



Academy for Certification of Vision  
Rehabilitation & Education Professionals

**VISION REHABILITATION THERAPIST  
ELIGIBILITY APPLICATION**

**PLEASE DO NOT DUPLICATE**

**Revised February 2009**

## **TABLE OF CONTENTS**

Eligibility Application Information.....	3
VRT Eligibility Application Form.....	4
Eligibility Criteria for VRT.....	7
Appendix A – Clinical Competency Evaluation Form.....	11
Appendix B – Core Domain Area Checklist.....	15
(Category 2 applicants only)	
Appendix C – VRT Core Domain Body of Knowledge Areas.....	17
(Category 3 applicants only)	
Appendix D – Off-Site Supervisor Contract.....	35
Appendix E – University Programs for VRTs.....	37
Appendix F – VRT Code of Ethics.....	48

## ELIGIBILITY APPLICATION INFORMATION

1. All applicants for certification should contact the ACVREP office at 520-887-6816 to request a copy of the LVT eligibility application or download the application from the ACVREP website at [www.acvrep.org](http://www.acvrep.org).
2. When the application is completed, it should be mailed to the ACVREP office with the appropriate fee.
3. It is the responsibility of the ACVREP staff to check each application packet to see that it is complete. The application will not be processed until all materials are received. There is a possibility that the application will be returned if there is not sufficient information included.
4. The initial application process has four steps:
  - a. Complete the Vision Rehabilitation Therapist Eligibility Application and all required forms in their entirety. ACVREP staff will review your application to assess whether or not you are eligible to sit for the certification examination.
  - b. If you are found eligible to sit for the examination, the Examination Registration Form will be sent to you. Please note: Applicants are required to proceed to the exam phase within one year after submitting their eligibility application. For example, if an applicant submits an eligibility application on June 1st, s/he will need to submit an Exam Registration Form, with the \$250.00 exam fee, prior to June 1st of the following year. The implementation date for this new procedure is January 1, 2008.
  - c. Take the examination at one of the accepted testing sites. You may choose to take the examination at one of the sites listed on ACVREP's website or arrange to take the examination at an "approved" alternate testing or assessment center in your local community. Please note: A \$25.00 rescheduling fee will be charged if an exam is canceled by an applicant and isn't rescheduled within 15 days. For example, if an exam is scheduled for June 1st and the applicant decides to cancel it (regardless of the reason), the exam would need to be rescheduled by June 16th in order for the applicant to avoid the \$25.00 rescheduling fee. The implementation date for this new procedure is January 1, 2008.
  - d. Upon successful completion of the certification examination, the Certification Application Request Form for certification approval will be mailed to you. You must then complete and submit this application to the ACVREP office.
5. Certification applications will be due to the ACVREP office by the first of March, June, September, and December.
6. Applications will be reviewed and a written report of requests for certification will be submitted to the ACVREP Board of Directors for approval by March 10th, June 10th, September 10th, and December 10th.

7. Upon the majority approval by the ACVREP Board of Directors, certificates will be issued with the respective expiration dates of March 31st, June 30th, September 30th, and December 31st.
8. Certification will be issued for five years.

**Vision Rehabilitation Therapist Eligibility Application Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden/Other Name: \_\_\_\_\_

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

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

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**EDUCATIONAL HISTORY**

Bachelor's Degree: Major: \_\_\_\_\_ Institution: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Master's Degree: Major: \_\_\_\_\_ Institution: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Advanced Degree: Major: \_\_\_\_\_ Institution: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Certificate only Program: Major: \_\_\_\_\_ Institution: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**Applicant must hold at least a Bachelor's or Master's degree to apply for certification. Please refer to the eligibility criteria below to assess the appropriate category under which you should apply and the documents that you will need to complete and submit with this application. The documents follow the eligibility criteria.**

**Please check the category under which you will be applying:**

**Category 1 \_\_\_\_\_ Category 2 \_\_\_\_\_ Category 3 \_\_\_\_\_**

Select which of the following best describes your complete program of study, excluding field experiences:

- \_\_\_\_\_ 1. Face-to-face delivery of instruction on the university campus (in class on campus).
- \_\_\_\_\_ 2. Technologically mediated delivery of instruction for the entire program (e.g., classes were provided on-line and/or through streaming videos, videotapes, video-conferences, teleconferences, etc.).

- \_\_\_\_\_ 3. Face-to-face remote site delivery of instruction (received in class training off campus).
- \_\_\_\_\_ 4. Combination of 1 and 2.
- \_\_\_\_\_ 5. Combination of 2 and 3.
- \_\_\_\_\_ 6. Combination of 1 and 3.

**STATEMENT OF ENDORSEMENT**

“I, the undersigned, having read, understood, and agreed with the obligations, responsibilities, and privileges stated in the Vision Rehabilitation Therapy Code of Ethics (see Appendix F), do promise to support and uphold this code to the best of my ability in order to maintain the highest standards for the purpose of protecting the rights of the individual who must avail himself/herself of my service.”

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**STATEMENT OF INTEGRITY**

Candidates must sign the following statement: “I do hereby acknowledge that all the information submitted in connection with my application to the certification program is true and correct to the best of my knowledge. I understand that falsified information on this application is grounds for denial of acceptance into the program or certification revocation, and may bar me from future certifications.”

