems for individuals who are deaf-blind [Editor’s note: such as TASL and Haptic communication]
  2. Identify appropriate resources for instruction in other forms of communication used by individuals who are deaf-blind
  3. Know appropriate methods and materials for the adaptation of independent living skills for individuals who are deaf-blind
  4. Identify resources for services to persons who are deaf-blind
  5. Identify resources for services to persons who are aging with hearing and vision loss
  6. Identify local resources for acquiring equipment and training

**12. Teaching and Learning Strategies**

* 1. Know contemporary learning theories appropriate for adults, young adults, and children
  2. Know how to utilize the principles of andragogy (adult learning theory), in relation to vision rehabilitation therapy assessment and teaching processes
  3. Know the lifespan human development
  4. Ability to utilize listening, and problem-solving skills during interview, preliminary history taking, and comprehensive vision rehabilitation assessment to formulate an effective treatment plan
  5. Ability to design, select and implement appropriate methods and materials for comprehensive vision rehabilitation therapy assessments and training
  6. Ability to create and modify lesson plans that contain appropriate goals, objectives, and task analysis based on interpretation of assessment results
  7. Ability to adjust and modify lesson plans according to the assessment of consumer needs and abilities
  8. Know vision rehabilitation therapy teaching methodologies utilized in itinerant and center-based service delivery systems
  9. Know appropriate instructional strategies for the transfer of independent living skills from the training center to the home and community environments
  10. Identify appropriate resources and referrals to accommodate diversity and differences in learning
  11. Ability to use multiple teaching strategies, i.e., problem-based learning, motivational counseling, chaining, etc.

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

* 1. Know the factors affecting an individual's adjustment to vision loss, visual impairment, and the rehabilitation process
  2. Know the impact of vision loss and visual impairment on family, friends and significant others
  3. Know the relevant theories of adjustment to vision loss [Editor’s note: theories such as Kubler-Ross, Carroll, Tuttle& Tuttle and Livneh]
  4. Know the key elements necessary for the establishment of an appropriate working relationship with learners and their caregivers
  5. Know the theories of counseling techniques to facilitate adjustment to vision loss.
  6. Ability to design and implement consumer-driven strategies of self-advocacy
  7. Identify appropriate community resources and referral process for counseling services for individuals as well as families, friends, and significant others

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

* 1. Know eligibility criteria for the classifications, major legislative issues, and current demographics of disability groups
  2. Know the interactive effects of physical, sensory, cognitive, social, and/or emotional disabilities upon individuals who are blind or visually impaired, their relationships and environments
  3. Have familiarity with and implications of alternative mobility devices (i.e. wheelchairs, walkers, support canes) and transportation options that may be utilized by persons with visual impairment with additional disabilities
  4. Know appropriate methods, materials, and devices for the adaptation of independent living skills by individuals who are visually impaired with additional disabilities
  5. Identify appropriate resources and referrals for services to persons who are visually impaired with additional disabilities
  6. Know and understand issues and resources available to assist persons with a range of disabilities
  7. Ability to assess when and how to refer consumers to other appropriate qualified specialists

**15. Research**

* 1. Know the basic language and concepts of research
  2. Ability to understand and evaluate research studies
  3. Ability to obtain and apply research findings to best evidenced based rehabilitation practices for individuals who are blind or visually impaired
  4. Ability to formulate a hypothesis in order to explore the feasibility of needed research
  5. Know the ethical considerations in research
  6. Know contemporary research issues and needs in education, disability, access technology, and rehabilitation

**16. Orientation and Mobility**

* 1. Know how to select, design and implement a sequential instructional program to familiarize a blind or visually impaired learner with indoor orientation and basic mobility skills including:
     1. Basic orientation techniques
     2. Human Guide techniques [Editor’s Note : also referred to as Sighted Guide]
     3. Self-protective techniques
     4. Independent indoor movement [Editor’s note: this does not include navigation of stairs nor does it include the evaluation, prescription or instruction in the use of a support cane or long cane.]
     5. Systematic search patterns
     6. Seating techniques
     7. Room familiarization
     8. Sensory development techniques
  2. Identify appropriate orientation and mobility resources
  3. Know dog guide programs, including an understanding of regulations related to public access of dog guides
  4. Ability to assess when to refer for evaluation by a Certified Orientation and Mobility Specialist

**17. Employment related skills:**

1. Know appropriate instructional strategies for the transfer or integration of independent living skills from the rehabilitation setting to the employment environment
2. Ability to perform a job analysis of the learner's workplace, taking into consideration ergonomics, modifications and access technology needed to perform assigned duties
3. Ability to assess when to refer a consumer to a vocational rehabilitation counselor
4. Identify appropriate resources and skills related to job search activities, i.e. applications, interview skills, resumes, online sites, follow-up skills

**Section 4 - Clinical Competencies**

* + - 1. **Assessment, Planning and Documentation**

1. Demonstrate the ability to utilize various methods of assessment (case history, self-report, observation) to formulate an effective treatment plan
2. Demonstrate knowledge, skills and abilities to assess, design and implement an individualized service plan based on client’s needs
3. Demonstrate the ability to create lesson plans that contain appropriate goals, objectives and task analysis based on interpretation of assessment results
4. Demonstrate the ability to adjust and modify lesson plans according to the assessment of consumer needs and abilities
5. Demonstrate ability to write and effectively document consumer progress including goals and objectives with measurable outcomes
6. Demonstrate the ability to utilize the principles of andragogy (adult learning theory) in relation to vision rehabilitation therapy assessment and instructional process
7. **Low Vision**
   1. Demonstrate the ability to select or create and implement a functional vision assessment to determine how much vision is currently being used for tasks of daily living and to determine possible improvements
   2. Demonstrate the ability to select or create and implement a sequential instructional program to integrate strategies for training and assessment and adaptation of environmental variables and materials for personal, educational and vocational tasks including organization, lighting, color, glare control and contrast
   3. Demonstrate the ability to train in the use of equipment and adaptive devices for persons who are visually impaired in daily living activities reinforcing instruction for the use of optical devices prescribed by optometrists and ophthalmologists

1. **Activities of Daily Living**
   1. Demonstrate the ability to teach identification, organization and labeling of medications to promote proper and safe use
   2. Demonstrate awareness and use of methods of technology for adaptive management of diabetes (insulin measurement, glucose monitoring), medication management, record keeping, vision related precautions and related resources
   3. Demonstrate ability to instruct in the use of adaptive techniques for money identification and management, budgeting and banking and debit/credit card management and record keeping
   4. Demonstrate ability to teach dressing and grooming techniques such as hair care, application of makeup, selection of appropriate and or color coordinated clothing
   5. Demonstrate ability to teach adaptive time management techniques such as making appointments, use of adapted timepieces and managing a daily calendar
   6. Demonstrate ability to teach use of adaptive techniques of household cleaning such as sweeping, dusting, vacuuming, cleaning of bathrooms and washing windows
   7. Demonstrate ability to teach identification, organization and labeling systems for kitchen and household items for operation, efficiency and safety
   8. Demonstrate ability to teach use of adaptive kitchen and household safety techniques and equipment
   9. Demonstrate ability to teach meal preparation skills including food preparation (pouring, cutting, dicing, measuring)
   10. Demonstrate ability to teach meal preparation skills including adaptive cooking (stove top use, oven use and alternative devices and methods
2. **Communications**
   1. Demonstrate ability to assess tactual perception of the learner and adapt/modify instruction accordingly
   2. Demonstrate ability to select, design and implement a sequential program for teaching braille writing
   3. Demonstrate ability to select, design and implement a sequential program for teaching braille reading
   4. Demonstrate ability to select, design and implement a sequential instructional program for teaching adaptive reading skills including conducting a reading media assessment (standard/large print, tactile, audio)
   5. Demonstrate ability to select, design and implement a sequential instructional program for teaching adaptive writing skills including handwriting guides and devices and what constitutes a legal signature.
3. **Access/Assistive Technology**

