



The AER Guide on Professional Licensure for VRT and O&M service providers in the United States

*Prepared and respectfully submitted by the
Association for Education and Rehabilitation of the Blind and Visually Impaired
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**Why do we need professional licensure if we have a national certification?
What does professional licensure do and not do? What does certification do and
not do? Can they co-exist?**

A professional certification (or degree for that matter) identifies that one has completed a training, educational, or preparation program to be able to provide a specific service, in this case Vision Rehabilitation Therapy (VRT) or Orientation and Mobility (O&M). The certification identifies the professional as having the skills and education needed to be a professional service provider of the field. On the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) website, it states that a certified professional demonstrates “critical knowledge and skills that promote the provision of quality services and ethical practice” (www.acvrep.org).

Even though the professional field, national leadership, and individual professionals as a whole might believe that one *should* have a certification, a specific degree, or a combination of both to be considered a qualified service provider that does not mean that a state or agency will require a provider to have that certification or that preparation. Professional licensure defines the minimum competence needed by a professional to safely and effectively practice the regulated profession and defines the scope of practice for the profession. States can grant licenses to professionals to practice or provide a specific service. They do this by passing a bill that describes the scope of the service and the profession that will be providing it.

Currently, the fields of vision rehabilitation therapy and orientation and mobility have yet to pass a state bill to grant licenses to these professions. One can speculate that this may be why many agencies do not require a specific certification to be hired as a service provider or for one to provide services for their agency. In the case of New York State (NYS), it has been identified that there are many teachers of students with visual impairment (TVIs) who are also providing O&M services although they have not completed a professional preparation program to qualify to do so. Because O&M is not currently a licensed profession in NYS, they are able to provide orientation and mobility services. This is just one example but there are many more.

Licensure and certification can coexist. If done correctly, a licensure bill would support certifications. The history of occupational therapy provides insight on how certification and licensure can coexist. The profession of occupational therapy (OT) started with a national certification, and progressed to getting the national certification registered and recognized on the state level. Next, the OT profession organized state licensure for their profession. OT professionals and leadership of each state worked to pass separate OT licensure bills in their respective states. Instead of creating a new qualifying exam for each state, each state chose to identify the national certification exam from the National Board for Certification in Occupational Therapy (NBCOT, <http://www.nbcot.org>). OT assistants are also required to pass a certification exam from NBCOT. This is a win-win-win scenario for the states, for certification, and for professional licensure of professionals. For the states, they do not have to go through a costly effort of developing their own test. For national certifying bodies, it keeps their client base significantly active and ensures their economic viability. For the licensed professionals, it means that their credentials are much more portable among the states if a professional relocates or serves clients in more than one state. Professionals would not have to take another qualifying exam if both states used the national certification exam as the exam criteria for licensure.

What states currently license their professionals (general) and which ones do not?

Currently all states license professionals, but it varies amongst the states to how many professions are licensed and what percentage of the state's workforce is licensed. At the time that *Licensing Occupations* (Kleiner, 2006) was written California was leading the nation with over 178 licensed professions. Only five states had less than 60 licensed professions, with the lowest being Kansas at 47. All states license some type of health care professional [i.e. registered nurses (RN), medical doctor (MD), etc.].

One can easily conclude that licensing professions is a very common practice and every state is already involved with licensing professionals on one level or another.

How do states currently recognize qualified VRT and O&M service providers for children and adults?

Recognition of orientation and mobility specialists varies by state. Upon soliciting information from AER chapters, the AER licensure task force received responses from nine states, which is an 18% sample. All nine states stated that they do not license VRT or O&M professionals or service providers.

With regard to how states recognize vision rehabilitation therapists, one state, of the nine surveyed, responded that they require an ACVREP certification in VRT. All other states (8 of 9) responded that no specific credential was required.

Our task force found that one state in the survey offered a “supplemental license” for providing O&M services to school aged children. In this case, the supplemental license is not required for providing services and does not have the benefits and privileges of having a professional license, such as a specific credential that is required to provide services.