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**The eligibility application fee is \$105.00. Enclose a check or money order payable in U.S. dollars to ACVREP. If you would rather pay by debit/credit card (Visa or MasterCard), please complete the following (your credit/debit card will not be charged until your application is complete):**

Your name (exactly as it appears on the card): \_\_\_\_\_

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

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

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

Three digit security code on back of card: \_\_\_\_\_

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

Upon receipt and approval of your completed Vision Rehabilitation Therapist Eligibility Application, official transcripts, and fee, you will receive examination registration information including the dates, locations, and fee for the certification examination.

**SUBMIT ALL MATERIALS IN ONE PACKAGE TO:**

**ACVREP  
3333 N. Campbell Ave., Suite 2  
Tucson, AZ 85719, USA**

## **ELIGIBILITY CRITERIA FOR VISION REHABILITATION THERAPY**

### Category 1:

Eligibility to sit for the certifying exam:

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

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

- In conjunction with the university program, successful completion of at least 350 hours of "discipline specific, supervised internship that includes, but is not limited to, direct service hours, related phone calls, meetings, observations, report writing, etc." The internship must include the provision of a variety of direct services to adults with vision impairments or blindness. The internship must be supervised by a Certified Vision Rehabilitation Therapist (CVRT) who can be offsite, if necessary.

**Supporting documentation required: Submit a "Clinical Competency Evaluation Form" completed by your CVRT internship supervisor (see Appendix A). Please note: For applicants completing more than one internship, to meet the minimum hour or competency requirements, please submit "Clinical Competency Evaluation Forms" for each internship, as completed by the CVRT supervisors. If the CVRT internship supervisor is offsite, an "Off-Site Supervisor Contract" must also be completed, signed by the internship supervisor and applicant, and approved by the ACVREP office PRIOR to the internship taking place (see Appendix D).**

- Sign a written "Statement of Endorsement" agreeing to uphold high ethical and professional standards (this statement can be found on the second page of the eligibility application).

Eligibility for VRT certification:

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

## Category 2:

Eligibility to sit for the certifying exam:

- Proof of a minimum of a Bachelor's degree from an accredited college or university (or foreign equivalent, as verified through an independent credential evaluation company), with a specialization in the area of VRT. This degree should be granted from a university or college with a program of study in VRT that meets the following sixteen (16) core domain areas:

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

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

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

- In conjunction with the university program, successful completion of at least 350 hours of “discipline specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc.” The practice must be supervised by a Certified Vision Rehabilitation Therapist (CVRT). The practice can be supervised by an onsite or offsite CVRT. The internship must include the provision of a variety of direct services to adults with vision impairments or blindness.

**Supporting documentation required: Submit a “Clinical Competency Evaluation Form” completed by the CVRT internship supervisor (see Appendix A). Please note: For applicants completing more than one internship, to meet the minimum hour or competency requirements, please submit “Clinical Competency Evaluation Forms” for each internship, as completed by the CVRT supervisors. If the CVRT internship supervisor is offsite, an “Off-Site Supervisor Contract” must also be completed, signed by the internship supervisor and applicant, and approved by the ACVREP office PRIOR to the practice taking place (see Appendix D).**

- Sign a written “Statement of Endorsement” agreeing to uphold high ethical and professional standards (this statement can be found on the second page of the eligibility application).

Eligibility for VRT certification:

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

Category 3:

Eligibility to sit for the certifying exam:

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

**Supporting documentation required:**

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

- a. **Official transcripts and applicable course descriptions or course syllabi AND/OR**
  - b. **Certificate of Completion/Attendance and applicable course descriptions or course syllabi.**
3. **For the last six non-VRT specific core domain body of knowledge areas listed above (#11-#16), the applicant must demonstrate knowledge through formal education, ACVREP approved CE programs or other activities.**  
**Documentation must include:**
- a. **Official transcripts and applicable course descriptions or course syllabi, OR**
  - b. **Certificates of completion/attendance and applicable course descriptions or course syllabi, OR**
  - c. **Continuing education (CE) hour or continuing education unit (CEU) information, to include certificates of completion/attendance and conference/workshop/ inservice training agendas and applicable handouts.**
4. **For the above 16 core domain body of knowledge areas, the applicant must also complete Appendix C (“VRT Core Domain Body of Knowledge Areas”).**
5. **If you need to take a university or college course to meet one or more of the 16 core domain body of knowledge areas, we have provided information in “University Programs for Vision Rehabilitation Therapists” to assist you in selecting relevant coursework (see Appendix E).**
- Successful completion of at least 1,000 hours of “discipline specific, supervised internship that includes, but is not limited to, direct service hours, related phone calls, meetings, observations, report writing, etc.” The internship must include the provision of a variety of direct services to adults with vision impairments or blindness. The internship must be supervised by a Certified Vision Rehabilitation Therapist (CVRT) who can be offsite, if necessary.

**Supporting documentation required: Submit a “Clinical Competency Evaluation Form” completed by the CVRT internship supervisor (see Appendix A). Please note: For applicants completing more than one internship, to meet the minimum hour or competency requirements, please submit “Clinical Competency Evaluation Forms” for each internship, as completed by the CVRT supervisors. If the CVRT internship supervisor is offsite, an “Off-Site Supervisor Contract” must also be completed, signed by the internship supervisor and applicant, and approved by the ACVREP office prior to the internship taking place (see Appendix D).**

- Sign a written “Statement of Endorsement” agreeing to uphold high ethical and professional standards (this statement can be found on the second page of the eligibility application).