**[**Editor’s note: knowing when to refer to a CATIS for more detailed assistive technology instruction based on the consumer’s need]

* 1. Assess the needs of the consumer to establish appropriate access/assistive technology and/or hardware modifications
  2. Perform a job analysis of the consumer’s workplace taking into consideration ergonomics, modifications and access/assistive technology needed to perform assigned duties
  3. Identify and teach operation and maintenance of a variety of access/assistive technology across daily living, work and educational settings based on assessment
  4. Identify and teach operation and maintenance of a variety of audio recording and listening devices
  5. Teach basic techniques for using telecommunication devices, smart phones and mobile devices with accessible apps that can be applied throughout CVRT domain areas

1. **Orientation and Mobility**
   1. Select, design and implement a sequential instructional program to familiarize consumer with indoor orientation and basic mobility skills
2. **Professional Characteristics**
   1. Demonstrate the ability to communicate effectively with consumers, family members, peers and other professionals
   2. Demonstrate skill in the use of access hardware and software used for productivity as a professional
   3. Demonstrate ability to incorporate into practice the factors affecting an individual’s adjustment to vision loss, visual impairment and the rehabilitation process
   4. Effectively participate as a member of the interdisciplinary team and initiate referrals to other professionals when needed

**Section 5 - History of Vision Rehabilitation Therapy Certification**

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

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

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

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

Although the initial training attempts were considered helpful, there were still many unanswered questions regarding acceptable practice standards. The American Foundation of the Blind (AFB) and the American Association of Workers for the Blind (AAWB) organized a meeting in 1938 inviting specialists in the field of blindness to adopt the first professional certification standards for home teachers. At this meeting, a board was appointed to develop the standards that were presented at the 1941 AAWB convention.

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

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

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

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

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

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

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

The following considerations were identified before selecting a new acronym:

1. Making sure that the designation clearly defines the population that we serve.

2. Finding a designation that will satisfy both the profession and Medicare.

3. Finding a name that is consistent and yet specifically different from the other two certifications.

4. Creating a designation that has not yet been copyrighted.

In November 2004, the ACVREP Board of Directors voted to approve "Certified Vision Rehabilitation Therapist" (CVRT) as the new name for rehabilitation teachers. After a careful review of the literature and comments from the field, the ACVREP Board felt that CVRT was the most suitable name.

The population of people CVRTs serve is dramatically shifting to Seniors. CVRTs must be poised and ready to respond not only to the changing needs of these consumers, but also to rely on new sources of funding. While recognizing the difficulties of selecting a name that everyone would be pleased with, ACVREP saw its responsibility to look beyond that and select a name that would meet the future needs of CVRTs.

**References**

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**Section 6 - Code of Ethics for Vision Rehabilitation Therapists**

**Preamble**

As professionals in the area of Vision Rehabilitation Therapy (VRT) of persons who are blind and visually impaired, we recognize our commitment to provide the highest quality of services to those individuals whom we serve. The purpose of our profession is to instruct individuals with visual impairments in the use of those compensatory skills and aids that will enable them to live safely, productively, and independently. Our primary obligation as Rehabilitation Therapists is to consumers, and in all of our professional relationships, we will keep the best interests of consumers as our priority. Vision Rehabilitation Therapists are committed to consumers and their families, to our employers and the community, to our profession and other professionals and to ourselves. We recognize our actions and in-actions affect the lives of those whom we serve, and we accept this responsibility.

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

Vision Rehabilitation Therapists pledge themselves to standards of acceptable behavior as it relates to the following: Commitment to the Learner; Commitment to the Community; Commitment to the Profession; Commitment to Colleagues and Other Professionals; and Commitment to Professional Employment Practices.

**1. Commitment to the Learner**

1.1 The Vision Rehabilitation Therapist (VRT) will value the worth and dignity of each individual.

1.2 The Vision Rehabilitation Therapist will take all reasonable precautions to provide for the physical safety of the learner from conditions that interfere with learning and protect the best interest of the learner.

* 1. The Vision Rehabilitation Therapist will conduct a record review before beginning instruction with the learner. The specialist will make reasonable attempt to obtain and evaluate information about the learner that is relevant to the VRT assessment and instruction.

1.4 The Vision Rehabilitation Therapist will respect the rights of the learner and legal representative to participate in decisions regarding the instructional program.

1.5 The Vision Rehabilitation Therapist will make the recommendation for the continuing of or discontinuing of services with the learner and/or their legal representative and will base that recommendation upon an evaluation of the learner’s needs, abilities, and skills. Their recommendation will be made in the learner’s best interest, independent of personal or agency convenience.

1.6 The Vision Rehabilitation Therapist will provide information regarding the various types of VRT devices and strategies, and will explore with the learner which device(s) and strategies will best meet specific needs. The Vision Rehabilitation Therapist will not dispense or supply specialized aids and devices unless it is in the best interest of the learner.

1.7 The Vision Rehabilitation Therapist will seek the support and involvement of the family and/or legal representative to promote the learner’s instructional goals and in advancing his or her continued success. For example, the VRT will share information as appropriate with the learner’s permission with the family that will facilitate the learner's welfare and independence, but will not communicate information that violates the principles of confidentiality.

1.8 The Vision Rehabilitation Therapistwill seek the advice and counsel of colleagues whenever such consultation is in the best interest of the learner.

1.9 The Vision Rehabilitation Therapist will respect the privacy and confidentiality of all information pertaining to the learner obtained through or stored in any medium (i.e., hard copy, cellular phone conversations, electronic mail, social-media, facsimile, texting, video, audio-visual). He or she will not divulge confidential information about any learner to any individual not authorized by the learner to receive such information unless required by law or institutional policies, or unless withholding such information would endanger the safety of the learner or the public.

1.10 The Vision Rehabilitation Therapist will obtain permission from the learner or legal representative before inviting others to observe a lesson or before recording the voice or image of the learner.

1.11 The Vision Rehabilitation Therapist will obtain full informed, written permission from the learner or legal representative before releasing information to a requesting agency or individual.

1.12 The Vision Rehabilitation Therapist will make all reports objective and will present only data relevant to the purposes of the evaluation and instruction. When appropriate, the specialist will share this information with the learner and/or the family and/or legal representative.