For providing O&M to school age children, two of the nine states that responded to the survey, require a TVI certification to teach O&M. In Florida, an additional endorsement in O&M from the Florida Bureau of Educator Certification must be obtained and is added to the TVI certificate. In Puerto Rico, an undergraduate degree in Special Education with an emphasis on vision impairment qualifies the professional to provide O&M services. One state, of the nine that were surveyed, required ACVREP certification, but cited that other non-certified professionals were providing services as well. Another state requires completion of an approved university O&M training program or completion of the Commonwealth of Pennsylvania's O&M internship program. In two of the remaining states responding to the survey, credentials and qualifications are left to the individual school districts and cooperatives.

For professionals working with adults, three of the nine states surveyed require an O&M to have ACVREP certification. One of these states will also accept an O&M certification with National Blindness Professional Certification Board (NBPCB).

As mentioned before, this paper provides a sample (18%) of how some states are registering or recognizing who is considered a qualified professional in VRT and O&M. There might be other examples that differ from the ones that are presented here, but representatives from only nine states responded to the survey. Considering the states that responded to the survey, the data collected indicate there is little consideration about what training and education one needs to provide VRT services. Based on the data collected from the nine states that responded to the survey, there is no uniformity in the field of O&M with how O&M professionals are being recognized, what credentials one needs to provide services or be considered an O&M specialist.

This information is important if your state, or you and your colleagues are considering licensure for VRT and O&M specialists and providers. In addition to understanding how your state currently recognizes VRT and O&M service providers, you will need to ascertain the following:

1. What harm is caused by the current model of recognition of VRT and O&M professionals?

2. How would licensing better protect the public (consumers, professionals, institutions, etc.)?
3. Does licensing, or lack thereof, affect the persons receiving services?

How does one determine if professional licensure is needed for VRT or O&M professionals in their state?

The need for licensure should be justified. Below are several examples of questions to help one determine if there is a need for licensure in their state.

1. Is there an age group that does not receive VRT or O&M services for people who are blind or visually impaired? If so, licensure could begin the process of addressing this gap in services. Getting a profession formally registered or licensed at the state level requires (or encourages) the state to make sure those services are available and provided by a qualified professional.
2. Are non-certified professionals or professionals without the proper training providing VRT or O&M services in your state? If so, one of the functions of licensure is to determine what training and education qualifies a professional to provide services. It also regulates the field to make sure that service providers have, at the very least, the appropriate credentials to be providing services.
3. Are agencies requiring a national certification or specific degree to provide services in VRT or O&M? Professional licensure regulates the field by requiring a national certification or specific degree. By assuring that VRT and O&M specialists are licensed, the consumer is also protected and can verify that a qualified professional is providing the service. As licensed professionals, VRT and O&M service providers would have to register renew their status with the state to maintain their credentials as a licensed professional. It was noted in *Licensing Occupations* that consumers always prefer a licensed professional.

These three questions offer guidance to anyone who is trying to identify the need for licensure in their state. The book *Licensing Occupations* (Kleiner, 2006) explains the benefits of licensing one's profession and discusses other reasons why a state should consider licensing professionals, such as VRT and O&M, and is recommended for further guidance.

How does one or a group start organizing in order to pass a licensure bill?

Each state should build a coalition with representatives from different agencies, groups, and individuals. The types of agencies, groups, and individuals will depend on the state and who the stakeholders are in that specific region. Examples of agencies, groups, or individuals include public schools, state schools for the blind, state vocational and rehabilitation associations, private vocational and rehabilitation associations,

individual service providers, administrators, advocacy groups, consumer groups, parent/family groups and perhaps groups of other licensed health professionals.

The coalition should identify the need for licensure and conduct research that can be documented as justification for licensure. Examples that could be included might focus on certain age groups not receiving services or service providers who do not hold the proper training. Remember to try to identify the harm of not having licensure and how the public could benefit from licensure. Once the need is identified and justification documented, a licensure bill can be developed. The New York licensure bill, which is found on the New York Vision Rehab Association's (NYVRA) website (<http://www.nyvra.org/>), is a good reference on developing a bill.

Once a bill is prepared, a senator or representative will be needed to sponsor the bill in the state legislature. After a sponsor for the bill is identified, a grassroots campaign will be needed to help spread the message and gain support for it. Inviting key state legislators to local activities and events in the VRT and O&M professions (like white cane day activities) will enhance the support for licensure and a better understanding of the field as a whole.