Eligibility for VRT certification:

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

**APPENDIX A**

**CLINICAL COMPETENCY EVALUATION FORM**

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:

From: \_\_\_\_\_ To: \_\_\_\_\_

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

Hours per week: \_\_\_\_\_

Applicant is applying as: (circle one)                      Category 1                      Category 2                      Category 3

If the VRT applicant has completed the required clinical practice (350 or 1,000 hours) at more than one agency, please list the additional agencies (names of agencies, addresses, phone numbers, and dates of clinical practice)

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**Directions:** For each knowledge area and skill listed, use the rating scale shown below to evaluate the applicant's performance. Write the number that best describes the applicant next to the knowledge or skill area being rated.

- 0 = Not Observed**
- 1 = Poor Seldom demonstrates acceptable levels of knowledge and skills**
- 2 = Fair Inconsistently demonstrates acceptable levels of knowledge and skills**
- 3 = Good Almost always demonstrates acceptable levels of knowledge and skills**
- 4 = Very good Always demonstrates acceptable levels of knowledge and skills**
- 5 = Excellent Consistently demonstrates outstanding knowledge and skills**

**Section A**

<b>Did the applicant:</b>	<b><u>Rating</u></b>
1. Demonstrate appropriate interpersonal relationships and the ability to work closely with colleagues and community professionals as a key member of the interdisciplinary team?	_____
2. Demonstrate a working knowledge of the environmental influences upon client's behavior?	_____
3. Demonstrate a working knowledge of teaching and learning principles?	_____
4. Demonstrate a working knowledge of the concepts of blind rehabilitation?	_____
5. Demonstrate a working knowledge of the dynamics of blindness?	_____
6. Demonstrate a working knowledge of the function and physiology of the eye?	_____
7. Demonstrate a working knowledge of physical and mentally disabling conditions?	_____
8. Demonstrate a professional attitude and ethical behavior?	_____
9. Demonstrate the ability to assess and evaluate learners needs and abilities in home, work and community environments?	_____
10. Demonstrate the ability to select, design, and implement a sequential instructional plan?	_____

- 11. Demonstrate knowledge of community, state and national resources? \_\_\_\_\_
- 12. Demonstrate the ability to write reports which synthesize written information as applicable to the learners' progress in reaching the goals and objectives of the rehabilitation teaching plans. \_\_\_\_\_

**Section B**

**Did the applicant demonstrate the ability to instruct individuals who are blind or visually impaired in the following areas:**

- a. Personal Management:**
  - 1) grooming skills \_\_\_\_\_
  - 2) care of clothing \_\_\_\_\_
  - 3) socialization skills \_\_\_\_\_
  - 4) adaptive eating technique \_\_\_\_\_
  - 5) personal record keeping \_\_\_\_\_
  - 6) financial management \_\_\_\_\_
  - 7) indoor orientation and movement \_\_\_\_\_
  - 8) health care and medical management \_\_\_\_\_
- b. Communication:**
  - 1) recording skills and use of talking book equipment \_\_\_\_\_
  - 2) keyboard/typing instruction \_\_\_\_\_
  - 3) handwriting instruction and use of writing devices \_\_\_\_\_
  - 4) integration and utilization of low vision devices \_\_\_\_\_
  - 5) utilization of assistive technology \_\_\_\_\_
  - 6) adapted calculators and/or abacus \_\_\_\_\_
  - 7) labeling and organization methods \_\_\_\_\_
  - 8) adaptive telephone devices, services and techniques \_\_\_\_\_
  - 9) utilization of time management, time devices, calendars and concepts \_\_\_\_\_
  - 10) alternative communication systems for individuals who are deaf-blind such as manual alphabet and print on palm \_\_\_\_\_
- c. Braille and Alternative Tactual Systems:**
  - 1) Braille readiness activities \_\_\_\_\_
  - 2) contracted Braille reading \_\_\_\_\_
  - 3) contracted Braille writing with both Braille writer and slate and stylus \_\_\_\_\_

**d. Home Management:**

- 1) nutrition and meal planning \_\_\_\_\_
- 2) food preparation and shopping \_\_\_\_\_
- 3) clothing management \_\_\_\_\_
- 4) household organizing and maintenance \_\_\_\_\_
- 5) safety techniques \_\_\_\_\_

If the applicant rates below a “3” in any of the areas under Section A and/or Section B, please explain:

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If the applicant demonstrates superior strengths or qualities, please explain:

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I verify that the applicant has successfully completed a \_\_\_\_\_ hour internship (Category 1 and 2 applicants must complete a 350 hour internship; Category 3 applicants must complete a 1,000 hour internship).

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 suggestions.

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**APPENDIX B**

**Core Domain Area Checklist  
(Category 2 applicants only)**

Name of VRT Applicant (please print): \_\_\_\_\_

Please complete this form **in its entirety**. Accompanying documentation must be included with your application (see page 8). Indicate in the appropriate column what documentation you have to support the core domain.