1.13 The Vision Rehabilitation Therapist will endeavor to disseminate information to service providers involved with the learner as it relates to VRT knowledge, instruction, and experiences so as to facilitate the goals of the learner.

1.14 The Vision Rehabilitation Therapist will not allow undue consideration of personal comfort or convenience to interfere with the design and implementation of lessons.

1.15 The Vision Rehabilitation Therapist will endeavor to establish and maintain a trusting relationship with the learner, maintain ethical standards of behavior and manage conflicts of interest by full disclosure.

1.16 The Vision Rehabilitation Therapist will avoid accepting a referral for services of a learner with whom he or she has a current or has had a prior relationship which may compromise the integrity of the instruction. If, because of the unavailability of other competent professionals this is not possible, the nature of such a relationship will be made known to supervisor(s) for the learner’s protection and to avoid the appearance of impropriety.

1.17 The Vision Rehabilitation Therapist will be responsible for services to learners who are referred and who are accepted as a learner and will provide ongoing supervision when any portion of the service is assigned to interns or student teachers who are enrolled in training programs, with the understanding that each individual will function under strict supervision.

**2. Commitment to the Community**

2.1 The Vision Rehabilitation Therapist will not discriminate or knowingly engage in behavior that is harassing or demeaning based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or on any other basis prohibited by law.

2.2 The Vision Rehabilitation Therapist will not engage in sexual harassment.

2.3 The Vision Rehabilitation Therapist will demonstrate in his or her practice an appreciation of the need to provide necessary accommodations, including full participation in program access, accessible facilities and services.

2.4 The Vision Rehabilitation Therapist will not engage in any activity that results in the exploitation of the learner. Exaggeration, sensationalism, superficiality, and other misleading activities are to be avoided.

**3. Commitment to the Profession**

3.1 The Vision Rehabilitation Therapist will exercise professional judgment related to the practice of vision rehabilitation therapy services.

3.2 The Vision Rehabilitation Therapist who is conducting research, will seek informed consent and provide information to include (1) description of the research, (2) the purpose of the research, (3) the participant’s right to withdraw from the research even after participation has begun; (4) the potential risks, discomfort, or adverse effects that could occur; (5) the potential research benefits; (6) the plan for confidentiality; (7) incentives for participation; and (8) whom to contact for further information.

3.3 The Vision Rehabilitation Therapist will interpret and use the writing and research of others with integrity. In writing, making presentations, or conducting research, the Vision Rehabilitation Therapist will be familiar with and give recognition to previous work on the topic.

3.4 The Vision Rehabilitation Therapist will not engage in fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. If the VRT discovers significant errors in his or her published data, he or she will take reasonable steps to correct such errors via correction, retraction, erratum, or other appropriate publication means.

3.5 The Vision Rehabilitation Therapist will give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions.

3.6 The Vision Rehabilitation Therapist reviewing material submitted for presentation, publication, grant, or research proposal will respect and guard the confidentiality of and the proprietary rights in such information of those who submitted it.

3.7 The Vision Rehabilitation Therapist will conduct investigations in a manner that takes into consideration the welfare of the subject(s), and report research in a way as to lessen the possibility that the findings will be misleading.

3.8 The Vision Rehabilitation Therapist will not accept gratuities or gifts of significance over and above the predetermined salary, fee, and/or expense for professional service.

3.9 The Vision Rehabilitation Therapist will not engage in commercial activities that result in a conflict of interest between these activities and professional objectives with the learner.

3.10 The Vision Rehabilitation Therapist involved in development or promotion of VRT devices, books or other products will present such products in a professional and factual way.

3.11 The Vision Rehabilitation Therapist will report suspected or known negligence, illegal, or unethical behavior in the practice of the profession to appropriate authorities.

3.12 The Vision Rehabilitation Therapist will not misrepresent his or her credentials.

**4. Commitment to Colleagues and Other Professionals**

4.1 The Vision Rehabilitation Therapist will engage in professional relationships on a mature level and will not become involved in personal disparagement.

4.2 The Vision Rehabilitation Therapist will not knowingly make false, deceptive, or fraudulent public statement concerning his or her practice or other work activities; nor that of persons or organizations with which he or she is affiliated.

4.3 The Vision Rehabilitation Therapist will not knowingly offer professional services to a person receiving VRT instruction from another Vision Rehabilitation Therapist, except by agreement with the other specialist or after the other specialist has ended instruction with the learner.

4.4 The Vision Rehabilitation Therapist who is a member of an interdisciplinary team will participate in and contribute to decisions that affect the well-being of learners by drawing on the perspectives, values, and experiences of his or her profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members will be clearly established.

4.5 The Vision Rehabilitation Therapist will seek to facilitate and enhance team efforts with other professionals. In such situations where team decisions are made, the specialist will contribute information from his or her own perspective and will abide by the team decision unless the team decision requires that he or she act in violation of the Code.

4.6 The Vision Rehabilitation Therapist who is responsible for education and professional preparation programs will take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences for students enrolled in such programs, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program.

4.7 The Vision Rehabilitation Therapist who serves as an internship supervisor will perform supervision sufficient to fully support the intern’s progress and safety.

4.8 The Vision Rehabilitation Therapist who serves as an internship supervisor will perform supervision sufficient to fully support the learner’s progress and safety.

**5. Commitment to Professional Employment Practices**

5.1 The Vision Rehabilitation Therapist will not accept a position of employment where ethical principles of VRT practice are compromised or abandoned, unless the position is accepted with the intention of amending or modifying the questionable practices and providing that he or she does not participate in the behavior which violates the Code.

5.2 The Vision Rehabilitation Therapist will not accept remuneration for professional instruction from a learner who is entitled to such instruction through an agency or school, unless the learner, when fully informed of the services available, elects to contract privately with the specialist.

**Section 7 - Criteria for Eligibility**

**Category 1:**

Eligibility to sit for the certifying exam:

For U.S. Candidates

* Proof of a minimum of a Bachelor’s degree from an accredited university or college with an emphasis in area of Vision Rehabilitation Therapy**.**

For Non-U.S. Candidates

* Proof of a minimum of a Bachelor’s degree (or equivalent, as verified through an independent credentialing body) or post-secondary diploma, from an accredited university or college with an emphasis in the area of Vision Rehabilitation Therapy.

**Supporting documentation required (for U.S. and Non-U.S. Candidates):** Official transcripts documenting the degree.

**University Students Program**

# In an attempt to encourage students to engage in the certification process prior to exiting the university/ college setting, students may apply for eligibility to take any of ACVREP’s certification examinations prior to the completion of the required 350 hour supervised internship and/or graduation from the university/college program (within 6 months prior to the anticipated graduation date).

**Category 2: [This category is temporarily suspended and is not an available path to Eligibility]**

Eligibility to sit for the certifying examination:

**For All Candidates**

* Proof of a minimum of a Bachelor's degree (or equivalent, as verified through an independent credentialing body)
* or post-secondary diploma, from an accredited university or college in any field with proof of post-secondary education from an accredited university, college or third party-accredited educational provider, demonstrating education in all domain areas of the ACVREP CVRT Body of Knowledge.