Letters of support from national agencies and professionals in the field will also help. Local and national agencies and leadership, leaders from other states and/or other health professions who have gone through the licensing process may be able to offer assistance or mentorship.

What organizational strategy will work best in your state? Is there a need to raise funds?

Efforts to license individuals within a state can start at many different points with a variety of groups. There are several models or combinations of models that could lead the licensure effort. Coalitions should assess which model or combination of models will be the best strategy in the state. Regardless of which stakeholders or groups start the effort, it is important to determine how to be most effective in achieving licensure for the professionals in your state.

1. A local chapter of a national professional association or a state association may lead the effort using volunteers and/or paid staff.
2. The professionals themselves and/or their unions lead and fund the effort for licensure.
3. A state entity may propose registration, certification or licensure because of lack of compliance with state or federal law.
4. Consumers or parents may lead licensure efforts for a particular profession through a volunteer effort using stakeholders who represent the service providers and policy makers.

5. A paid lobbyist may be hired to advocate on behalf of the licensure effort in some states.

Next steps and things to consider along the way

Obtaining licensure can be a long process and each coalition should carefully consider the challenge. Who is likely to commit to a campaign that may take dedication and time? Can you devise a rotation to combat burn out? Can you get enough people involved in the effort to make the work light? The vocal, committed and organized stakeholders that persevere and overcome obstacles are most likely to achieve licensure.

If it is determined that a professional lobbyist is needed, the cost is often beyond the means of any one agency or group. There may be one or two organizations that are willing to contribute a larger share toward the cost of a lobbyist or may be willing to assign a lobbyist to work on this issue along with other issues of interest to the organization. Sometimes a lobbyist can be shared between stakeholders. For example a professional group, organization, school and consumer group might share the cost of a licensure lobbyist.

At times, the issues of stakeholders may go beyond licensure and the formation of a separate 501c4 or 501c6 nonprofit organization might be the best option. There are complex federal and state regulations affecting these charitable organizations and seeking assistance from a pro-bono attorney is always an option. In this case, the new nonprofit hires and pays the lobbyist on behalf of the stakeholders. The cost of hiring a lobbyist can be funded through donations, membership dues, sponsorships, or other fund raising strategies (events, sale of T-shirts and buttons, etc.). The annual cost of a lobbyist may vary dramatically from state to state. It can cost a few thousand dollars or a hundred thousand dollars depending upon how much of the lobbyist's time is purchased. You might also be able to negotiate a nonprofit rate. Most lobbying firms are willing to discount their fees for volunteer groups or very small nonprofit agencies.

Like any effort, it is important to identify as many interested stakeholders as possible, and find leaders that will be spearhead the effort. It helps to have paid staff, but it is not essential if you have dedicated volunteers willing to devote their time and effort to the licensure process.

Lastly, investigate the most recent professions to be licensed in the state. It may be helpful to refer to the bills of other licensed professions and their efforts as a guide throughout the process. Do not reinvent the wheel unless it is necessary.

References

Kleiner, M. M. (2006). *Licensing occupations: Ensuring Quality or Restricting Competition?* W.E. Upjohn Institute.

New York Vision Rehabilitation Association (NYVRA). Licensed orientation and mobility specialists and vision rehabilitation therapists are needed now in New York. Retrieved on 04/01/2015 from <http://www.nyvra.org/>.

Academy of Certification for Vision Rehabilitation and Education Professionals (ACVREP). ACVREP Certification. Retrieved on 04/03/2015 from <http://www.acvrep.org/>.

Additional Resources:

New York Assembly State Bill. BILL NUMBER:A5451. An Act to Amend the Education Law, in Relation to the Licensing Of Orientation and Mobility Specialists and Rehabilitation Therapists.

Retrieval information: **link through** <http://www.nyvra.org/#!/legislativeupdates/c3qn>
or direct access
http://assembly.state.ny.us/leg/?default_fld=&bn=A05451&term=2015&Summary=Y&Text=Y (link verified 04/04/2015)