<b>VRT Core Domain Body of Knowledge Areas</b>	<b>Official Course(s) Title with Name of University</b>	<b>Course Description/Course Syllabus</b>	<b>Comments</b>
1. Knowledge of the Blindness System			
2. Medical Aspects of Blindness and Low Vision			
3. Professionalism and Practice Methods			
4. Personal Management			
5. Home Management			
6. Communication Systems			
7. Braille and Other Tactual Systems			
8. Adaptive Computer Technology			
9. Recreation and Leisure			

10. Aging and Vision Loss			
11. Deaf-Blindness			
12. Teaching and Learning Strategies			
13. Psychosocial Aspects of Blindness and Vision Loss			
14. Individuals who are Blind or Visually Impaired with Additional Disabilities			
15. Research			
16. Orientation and Mobility			

Official transcripts submitted as proof of at least a BA degree (or equivalent).  Yes  No

350 hour VRT internship completed?  Yes  No

Vision Rehabilitation Therapy Clinical Performance Evaluation form submitted?  Yes  No

## APPENDIX C

### VRT Core Domain Body of Knowledge Areas (Category 3 applicants only)

Please note after each core domain body of knowledge area which course(s) or CEs you have successfully completed that address the criteria listed. **Note:** Knowledge and skills in areas 1 – 10\* must be obtained through formal education or ACVREP approved CE activities. One course may be used to meet several skill areas. Documentation must be provided (e.g. official transcript, CE Certificate of Completion/Attendance and Course Description/Syllabus/Training Agenda with applicable handouts).

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

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #i):

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_ Yes \_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i

***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_ Yes \_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i

***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_ Yes \_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i

***Please attach all relevant documentation to this sheet.***

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

- a. Demonstrate knowledge of the relationship between etiology of visual loss and the effect of that loss upon individual development, behavior and environmental needs, including implications for vision rehabilitation therapist services:
  - 1. Demonstrate knowledge of the anatomy of the human eye.
  - 2. Demonstrate knowledge of diseases and disorders of the human eye.
  - 3. Demonstrate knowledge of functional implications imposed by diseases and disorders of the human eye.
  - 4. Demonstrate knowledge of the range of medical, surgical, and optical remediations for diseases and disorders of the human eye.
  - 5. Demonstrate knowledge of specific medical and physical contraindications for diseases and disorders of the human eye.
- b. Demonstrate the ability to complete an assessment to determine whether visual, non-visual or a combination of strategies is appropriate to achieve specific goals of the learner.
- c. Select or create and implement a functional vision assessment to identify and quantify the level of current visual functioning.
- d. Select or create and implement a sequential instructional program to integrate the use of low vision aids and strategies to specific instructional needs of individuals who are visually impaired including:
  - 1. Fixating, focusing, tracking, and scanning skills, including techniques for eccentric viewing and fixation.
  - 2. Visual perceptual skills.
  - 3. Vision stimulation training and instruction.
  - 4. Instruction in a range of techniques for print reading.
  - 5. Adaptation of environmental variables and materials for personal, educational, and vocational tasks, including lighting, color, and contrast.
  - 6. Instruction with prescribed near, intermediate, and distance non-optical, optical, and electronic low vision devices, in conjunction with instruction in communication skills and activities of daily living.
  - 7. Assessment of natural and artificial lighting.
- e. Demonstrate knowledge of appropriate resources and referrals for environmental, media, and instructional interventions used to alleviate or modify the functional effects of specific eye disorders.

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #e):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No

Circle the area that applies to this specific course: a b c d e

***Please attach all relevant documentation to this sheet.***

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

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #n):

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_ Yes \_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i j k l m n

***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_ Yes \_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i j k l m n

***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_ Yes \_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i j k l m n

***Please attach all relevant documentation to this sheet.***

**4. \*Personal Management**

- a. Select, design and implement a sequential instructional program to meet the specific independent living needs of learners who are blind or visually impaired including:
  - 1. Incorporation of appropriate methods and materials used for the adaptations/modifications of personal management skills needed for persons who are blind or visually impaired, or who have additional disabilities.
  - 2. Personal hygiene skills and techniques (i.e. shaving, nail care, dental care).
  - 3. Dressing and grooming techniques (i.e. hair care, applying makeup, etc.).
  - 4. Adaptive eating techniques.
  - 5. Adaptive time management techniques (i.e. making appointments, use of adapted timepieces, managing daily calendar).
  - 6. Selection, care and maintenance of clothing (i.e. laundering, ironing, mending).
  - 7. Adapted sewing techniques.
  - 8. Socialization skills (i.e. body language, gestures, soliciting aid).
  - 9. Identification, organization and labeling of medications to ensure proper and safe usage.
  - 10. General medication management.
  - 11. Adaptive diabetic management (i.e. insulin measurement, medication management, record keeping, related resources).

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a 1 - #a 11):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: 1 2 3 4 5 6 7 8 9 10 11  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: 1 2 3 4 5 6 7 8 9 10 11  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: 1 2 3 4 5 6 7 8 9 10 11  
***Please attach all relevant documentation to this sheet.***

**5. \*Home Management**

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a 1 - #a 10):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: 1 2 3 4 5 6 7 8 9 10  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: 1 2 3 4 5 6 7 8 9 10  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: 1 2 3 4 5 6 7 8 9 10  
***Please attach all relevant documentation to this sheet.***

## 6. \*Communication Systems

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #d):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

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

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #j):

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i j

***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i j

***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_

ACVREP approved CE course(s): \_\_\_\_\_

Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No

Circle the area that applies to this specific course: a b c d e f g h i j

***Please attach all relevant documentation to this sheet.***

**8. \*Adaptive Computer Technology**

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #g):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g  
***Please attach all relevant documentation to this sheet.***

**9. \*Recreation and Leisure**

- a. Select, design, and implement a sequential instructional program to meet the specific recreation and leisure needs and interests of learners who are blind or visually impaired, including:
  - 1. Crafts, hobbies and adapted games.
  - 2. Cultural and educational pursuits.
  - 3. Sports and recreational activities.
- b. Identification of appropriate resources and referrals for additional recreational and leisure pursuits, including specialized blindness programs (i.e. **BOLD**, USABA, Blind Golfers Association).