**Supporting documentation required:**

1. Official transcripts documenting the degree
2. Official transcripts or CE certificates documenting completion of coursework in the ACVREP VRT Body of Knowledge for all domain areas.
3. Core Domain Area Checklist (**Appendix C**) verifying basic competency in all core domain areas must be completed and signed by the applicant and additionally, signed by the CVRT internship supervisor and submitted with the eligibility application.

**For All Candidates**

Successful completion of at least 350 hours of discipline specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc.

* At least 260 hours must be in direct service with consumers and/or family members (that may include assessment, instruction, evaluation, etc.).
* The practice must be supervised by a current CVRT. The practice can be supervised by an onsite or offsite CVRT, provided there is a means for the offsite CVRT supervisor to evaluate intern performance (i.e. telecommunications, communication with on-site VRT supervisor, etc.). The internship must include the provision of a variety of direct services to adults with vision impairments or blindness.

**Supporting documentation required:**

1. Clinical Competency Evaluation Form completed and signed by the CVRT practice supervisor (see Appendix A).

Please note: Applicants completing multiple internships in order to meet the minimum hour or competency requirements, must submit a Clinical Competency Evaluation Form for all internships completed, signed by the CVRT supervisor(s).

1. If the CVRT practice supervisor is offsite, an Off-Site Supervisor Contract must also be completed, signed by the practice supervisor and applicant, and approved by the ACVREP office prior to the practice taking place (see Appendix B).

**Eligibility for Certification for both Category 1 and 2**:

1. Pass the ACVREP Vision Rehabilitation Therapy Certification Examination demonstrating knowledge of vision rehabilitation principles and their applications.
2. Certification is issued upon completion of all requirements and receipt and satisfactory review by ACVREP of all documentation required.

**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/cvrt> 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 a total 24 months from your 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.

**Responsibilities of the Examinee**

* 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.
* Arrive at the examination site at least 15 minutes before the designated time. Persons requiring accommodations should arrive earlier to assure the appropriate use of the accommodation(s).
* Bring and show appropriate identification, including photo ID.
* Maintain quiet examination conditions during the test session.
* Complete the examination before leaving.
* Refrain from requesting information about the examination from the proctor.
* Refrain from any behavior that could be interpreted as cheating (e.g., speaking with other examinees, consulting notes).
* Follow all policies and procedures established by ACVREP and the testing contractor.

## 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 respective ACVREP certification committee (CLVT, COMS, and CVRT) 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.

##### 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.

# 

**Section 10 – Vision Rehabilitation Therapy Test at a Glance**

# Test Name: Vision Rehabilitation Therapy

Time: 3.5 hour limit (non-accommodated) and a 5 hour limit (with accommodations)

Number of Questions: 150

Format: Multiple-choice and Multiple select questions

About this Test

The Vision Rehabilitation Therapy test is designed for individuals who are instructing in adaptive independent living skills. The 150 multiple-choice or multiple select questions focus on knowledge of theories, facts and principles of vision rehabilitation therapy as a discipline and on the application of that knowledge in working with persons with visual impairments.

It is important to know theory as well as practical application. If you are currently practicing as a VRT and have decided to become certified, it is important to understand that the exam will test your knowledge across the full Scope of Practice and Body of Knowledge. 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.

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.

|  |  |  |
| --- | --- | --- |
|  | **Domain Areas** | **# Questions** |
| 1 | Knowledge of the Blindness System | 7 |
| 2 | Medical Aspects of Blindness and Low Vision | 17 |
| 3 | Professionalism and Practice Methods | 9 |
| 4 | Personal Management | 11 |
| 5 | Home Management | 11 |
| 6 | Communication Systems | 11 |
| 7 | Braille and Other Tactual Systems | 9 |
| 8 | Access/Assistive Technology | 10 |
| 9 | Recreation and Leisure | 6 |
| 10 | Aging and Vision Loss | 10 |
| 11 | Deaf-blindness and Hearing Impaired-blindness | 6 |
| 12 | Teaching and Learning Strategies | 10 |
| 13 | Psychosocial Aspects of Blindness and Vision Loss | 6 |
| 14 | Individuals Who are Blind or Visually Impaired With Additional Disabilities | 9 |
| 15 | Research | 4 |
| 16 | Orientation and Mobility | 7 |
| 17 | Employment related skills | 7 |

**Preparing to Take the Certification Exam:**

The certification exam is based on the detailed Body of Knowledge (BOK) in this Handbook that begins on page 5. The Subject Matter Expert Committee, comprised of CVRT certified practitioners and university personnel working in collaboration with ACVREP’s outside psychometrician, developed the exam by reviewing the BOK and determining the knowledge that should be measured by the exam to determine that an applicant has met the entry level knowledge and ability to apply that knowledge to various scenarios. The educational coursework that you have completed should have well prepared you for the exam. It is also very beneficial to review the BOK in detail.

The following outlines what will be measured on the exam. It is important to keep in mind when answering exam questions that while, as practitioners, you may develop comprehensive information about a client, when answering exam questions, you should base your answers solely on the information that is provided in the question, even if that is not the full information that you develop in actual practice.

Below you will find each domain and the objectives that will be measured for that domain:

**TABLE OF TEST OBJECTIVES TO MEASURE KNOWLEDGE:**

|  |
| --- |
| **Knowledge of the Blindness System** |
| Given a description of a visual impairment, identify the demographic that would most likely be affected OR given a description of a demographic, identify the visual impairment that would most likely be present. |
| **Medical Aspects of Blindness and Low Vision** |
| Given a description of the function of a part of the human eye, identify the name of the anatomical part OR given a name of a part of the human eye, identify the function of that anatomical part. |
| Given the name of a human eye disease or disorder, identify the description of the eye disease or disorder OR given a description of an eye disease or disorder, identify the name of the eye disease or disorder. |
| Given functional implication(s), identify the name of the disease or disorder of the human eye that could cause the functional implication(s), OR given the name of a human eye disease or disorder, identify the functional implication(s) that could result from that disease or disorder. |
| Given medical, surgical, or optical remediation, identify the disease of the human eye the remediation addressed OR given a disease of the human eye, identify the medical, surgical, or optical remediation that should be used. |
| Given a medical and/or physical contraindication, identify the disease of the human eye the contraindication addresses OR given a disease of the human eye, identify the medical and/or physical contraindication. |
| Given a scenario including systemic diseases, acquired medical conditions or traumatic injury, identify the impact on vision. |
| Given a scenario including details of the learner, the environment, and goals, identify strategy(ies) that should be used to achieve the goals. |
| Identify the critical elements of a functional vision assessment. |
| Given a functional vision assessment, interpret and apply the findings to an appropriate intervention. |
| Given a scenario about a learner with a visual impairment, identify low vision aids and strategies for fixating, focusing, tracking, and scanning skills, including techniques for eccentric viewing and fixation. |
| Given a scenario about a learner with a visual impairment, identify low vision aids and strategies for improving visual perceptual skills. |
| Given a scenario about a learner with a visual impairment, identify low vision aids and strategies for visual stimulation training. |
| Given a scenario about a learner with a visual impairment, identify low vision aids and techniques for print reading or access. |
| Given a scenario about a learner with a visual impairment, identify low vision aids and techniques for assessment and adaptation of environmental variables and materials for personal, educational, and vocational tasks, including organization, lighting, color, glare control and contrast. |
| Given a scenario about a learner with a visual impairment, identify low vision aids and techniques for instruction with prescribed near, intermediate, and distance non-optical and optical devices, and video magnifiers in conjunction with instruction in communication skills and activities of daily living. |
| Given a scenario about a learner with a visual impairment, identify low vision aids and techniques for the assessment of natural and artificial lighting and implementation of strategies to optimize visual functioning. |
| Given a specific eye disorder, identify the appropriate resources and referrals for environmental, media, and instructional interventions used to alleviate or modify the functional effects of eye disorder. |
| **Professionalism and Practice Methods** |
| Given a scenario about case management, identify effective case management practices. |
| Given a scenario involving an ethic concern, identify the Code of Ethics, scope of practice, or privacy/confidentiality regulations that addresses the ethical concern. |
| Given a scenario including a goal or objective, identify the measurable outcome that matches the goal or objective. |
| **Personal Management** |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach personal hygiene skills, personal hygiene techniques, dressing and grooming techniques. |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach eating techniques. |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach care and maintenance of clothing, needle threading and sewing techniques. |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach identification, organization and labeling of medications to ensure proper and safe usage. |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach methods and technology for adaptive management of diabetes. |
| **Home Management** |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach use for adaptive kitchen and household safety techniques and equipment. |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach food preparation. |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach use of adaptive techniques for money identification and management. |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach use for adaptive techniques of home maintenance. |
| Given a scenario, select, design, or describe how to implement a sequential instructional program to teach use for adaptive techniques of household cleaning. |
| **Communication Systems** |
| Given a scenario, describe how to conduct a reading media assessment (i.e. standard/large print, tactile, audio) to assist learners in reaching their reading goals. |
| Select, design and describe how to implement a sequential instructional program for reading the Unified English Braille Code and the English Braille American Edition. |
| Given a scenario including a learner's problem in reading braille, identify the most likely cause of the learners reading problems. |
| Given a scenario, identify how to integrate prescribed low vision aids into a reading task. |
| Select, design and describe how to implement a sequential instructional program for teaching handwriting instruction techniques, handwriting guides and devices. |
| Select, design and describe how to implement a sequential instructional program for teaching how to produce and interprets raised line drawings and tactile graphics. |
| Select, design and describe how to implement a sequential instructional program for teaching techniques for electronic listening, reading, and recording devices. |
| Select, design and describe how to implement a sequential instructional program for teaching techniques for using telecommunication devices. |
| Identify resources and methods for downloading books that utilize electronic reading platforms. |
| Select, design and describe how to implement a sequential instructional program for teaching techniques for adapted calculators and/or abacus. |
| Identify appropriate resources for measurement devices and calculation software. |
| **Braille and Other Tactual Systems** |
| Given a dot numbering pattern of a letter or symbol, identify the corresponding letter or symbol, OR given a letter or symbol, identify the corresponding dot numbering pattern of the letter or symbol. |
| Given a word or phrase, identify the contraction that should be used in the word or phrase when it is written in UEB. |
| Given a scenario, identify how to adapt or modify instructional materials to assess the tactual perception of the learner. |
| **Assistive/Access Technology** |
| Given a scenario, identify the needs of the learner to establish which access technology and/or hardware modifications will best meet their goals. |
| Given a scenario, select, design or describe how to modify a sequential instructional program incorporating the use of access technology based on learner's abilities. |
| Given a scenario, identify how to perform an ecological (environmental, task and individual) assessment of the learner's workplace. |
| Given a scenario, identify the role of the Access Technology Specialist in this situation. |
| Identify Universal Design Principles. |
| **Recreation and Leisure** |
| Given a scenario about an adapted game, select, design, or describe how to implement a sequential instructional program to meet the specific needs, abilities and interests of the learner. |
| Given a scenario about sports or recreational activities, select, design, or describe how to implement a sequential instructional program to meet the specific needs, abilities and interests of the learner. |
| Given a scenario about community participation and integration, select, design, or describe how to implement a sequential instructional program to meet the specific needs, abilities and interests of the learner. |
| **Aging and Vision Loss** |
| Given a scenario, identify the major physiological, sensory, social, economic, cognitive/perceptual changes and theoretical and psychosocial aspects in the aging process. |
| Given a scenario, identify the problems/issues for which a referral may be made. |
| **Deaf-blindness** |
| Given a scenario, identify the most appropriate alternative communication systems for individuals who are deaf-blind. |
| Given a scenario, identify appropriate methods and materials for the adaptation of independent living skills for individuals who are deaf-blind. |
| **Teaching and Learning Strategies** |
| Given a scenario, identify the learning theory that would be the most appropriate. |
| Given a scenario about an interview, preliminary history taking, and a comprehensive vision rehabilitation assessment, identify the elements that are important to formulate an effective treatment plan. |
| Given assessment results, identify appropriate goals, objectives, or task analysis based on interpretation of assessment results. |
| Given a scenario including a lesson plan and a change that has occurred, identify how to adjust that lesson plan. |
| Given a scenario, identify appropriate instructional strategies for the transfer of independent living skills from the training center to the home and community environments. |
| Given a scenario including a description of multiple teaching strategies, identify the names of the teaching strategies. |
| **Psychosocial Aspects of Blindness and Vision Loss** |
| Given a scenario, identify the most relevant theory of adjustment to vision loss in this situation. |
| I**ndividuals Who are Blind or Visually Impaired with Additional Disabilities** |
| Given a scenario, identify the interactive effects of other disabilities (physical, sensory, cognitive, social, and/or emotional) upon individuals who are blind or visually impaired, their relationships and environments. |
| Given a scenario, identify appropriate methods, materials, and devices for the adaptation of independent living skills by individuals who are visually impaired with additional disabilities. |
| Given a scenario, identify to whom and when to refer learners to other qualified specialists for appropriate services. |
| **Research** |
| Given a portion of a published research study, apply research findings to best and promising rehabilitation practices and implications for individuals who are blind or visually impaired. |
| Given a portion of a published research study, identify the ethical considerations in the research. |
| **Orientation and Mobility** |
| Given a description of an indoor orientation and basic mobility skills technique, identify the name of the technique OR given a scenario, identify the indoor orientation and basic mobility skills technique that should be used. |
| **Employment related skills** |
| Given a scenario including performing a job analysis of a learner's workplace, identify the accommodations that should be recommended including ergonomics, modifications and access technology needed to perform assigned duties. |

**Below are some Sample Test Questions:**

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| 1. **A 10-year old child is having difficulty reading because she frequently loses her place on the page.  Which visual impairment is this child MOST likely experiencing?** |

1. Corneal disease
2. Conjunctivitis
3. Dry Eye Syndrome
4. Nystagmus

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| 1. **A 63-year old female client, with advanced diabetic retinopathy, complained that she that she kept losing the image and things would “go dark” when using her using her prescribed 4x monocular. Which strategy would MOST likely help her see better?** 2. Begin training with a 6x monocular to make objects appear larger on the retina 3. Begin training by locating objects at eye level and then generalize to different locations in the visual field 4. Begin training without the device and introduce the device after visual efficiency is demonstrated 5. Begin training with high-contrast targets, progressing to targets of various contrast levels |