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #b):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b  
***Please attach all relevant documentation to this sheet.***

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

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #f):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Documentation Included: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f  
***Please attach all relevant documentation to this sheet.***

**11. Deaf-blindness**

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #d):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

**12. Teaching and Learning Strategies**

- a. Demonstrate knowledge of contemporary learning theories including those that are appropriate for children and young adults.
- b. Demonstrate the ability to utilize the principles of andragogy (adult learning theory), specifically in relation to rehabilitation teaching assessment and teaching processes.
- c. Demonstrate knowledge of lifespan human development, specifically in relation to the needs of adult learners.
- d. Demonstrate the ability to utilize appropriate interview, listening, and problem-solving skills required during client/consumer interviews, preliminary history taking, and comprehensive rehabilitation assessment to formulate a treatment plan.
- e. Demonstrate the ability to design, select and implement appropriate methods and materials for comprehensive vision rehabilitation assessments.
- f. Demonstrate the ability to create and modify lesson plans that contain appropriate goals, objectives, and task analysis based on interpretation of assessments.
- g. Demonstrate knowledge of vision rehabilitation teaching methodologies utilized in various service delivery systems.
- h. Demonstrate knowledge of appropriate instructional strategies for the transfer of independent living skills from the rehabilitation setting to the home and community environments.
- i. Identify appropriate resources and referrals to accommodate cultural diversity and socio-cultural differences in learning.
- j. Identify appropriate resources and referrals for services to older adults who are blind or visually impaired.

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #j):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g h i j  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g h i j  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g h i j  
***Please attach all relevant documentation to this sheet.***

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

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #g):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f g  
***Please attach all relevant documentation to this sheet.***

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #e):

University: \_\_\_\_\_  
 Course Title & Number: \_\_\_\_\_  
 ACVREP approved CE course(s): \_\_\_\_\_  
 Other CE course(s) \_\_\_\_\_  
 Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
 Circle the area that applies to this specific course: a b c d e  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
 Course Title & Number: \_\_\_\_\_  
 ACVREP approved CE course(s): \_\_\_\_\_  
 Other CE course(s) \_\_\_\_\_  
 Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
 Circle the area that applies to this specific course: a b c d e  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
 Course Title & Number: \_\_\_\_\_  
 ACVREP approved CE course(s): \_\_\_\_\_  
 Other CE course(s) \_\_\_\_\_  
 Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
 Circle the area that applies to this specific course: a b c d e  
***Please attach all relevant documentation to this sheet.***

**15. Research**

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #f):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d e f  
***Please attach all relevant documentation to this sheet.***

**16. Orientation and Mobility**

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

Indicate which university course(s) and/or ACVREP approved CE program(s) you have taken that address each section of this knowledge area (#a - #d):

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

University: \_\_\_\_\_  
Course Title & Number: \_\_\_\_\_  
ACVREP approved CE course(s): \_\_\_\_\_  
Other CE course(s) \_\_\_\_\_  
Documentation Included: \_\_\_\_ Yes \_\_\_\_ No  
Circle the area that applies to this specific course: a b c d  
***Please attach all relevant documentation to this sheet.***

**APPENDIX D**

**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): \_\_\_\_\_

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: \_\_\_\_\_

<p><b><i>For ACVREP office use only:</i></b></p> <p><b><i>Approved by:</i></b> _____</p> <p><b><i>Approval date:</i></b> _____</p>
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## APPENDIX E

### University Programs for Vision Rehabilitation Therapists (last revised February 2006)

1. “Guest Student” status at universities with VRT Programs.
2. Relationship of available courses to Core Domain Body of Knowledge for Vision Rehabilitation Therapists.

Western Michigan University  
Department of Blindness and Low Vision Studies (BLS)  
Rehabilitation Teaching Program

**URL:** <http://www.wmich.edu>

**Term(s) used:** Guest (GST) non-degree admission

**Procedure and documentation:**

1. Apply to WMU Graduate Admissions. Bachelor’s degree is required; transcripts from all previous universities must be submitted. Fee is \$40.00 in 2005.
2. Contact BLS Department for schedule details.

**Format (on-campus or distance education):** All courses available on campus; distance education lecture-based courses offered via DVD/Video; some experiential hands-on courses offered in 6-week compressed summer session.

**Contact Person:** Susan Ponchillia, [susan.ponchillia@wmich.edu](mailto:susan.ponchillia@wmich.edu)

University of Arkansas at Little Rock  
Rehabilitation Teaching of the Blind Program

**URL:** <http://www.ualr.edu/rehdept>

**Term(s) used:** Non-degree seeking student, transient student.

**Procedure and documentation:**

1. Complete admission process.
2. If one has a graduate degree, provide transcript from most recent degree awarded, or if one has an undergraduate degree, provide transcript showing last 60 hours of undergraduate work. Transcripts must be in sealed envelopes. Non-degree seeking students are limited to a total of 12 graduate hours.

**Format (on-campus or distance education):** All courses are on-line via video streaming; some courses require onsite hands-on segments.

**Contact Person:** Pat Smith, [pbsmith@ualr.edu](mailto:pbsmith@ualr.edu)

University of Arizona  
Specializations in Visual Impairment  
Department of Special Education,  
Rehabilitation and School Psychology  
P.O. Box 210069

Tucson, AZ 85721-0069

Telephone: (520) 621-0945

**URL:** <http://www.arizona.edu>

**Term(s) used:** Graduate non-degree seeking student.

**Procedure and documentation:**

1. Complete “Graduate non-degree admission form” (\$25.00 in 2005).

**Format (on-campus or distance education):** VRT program is discontinued, but some existing blindness-related courses for the Teacher of Children with Visual Impairments program may be acceptable for meeting CVRT requirements.