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| 1. **A 24 -year old man has cortical vision impairment due to a blast injury.  Which three strategies are MOST likely to positively impact the performance of visual activities?** 2. Schedule training in the mornings before his eyes get tired 3. Space visual information to be viewable in manageable units 4. Provide structure and sameness in each presentation of tasks 5. Maximize the use of indirect lighting for visual tasks |

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| 1. **Which two factors are MOST commonly associated with an individual diagnosed with diabetic retinopathy?** 2. Elevated glucose levels 3. Age of onset 4. Ethnic background 5. Elevated intraocular pressure |

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| 1. **Which are three critical components in a functional vision assessment?** |
| 1. Motility 2. Color vision 3. Tonometry 4. Reflexes |

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| 1. **A client, with vision loss secondary to multiple sclerosis, is interested in receiving rehabilitation training.  Which assessment information would be important to consider before commencing the training?** 2. Forming of a service plan 3. Establishing of behavioral objectives 4. Developing task-analyzed lesson plans 5. Reviewing the client’s social history |

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| 1. **A client wants to legibly take phone messages for members of the family.  Which performance measurable objective is MOST appropriate?** 2. The client will write the phone message legibly on an appropriate pad of paper 3. The client will place the handwriting guide onto the paper within 30 seconds 4. The client will select an appropriate pen or pencil for writing 100% of the time 5. The client will write sentences with 90% of the words legible |
| |  | | --- | | 1. **A client recently experienced a decrease in vision due to retinitis pigmentosa and is concerned that he cannot maintain a close and even shave.  Which adaptation is MOST appropriate to teach the client?** 2. Lowering the temperature of the water used when shaving for increased sensitivity 3. Repeating coverage at a 90-degree angle from the first set of strokes 4. Using a lighted magnifying mirror while shaving for greater illumination 5. Using a shaving gel instead of shaving cream for a closer shave | |

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| 1. **When designing an instructional plan for the use of laundry products, which three measuring techniques are MOST appropriate?** 2. Use fingers to measure product 3. Use premeasured product 4. Use graduated measuring cups 5. Use measuring cup provided in package |

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| 1. **A client is interested in learning how to use a tablet for online banking. A print reading media assessment is conducted to determine the appropriate format for providing supplemental information.  Which three PRIMARY sources of data should the VRT evaluate?** 2. Working distance 3. Short-term silent reading rate 4. Short-term oral reading rate 5. Body positioning |
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| 1. **A client is learning to write braille with a slate and stylus. Which three skills will BEST assess the client’s tactile perception skills?** 2. Having the client find the grooves within the cell 3. Having the client move the stylus from cell to cell 4. Having the client align the paper when inserting it 5. Having the client write braille from right to left |

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| 1. **A client recently experienced additional vision loss and is no longer able to use the calculator function on his smartphone. Which three alternative strategies are MOST appropriate to allow him to continue to use the calculator on his smartphone?** 2. Introduce a talking calculator application 3. Introduce a tactile overlay 4. Introduce speech input features 5. Introduce speech output features |

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| 1. **A client who lost his vision to an injury, would like to snow ski again.  Which three resources would BEST assist the client to ski again?** 2. A national association of blind athletes 3. His local ski club 4. Ski For Light 5. Para-Olympic Training Facility |

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| 1. **An elderly client is having increasing problems with her skeletal system.  What specific problems is she MOST likely encountering?** 2. Decrease of bone density 3. Decrease in efficiency of gas exchange 4. Decrease in orthostatic blood pressure 5. Decrease of tissue flexibility |

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| 1. **The initial lesson plans for using a talking calculator begins with tactual exploration and identification of parts. The next lesson requires the client to input numerical digits. Which teaching strategy is being used?** 2. Scaffolding and chaining 3. Behavioral and splinter 4. Skill mastery and fading 5. Prompting and developmental |

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| 1. **During a lesson the client is reading a recipe and says “if my glasses only worked better I would be able to read this.” Which theory of adjustment does this statement MOST represent?** 2. Taylor’s 3. Sugerman’s 4. Carroll’s 5. Tuttle’s |

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| 1. **A client with early-onset of Alzheimer’s disease requested assistance in managing appointments.  Which three symptoms will MOST likely impact a VRT training session?** 2. Impaired handwriting 3. Forgetting people’s names 4. Misplacing everyday items 5. Neglecting to arrange travel |

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| 1. **When traveling from the bed to the closet using the squaring off technique, which two strategies are critical?** |
| 1. Two parallel body parts should be in contact with the bed 2. The closet needs to be directly opposite the starting point 3. Take small steps while walking to avoid tripping 4. Adjust direction of travel as needed to reach target  |  | | --- | | 1. **A 38-year-old client, who was diagnosed with diabetic retinopathy, is working in an office where overall glare is an issue. Which method would BEST reduce overall glare?** |  |  |  |  | | --- | --- | --- | |  |  | 1. Introduce task lighting 2. Use a non-lighted handheld magnifier 3. Utilize overhead light filters 4. Introduce a video magnifier | |  |  | |  |  | |  |  | |

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| **Answers to the sample questions may be found at the end of the References.** |

**Certification Examination References**

**Please note that the exam and the references were published several years prior to the release of the new Foundations book in VRT, however, all questions and answers have been reviewed with the new Foundations book and are valid. Using the Table of Contents and the Index in the new Foundations book you will also be able to locate much of the content covered by the test objectives**.

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**Answers to Sample Test Questions:**

* + - 1. D
      2. C
      3. B, C, D
      4. A, C
      5. A, B, D
      6. D
      7. D
      8. B
      9. B, C, D
      10. A, B, C
      11. A, B, C
      12. A, B, D
      13. A, C, D
      14. A, D
      15. A
      16. D
      17. A, B, C
      18. A, B
      19. C

##### Section 11 - Recertification in Vision Rehabilitation Therapy

1. Recertification is required every five years.

2. The certificant must complete the Recertification Application Form online at [www.acvrep.org](http://www.acvrep.org) and submit it with the appropriate Recertification Application Fee. The required supporting documentation for the 100 points required for recertification should be listed and uploaded into the certificant’s Recertification Tracker in their online account.

3. Applicants for recertification must earn 100 points to renew their certification at the end of the five-year cycle.

**They must submit a minimum of 25 points from Category One – Continuing Education.** They may also submit all 100 points from Category One. All continuing education must be ACVREP approved for the points to count toward recertification.

For the remaining categories (Professional Experience, Publications and Presentations, and Professional Service), applicants are allowed a maximum of 50 points for each of these categories. Please refer to ACVREP’s Recertification Policy for additional information.

4. Early applications for recertification may be accepted and reviewed only within 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.

5. It is the responsibility of the ACVREP staff to check each application to see that it is complete and that it meets policy guidelines. If it is not complete or does not meet policy guidelines, the applicant will be notified and requested to provide the required information for recertification.

6. 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. The published late fee will be charged if the recertification application is not submitted online before 11:59 PM Eastern time on the 1st day of the month in which an applicant’s certification expires, for example, by March 1 before 11:59 PM Eastern time for March 31 expiry. There are no exceptions. The late fee is automatically charged at the time the application is submitted.

9. Recertification is valid for five years.

**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 their 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.**

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

### Section 12 - Reinstatement of Certification

Candidates initially granted certification but who have not made application for recertification and, thus, have allowed their certification to Expire, may be reinstated within one calendar year following the recertification date if they meet the recertification requirements and pay the Recertification Application Fee and the Late fee published at the time they recertify. They may choose to recertify by points or by exam during this period.

If a candidate has allowed his/her certification to Lapse or has been determined to be ineligible for recertification for longer than one year, but less than ten years, the candidate may only Recertify by Exam. If the candidate has been Lapsed for longer than ten years, the candidate must Apply for Eligibility and begin the Certification process again.

### Section 13 - Appeals Process

## Introduction

Eligibility and recertification criteria for certification/recertification is established by the ACVREP Board of Directors, based upon the recommendations of the Subject Matter Expert Committee for each certification.

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

The process of appeal does NOT permit:

* An appeal of certification examination results.
* Additional time to acquire education, employment experience or supervision required for certification.
* Additional time to submit the documentation required for certification.
* Presentation of additional documentation.

### Levels of Appeal

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

• A review of the relevant facts.

• A second, independent evaluation of the materials presented.

• The fair and consistent application of eligibility criteria.

#### **The Appeal Process**

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

The appellant must submit a written request for appeal to the President of ACVREP. This request must be sent by certified mail, postmarked within 30 days of official receipt of the letter of denial. The request for appeal must include in a single packet a signed statement of the grounds for appeal (what decision is being appealed and why it is being appealed) and all relevant documentation in support thereof.

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

The President will forward the request for appeal to the Chair and members of the appropriate Subject Matter Expert Committee. The decision will be made by a 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 ACVREP Board of Directors of the SME’s decision and the specific reasons therefore and will inform the appellant to the same effect by certified mail within 30 days of receipt by the President of the request for appeal.

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

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

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

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

The Ad-hoc Committee will report its decision to the board, and the Chair of the board will inform the President in writing of the decision. The Ad-hoc Committee’s decision is final and no further appeals will be heard. The Chair of the board will inform the appellant of the decision by certified mail within 60 days of the official receipt by the President of the request for a second level of appeal.

**Related Items**

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

If the appeal concerns an examination related issue, the appellant is precluded from retesting until the appeal is heard and a final decision has been rendered. ACVREP will permanently retain all records and reports related to each appeal.

# Section 14 - Disciplinary Procedures and Grounds for Discipline

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

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

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

**Grounds for Discipline**

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

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

**Complaint**

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

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

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

**Investigation**

The Chair shall inform the ACVREP certificant under investigation in writing of the allegations and the supporting evidence, and describe the steps to be taken in proceeding with the investigation. The certificant will have twenty (20) working days within which to file a written response. The certificant will be notified by certified mail, return receipt requested, or its equivalent, at certificant’s most current address on file.

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

**Hearing**

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

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

**Appeal and Final Decision**

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

**Forms of Discipline**

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

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

**Reinstatement**

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

**Section 15 - Use Of The Service Mark**

The service marks “Certified Vision Rehabilitation Therapist” and “CVRT” are registered with the United States Patent and Trademark Office and owned by ACVREP. These marks identify and distinguish the services of the ACVREP Certified Vision Rehabilitation Therapist® (CVRT®) from services provided by others. The ACVREP CVRT has the exclusive right to use the mark in connection with the service of vision rehabilitation therapy.

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 persons 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: **CVRT**

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

**Correct:** Jane Doe, CVRT

**Incorrect:** Jane Doe, C.V.R.T.

**Incorrect**: Jane Doe, Cvrt

1. Always singular, never plural
2. First letters always capitalized

**Correct:** John Doe is a Certified Vision Rehabilitation Therapist.

**Correct:** The organization employs12 people who hold the Certified Vision Rehabilitation Therapist credential.

**Incorrect:** A group of certified vision rehabilitation therapists are doing the presentation.

**Use of Certification Marks**

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, CVRT

John Doe, CVRT

Allison West, CVRT

**Incorrect:** Doe Agency for the Visually Impaired: Certified Vision Rehabilitation Therapists

**Incorrect:** Jane Doe, CVRT 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 nor provided directly by ACVREP (including, but not limited to, educational programs, books, software tools, consulting services, etc.).

**Correct:** Mary Smith, CVRT

**Correct:** Mary Smith, Certified Vision Rehabilitation Therapist

**Incorrect:** Doe Certified Vision Rehabilitation Services

**Incorrect:** Teaching Tips for CVRT

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 him 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, CVRT (expected June 2007)

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

**Incorrect:** Maria Callas, who sat for the CVRT 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 Vision Rehabilitation Therapist from 2000-2005.

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

**Incorrect:** Jane Doe, CVRT (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>).

# ****Unethical Representation of ACVREP Certification:****

If an Applicant represents him/herself as ACVREP certified prior to the applicant receiving a certification number, or if a once-certified individual continues to represent him/herself as certified after that certification has expired or lapsed, ACVREP, upon learning of such misrepresentation, shall provide written notice to the individual to cease and desist misrepresenting him/herself as ACVREP certified, and the individual shall then have seven calendar days to comply with the cease and desist order. If the individual fails to comply with the cease and desist order, the individual shall pay ACVREP a fine of $100, in addition to any other fees due, and the individual shall have to wait six months following the date that ACVREP assesses the fine before reapplying for ACVREP certification.

#### **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** |  |  |
| 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

Fees are as published on the ACVREP website. 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.

## APPENDIX A

**CLINICAL COMPETENCY EVALUATION FORM**

an accessible version of this form can be found at <https://www.acvrep.org/certifications/cvrt> Quick Links

The purpose of completing the Clinical Performance Evaluation form by the supervisor(s) is to determine the knowledge and clinical skills of the applicant and to evaluate his/her overall performance as an eligibility requirement for VRT certification.

Objectives of Performance Rating:

1. To determine knowledge and clinical skills in the area of Vision Rehabilitation Therapy.
2. Objectively evaluate the applicant’s overall performance as an eligibility requirement for professional certification in Vision Rehabilitation Therapy.

Applicant’s Name:

Name of Agency:

Dates of Clinical Practice under CVRT Supervision (minimum of 350 hours with at least 260 hours of direct service required):

**From: To:**

If the clinical practice is part-time, please indicate the number of hours per week. Hours per week:

If the VRT applicant has completed the required clinical practice of 350 hours with 260 hours of direct service at more than one agency, please list the additional agencies (names of agencies, addresses, phone numbers, and dates of clinical practice)

**Directions:** For each knowledge area and skill listed please indicated if the applicant has performed at a professional rating of **Acceptable** or **Not Acceptable**. It is important that you impartially and objectively assess performance to ensure high quality delivery of service those who are visually impaired.