Florida State University  
Program in Visual Disabilities

**URL:** <http://www.fsu.edu>

**Term(s) used:** Special (non-degree seeking) Student

**Procedure and documentation:** Contact Special Student Section of the Office of Admissions at (850) 644-3420 or email at [admissions@admin.fsu.edu](mailto:admissions@admin.fsu.edu).

**Format (on-campus or distance education):** On campus or work-study program for working professionals.

Hunter College  
Dept. of Special Education

**URL:** <http://www.hunter.cuny.edu>

**Term(s) used:** Non Matriculated student

**Does not accept guest students**

Mohawk College  
Programmes for Instructors for the Blind and Visually Impaired

**URL:** <http://www.mohawkc.on.ca>

**Term(s) used:**

**Procedure and documentation:**

**Format (on-campus or distance education):**

Northern Illinois University (NIU)  
Visual Disabilities Program  
Does not allow guest students to take blindness courses

Pennsylvania College of Optometry (PCO)  
Rehabilitation Teaching Program

**URL:** <http://www.pco.edu>

**Term(s) used:** N/A

**Procedure and documentation:** No guest student policy noted.

**Format (on-campus or distance education):**

Note: In the following section, the Core Domain Body of Knowledge is presented along with various university course numbers to indicate which courses prospective CVRTs may wish to take to fulfill certification requirements. Also, please note that the information should be verified with the respective university contacts before enrolling.

## **Vision Rehabilitation Therapist Core Domain Body of Knowledge**

Please note: One course may be used to meet several knowledge skill areas. Documentation must be provided (e.g., transcript, CE Certificate of Completion/Attendance).

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

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

**WMU:** BLS 5770 - Services to Persons who are Blind or Have Other Disabilities, BLS 5880 - Psychosocial Aspects of Disability, and BLS 6640 - Principles of Rehabilitation Teaching.

**UALR:** COUN 7360 - Rehabilitation Foundations, RHBL 7314 - Principles of Rehabilitation Teaching.

**PCO:** General knowledge: 701 - Foundations of Vision Rehabilitation and Education, VRT-specific knowledge: 740 - Principles of Vision Rehabilitation Therapy

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

- a. Demonstrate knowledge of the relationship between etiology of visual loss and the effect of that loss upon individual development, behavior and environmental needs, including implications for vision rehabilitation therapist services:
  1. Demonstrate knowledge of the anatomy of the human eye.
  2. Demonstrate knowledge of diseases and disorders of the human eye.
  3. Demonstrate knowledge of functional implications imposed by diseases and disorders of the human eye.
  4. Demonstrate knowledge of the range of medical, surgical, and optical remediations for diseases and disorders of the human eye.
  5. Demonstrate knowledge of specific medical and physical contraindications for diseases and disorders of the human eye.
- b. Demonstrate the ability to complete an assessment to determine whether visual, non-visual or a combination of strategies is appropriate to achieve specific goals of the learner.
- c. Select or create and implement a functional vision assessment to identify and quantify the level of current visual functioning.

- d. Select or create and implement a sequential instructional program to integrate the use of low vision aids and strategies to specific instructional needs of individuals who are visually impaired, including:
  1. Fixating, focusing, tracking, and scanning skills, including techniques for eccentric viewing and fixation.
  2. Visual perceptual skills.
  3. Vision stimulation training and instruction.
  4. Instruction in a range of techniques for print reading.
  5. Adaptation of environmental variables and materials for personal, educational, and vocational tasks, including lighting, color, and contrast.
  6. Instruction with prescribed near, intermediate, and distance non-optical, optical, and electronic low vision devices, in conjunction with instruction in communication skills and activities of daily living.
  7. Assessment of natural and artificial lighting.
- e. Demonstrate knowledge of appropriate resources and referrals for environmental, media, and instructional interventions used to alleviate or modify the functional effects of specific eye disorders.

**WMU:** BLS 5890 - Medical and Functional Aspects of Rehabilitation, BLS 5900 - Physiology and Function of the Eye, BLS 5970 & 6050 - Principles and Practices of Low Vision.

**UALR:** RHBL 7315 - Medical Aspects of Blindness and Related Disabilities, RHBL 7325 – Implications of Low Vision.

**PCO:** #2a: 700 - Visual Impairment and Functional Implications; #2b-e: 703, 704, 705 - Low Vision Assessment and Intervention course sequence.

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

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

- n. Demonstrate the ability to evaluate and integrate new and existing technology into vision rehabilitation services.

**WMU:** BLS 6640 - Principles of Rehabilitation Teaching.

**UALR:** RHBL 7314 - Principles of Rehabilitation Teaching, RHBL 7310 - Methods of Teaching Adaptive Living Skills, RHBL 7311 - Methods of Teaching Adaptive Communication Skills.

**PCO:** Primarily 740 - Principles of Vision Rehabilitation Therapy. In addition j, l, m, and n are covered in all PCO VRT methods courses.