**Did the applicant: Assessment/Planning/Documentation**

**Rating**

Demonstrate the ability to utilize various methods of assessment (case history, self- report, and observation) to formulate an effective treatment plan

**Acceptable**

**Not Acceptable**

Demonstrate knowledge, skills and abilities to assess, design and implement an individualized service plan based on client/consumer needs

Demonstrate the ability to create lesson plans that contain appropriate goals, objectives, and task analysis based on interpretation of assessment results.

|  |
| --- |
| Demonstrate the ability to adjust and modify lesson plans according to the  assessment of consumer needs and abilities |
| Demonstrate ability to write and effectively document consumer progress; including goals and objectives with measurable outcomes |
| Demonstrate the ability to utilize the principles of andragogy (adult learning theory), in relation to vision rehabilitation therapy assessment and teaching processes. |
| **Low Vision** |
| Demonstrate the ability to select or create and implement a functional vision assessment to determine how vision is currently being used for tasks of daily living and to determine possible improvements. |
| Demonstrate the ability to select or create and implement a sequential instructional program to integrate strategies for training and assessment and adaptation of environmental variables and materials for personal, educational and vocational  tasks, including organization, lighting, color, glare control and contrast. |
| Demonstrate the ability to train in the use of equipment and adaptive devices for persons who are visually impaired including, in daily living activities, reinforcing instruction for the use of optical devices as prescribed by optometrists and ophthalmologists. |
| **Activities of Daily Living** |
| Demonstrate ability to teach identification, organization and labeling of medications to promote proper and safe usage. |
| Demonstrate awareness and use of methods and technology for adaptive management of diabetes (i.e. insulin measurement, glucose monitoring, medication management, record keeping, vision-related precautions, related resources). |
| Demonstrate ability to teach use of adaptive techniques for money identification and management, budgeting, banking, debit card management and record keeping. |
| Demonstrate ability to teach dressing and grooming techniques (i.e. hair care, application of makeup, selection of appropriate and/or color-coordinated clothing). |
| Demonstrate ability to teach adaptive time management techniques (i.e. making appointments, use of adapted timepieces, managing daily calendar). |
| Demonstrate ability to teach use of adaptive techniques of household cleaning (sweep, dust, vacuum, clean bathrooms, washing windows). |

|  |
| --- |
| Demonstrate ability to teach identification, organization and labeling systems for  kitchen and household items for operation, efficiency and safety. |
| Demonstrate ability to teach use of adaptive kitchen and household safety techniques and equipment. |
| Demonstrate ability to teach meal preparation skills including food preparation i.e. pouring, cutting, dicing, measuring |
| Demonstrate ability to teach meal preparation skills including ability to teach adaptive cooking i.e. stove top use, oven use, and alternative devices and methods. |
| **Communication** |
| Demonstrate ability to assess tactual perception of the learner and adapt/modify instructional accordingly. |
| Demonstrate ability to select, design and implement a sequential program for teaching braille writing. |
| Demonstrate ability to select, design and implement a sequential program for teaching braille reading. |
| Demonstrate the ability to select, design and implement a sequential instructional program for teaching adaptive ***reading*** skills, including conduct a reading media assessment (i.e. standard/large print, tactile, audio). |
| Demonstrate the ability to select, design and implement a sequential instructional program for teaching adaptive ***writing*** skills, including handwriting guides and devices and what constitutes a legal signature. |
| **Access/ Assistive Technology** |
| Assess the needs of consumer to establish appropriate access/assistive technology and/or hardware modifications. |
| Perform a job analysis of the consumer's workplace, taking into consideration ergonomics, modifications and access technology needed to perform assigned duties. |
| Identify and teach operation and maintenance of a variety of access/assistive technology across daily living, work, and educational settings based on assessment. |
| Identify and teach operation and maintenance of a variety of audio recording and listening devices. |
| Teach techniques for using telecommunication devices, smart phones & mobile  devices with accessible apps that can be applied throughout VRT domain areas |
| **O&M**  Select, design and implement a sequential instructional program to familiarize consumer with indoor orientation and basic mobility skills.  **Professional Characteristics**  Demonstrate the ability to communicate effectively with consumers, family members, peers and other professionals.  Demonstrate skill in the use of access hardware and software used for productivity as a professional  Demonstrate knowledge of factors affecting an individual's adjustment to vision loss, visual impairment, and the rehabilitation process.  Effectively participate as a member of the interdisciplinary team and initiate referrals when needed. |
| If the applicant rates Not Acceptable in any of the areas under Section A and/or Section B, please explain:  If the applicant demonstrates superior strengths or qualities, please explain:  I verify that the applicant has successfully completed a hour internship (Applicants must complete a 350 hour internship).  I further verify that the applicant has completed hours of direct service with consumers and/or family members (Applicants must have completed a minimum of 260 hours of direct services with consumers and/or family members)  I would would not recommend the applicant for ACVREP certification.  **Statement of Integrity:** “I do hereby acknowledge that all the information submitted on this form is true and correct to the best of my knowledge and was completed in accordance with the Vision Rehabilitation Therapy Code of Ethics (see Appendix F). I understand that falsified information on this form is grounds for the denial of certification eligibility for the applicant.”    Signature of CVRT Supervisor Date    Name (please print) Title  Please return this completed Clinical Performance Evaluation form to the applicant so it can be included in his/her eligibility application packet.  If the internship was off-site, please answer the following questions:   1. How many hours of direct supervision were actually provided? 2. Do you have any suggestions for improving communication, etc. to ensure a successful internship for both parties? Yes No   If yes, please list your suggestion |
|  |
|  |
|  |
|  |

**APPENDIX B**

**OFF-SITE SUPERVISOR CONTRACT**

**If the CVRT internship supervisor is offsite, this contract must be completed and signed by the CVRT internship supervisor and applicant. Approval by the ACVREP office must be given PRIOR to the internship taking place.**

VRT applicant’s name (please print):

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VRT applicant’s place of clinical practice (name of agency, address, phone number):

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

If the terms of the contract will be delivered through additional agencies, please provide the names, addresses, and phone numbers of the agencies.

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

CVRT supervisor’s name (please print):

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

CVRT supervisor’s place of employment (name of agency, address, phone number):

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

Brief description of clinical internship activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total anticipated number of in-depth cases to be supervised by the CVRT supervisor(there must be a minimum of five (5) consumers with a wide range of needs and diversities from the beginning initial intake interview to the final case completion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total anticipated number of direct observation hours by the CVRT supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Total anticipated number of supervisory/technical assistance hours: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I do hereby affirm that all of the information submitted on this form is true and correct to the best of my knowledge. I further affirm that this provisional contract will be completed with integrity and honesty and in accordance with the Vision Rehabilitation Therapy Code of Ethics” (see Appendix F or Section 6 of the Vision Rehabilitation Therapist Certification Handbook).

Signature of VRT applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I do hereby affirm that all of the information submitted on this form is true and correct to the best of my knowledge. I further affirm that this provisional contract will be completed with integrity and honesty and in accordance with the Vision Rehabilitation Therapy Code of Ethics”.

Signature of CVRT supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX C**

**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.

**THIS HANDBOOK WAS LAST UPDATED 3-18-2024**