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

- a. Select, design and implement a sequential instructional program to meet the specific independent living needs of learners who are blind or visually impaired, including:
  - 1. Incorporation of appropriate methods and materials used for the adaptations/modifications of personal management skills needed for persons who are blind or visually impaired, or who have additional disabilities.
  - 2. Personal hygiene skills and techniques (i.e. shaving, nail care, dental care).
  - 3. Dressing and grooming techniques (i.e. hair care, applying makeup, etc.).
  - 4. Adaptive eating techniques.
  - 5. Adaptive time management techniques (i.e. making appointments, use of adapted timepieces, managing daily calendar).
  - 6. Selection, care and maintenance of clothing (i.e. laundering, ironing, mending).
  - 7. Adapted sewing techniques.
  - 8. Socialization skills (i.e. body language, gestures, soliciting aid).
  - 9. Identification, organization and labeling of medications to ensure proper and safe usage.
  - 10. General medication management.
  - 11. Adaptive diabetic management (i.e. insulin measurement, medication management, record keeping, related resources).

**WMU:** FCS 6360 - Teaching for Independent Living.

**UALR:** RHBL 5302 – Basic Independent Living, RHBL 7310 - Methods of Teaching Adaptive Independent Living Skills.

**PCO:** 741 - Independent Living Skills for Vision Rehabilitation Therapists.

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

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

9. Ability to upkeep and maintain home appliances.
10. Use of home systems (i.e. regulating thermostats, use of home security systems, smoke detectors/fire extinguishers).

**WMU:** FCS 6360 - Teaching for Independent Living.

**UALR:** RHBL 5302 - Basic Independent Living Skills, RHBL 7310 - Methods of Teaching Adaptive Independent Living Skills.

**PCO:** 741 - Independent Living Skills for Vision Rehabilitation Therapists.

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

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

1. Adapted calculators and abacus.
2. Measurement devices.
3. Identification of appropriate resources for measurement and calculation skills.
4. Software that is appropriate for assisting with mathematic calculations.

**WMU:** BLS 5840 - Adaptive Computing in Rehabilitation, BLS 5930 - Methods of Teaching Adaptive Communication Systems, BLS 5970/6050 - Principles and Practices of Low Vision.

**UALR:** RHBL 7311 - Methods of Teaching Adaptive Communication Skills.

**PCO:** Section 6.a.1-3 and 6.b.1: 714 - Literary Braille Code, 715 - Braille Literacy Assessment and Instruction, 6.a.4-6 and 6.b.2-3: 716 - Introduction to Assistive Technology, 6.b.4-10: 742 - Communication Skills for Vision Rehabilitation Therapists.

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

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

**WMU:** BLS 5910 - Braille and Tactual Communication.

**UALR:** RHBL 7312 - Braille and Relevant Formats, RHBL 7311 - Methods of Teaching Adaptive Communication Skills.

**PCO:** 714 - Literary Braille Code, 715 - Braille Literacy Assessment and Instruction.

## **8. \*Adaptive Computer Technology**

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

- g. Demonstrate awareness of AT Training resources for persons who are blind or visually impaired.

**WMU:** BLS 5840 - Adaptive computing in rehabilitation.

**UALR:** RHBL 7311 - Methods of Teaching Adaptive Communication Skills.

**PCO:** 716 - Introduction to Assistive Technology.

## **9. \*Recreation and Leisure**

- a. Select, design, and implement a sequential instructional program to meet the specific recreation and leisure needs and interests of learners who are blind or visually impaired including:
  - 1. Crafts, hobbies and adapted games.
  - 2. Cultural and educational pursuits.
  - 3. Sports and recreational activities.
- b. Identification of appropriate resources and referrals for additional recreational and leisure pursuits, including specialized blindness programs (i.e. **BOLD**, USABA, Blind Golfers Association).

**WMU:** BLS 5770 - Services for Persons who are Blind or Have Other Disabilities, FCS 6360 – Teaching for Independent Living.

**UALR:** RHBL 5302 - Basic Independent Living Skills.

**PCO:** 741 - Independent Living Skills for Vision Rehabilitation Therapists.

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

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

**WMU:** BLS 6020 - Gerontology in Orientation and Mobility and Rehabilitation Teaching.

**UALR:** RHBL 7310 - Methods of Teaching Adaptive Living Skills, RHBL 7314 - Principles of Rehabilitation Teaching.

**PCO:** Contained within 711 - Human Development Across the Lifespan.

## **11. Deaf-blindness**

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

**WMU:** BLS 5930 - Methods of Teaching Adaptive Communication Systems, BLS 5890 – Medical and Functional Aspects of Rehabilitation.

**UALR:** RHBL 5302 – Basic Independent Living Skills, RHBL 7311 – Methods of Teaching Adaptive Communication Skills.

**PCO:** Contained within 708 - Visual Impairment and Blindness.

## **12. Teaching and Learning Strategies**

- a. Demonstrate knowledge of contemporary learning theories including those that are appropriate for children and young adults.
- b. Demonstrate the ability to utilize the principles of andragogy (adult learning theory), specifically in relation to rehabilitation teaching assessment and teaching processes.
- c. Demonstrate knowledge of lifespan human development, specifically in relation to the needs of adult learners.
- d. Demonstrate the ability to utilize appropriate interview, listening, and problem-solving skills required during client/consumer interviews, preliminary history taking, and comprehensive rehabilitation assessment to formulate a treatment plan.
- e. Demonstrate the ability to design, select and implement appropriate methods and materials for comprehensive vision rehabilitation assessments.
- f. Demonstrate the ability to create and modify lesson plans that contain appropriate goals, objectives, and task analysis based on interpretation of assessments.
- g. Demonstrate knowledge of vision rehabilitation teaching methodologies utilized in various service delivery systems.
- h. Demonstrate knowledge of appropriate instructional strategies for the transfer of independent living skills from the rehabilitation setting to the home and community environments.
- ii. Identify appropriate resources and referrals to accommodate cultural diversity and socio-cultural differences in learning.
- k. Identify appropriate resources and referrals for services to older adults who are blind or visually impaired.

**WMU:** BLS 6640 - Principles of Rehabilitation Teaching.

**UALR:** RHBL 7310 - Methods of Teaching Adaptive Living Skills, RHBL 7311 - Methods of Teaching Adaptive Communication Skills, RHBL 7314 - Principles of Rehabilitation Teaching.

**PCO:** 740 - Principles of Vision Rehabilitation Therapy; 741 - Independent Living Skills for VRTs.

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

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

**WMU:** BLS 5880 - Psychosocial Aspects of Disability.

**UALR:** COUN 7362 - Psychological Aspects of Disability.

**PCO:** 706 - Psychological and Social Dynamics of Visual Impairment.

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

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

**WMU:** BLS 5890 - Medical and Functional Aspects of Rehabilitation.

**UALR:** RHBL 5302 - Basic Independent Living Skills, RHBL 7310 - Methods of Teaching Adaptive Living Skills, RHBL 7311 - Methods of Teaching Adaptive Communications Skills.

**PCO:** 708 Visual impairment and additional disabilities

#### **15. Research**

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

**WMU:** BLS 6010 - Small 'N' Research: Design and Analysis.

**UALR:** EDFN 7303 - Introduction to Research and its Applications.

**PCO:** 709 - Critical Analysis of Research, 710 - Functional Applications of Research.

#### **16. Orientation and Mobility**

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

**WMU:** FCS 636 - Teaching for Independent Living.

**UALR:** RHBL 5302 - Basic Independent Living Skills.

**PCO:** 713 - Orientation and Mobility for Vision Professionals.

## APPENDIX F

### **VISION REHABILITATION THERAPY CODE OF ETHICS**

#### Preamble

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

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

#### Philosophy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **PRINCIPLES OF PRACTICE**

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

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

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

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

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

- 2.1 The vision rehabilitation therapist will seek to exhibit the highest standard of practice when using any specialized knowledge or abilities to contribute to community education, avoiding exaggeration, sensationalism, superficiality, and other misleading activities.
- 2.2 The vision rehabilitation therapist should encourage the community to be actively involved in education and rehabilitation processes. Full inclusion benefits all of society and the vision rehabilitation therapist should advocate for this end.
- 2.3 The vision rehabilitation therapist will promote equal access to information, signage, transportation, and employment in the community.
- 2.4 The vision rehabilitation therapist shall not engage in activities that result in exploitation of the consumer or his/her family.
- 2.5 In working with the media, all efforts should be made for the positive portrayal of blindness.
- 2.6 The vision rehabilitation therapist should encourage and participate in agency and university accreditation.

- 2.7 The vision rehabilitation therapist will be committed to removing barriers to those who are disabled: environmental, social, attitudinal, vocational, and physical.

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

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

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

- 4.1 The vision rehabilitation therapist is expected to facilitate and enhance team efforts, on a professional level, and to share specialized knowledge, sources, experience, concepts, and skills. In situations where team decisions are made, the vision rehabilitation therapist will be a full participant, contributing relevant information and actively participating in the decision making process and supporting related decisions.
- 4.2 The vision rehabilitation therapist should avoid assuming responsibilities that are better provided by other professionals. Referrals to other professionals shall be done in agreement with the consumer and the consumer's service plan.

- 4.3 The vision rehabilitation therapist should adhere to the policies and regulations of the employer and should abide by the terms of a contract or agreement, whether verbal or written, unless the job duties include behavior which violates the Code of Ethics. The vision rehabilitation therapist should not accept a position where proven principles of vision rehabilitation therapy practices are compromised or abandoned.
- 4.4 The vision rehabilitation therapist should demonstrate concern and appreciation of the heritage, values, and principles of the employing agency.
- 4.5 The vision rehabilitation therapist may not solicit or directly accept a gift, subscription, advance, rendering, or deposit of money, gratuity, favor, entertainment, loan, or anything of significant value from a person, business, or organization with whom they have official relationships. This does not preclude normal business practices that enable the vision rehabilitation therapist to maintain ongoing services.
- 4.6 The vision rehabilitation therapist shall avoid distributing, or cause to be distributed, any advertisement, materials, or samples aimed at soliciting referrals for personal profit.
- 4.7 No person shall be refused service by the vision rehabilitation therapist on the basis of race, color, culture, religion, national origin, gender, age, sexual orientation or disability.
- 4.8 The vision rehabilitation therapist shall avoid causing misrepresentation of professional credentials or competencies.
- 4.9 When asked to comment on cases being actively managed by another rehabilitation practitioner and/or agency, the reviewer shall make every reasonable effort to conduct an in-person evaluation before rendering a professional opinion.
- 4.10 Competitive advertising of services and products shall be factually accurate. The vision rehabilitation therapist shall promise or offer only those services or results that there is reason to believe can be provided.
- 4.11 The vision rehabilitation therapist shall establish a fee for private contracting in co-operation with the contracting agency that is consistent with best practice fees of that particular geographic region.
- 4.12 The vision rehabilitation therapist shall not enter into fee arrangements that would be likely to create a conflict of interest.
- 4.13 The individual vision rehabilitation therapist shall not behave in such a manner as to use the position to influence or cause the recipient of services to name them as a beneficiary of a will, insurance policy, or other assets as compensation.