

LRC BOARD OF EXAMINERS CONTINUING EDUCATION POLICY

LRC CONTINUING EDUCATION

Procedures and Instructions

This brochure gives you simple instructions on how you can obtain contact hour credit for attending workshops, receiving mentoring, publishing articles and participating in other professional/educational activities. When you attend a program that has not been pre-approved for LRC credit, you may request that the Board of Examiners authorize contact hours for your participation. When you or your organization sponsors a program, a simple process lets you request contact hour credit for everyone who attends.

Submit Continuing Education Requests to the Board Office.

FORMS: The Continuing Education Application Forms listed below can be requested by calling or writing the LRC office at:

Address:P.O. Box 41594
Baton Rouge, LA 70835-1594
E-Mail:admin@lrcboard.org
Phone: (225) 922-1435
Fax: (225) 922-1352

Continuing Education Forms

CE-LRC-1	LRC Continuing Education Program Application
CE-LRC-2	LRC Continuing Education Presenter Information Form
CE-LRC-3	LRC Continuing Education Program/Activity Evaluation
CE-LRC-4	LRC Continuing Education Program Information Form
CE-LRC-5	LRC Continuing Education Alphabetized list of Program Attendees
CE-LRC-6	LRC Continuing Education Request for Further Information
CE-LRC-7	LRC Continuing Education Mentoring Proposal
CE-LRC-8	LRC Professional Mentoring: Final Evaluation
CE-LRC-9	LRC Continuing Education Independent Study Proposal
CE-LRC-10	LRC Independent Study Final Evaluation
CE-LRC-11	LRC Continuing Education Approval Log

I. **PURPOSE AND OBJECTIVES**

The LLPVRC Board of Examiners believes that their professional members should maintain and expand their knowledge and skills in order to enhance the effective delivery of rehabilitation services. Licensure maintenance is designed to stimulate and promote continuing education opportunities for rehabilitation professionals. It is our belief that this will result in better services for disabled clients.

The objectives of the plan for continuing education are:

- * Obtaining current information
- * Exploring new knowledge in specific content areas
- * Mastering new skills and techniques
- * Expanding approaches towards client management
- * Developing critical inquiry and balanced professional judgement

II. **GUIDELINES**

- * The licensee must accrue thirty (30) clock hours of continuing education by every renewal period every two years.
- * One Continuing Education Hour is equivalent to one clock hour.
- * Accrual of continuing education begins only after the date the license was issued.
- * CEHs accrued beyond the required 30 hours may not be applied toward the next renewal period. Renewal period is a two year period that runs from August 1 to July 31.
- * The licensee is responsible for forwarding information to the Board office. Official notification of approved hours will be the responsibility of the Board office.
- * Verification of course work can consist of either copies of transcripts for course work taken or letters of attendance from the instructions for courses audited. In a college or university program, one semester hour is equivalent to fifteen (15) clock hours.

Credit cannot be granted for:

1. Business/Conference Meetings
2. Breaks
3. Social Activities

INSTRUCTIONS FOR COMPLETING CONTINUING EDUCATION PROGRAM APPLICATION

STEP 1 Complete Application for Continuing Education Program

- A. Check Individual Request or Program Request. Write your LRC number (if applicable.)
- B. Enter the requested information
- C. Check one which best describes the type of activity. Then check one or more of the Focus Areas that are applicable.
 - 1. Programs must be a minimum of one contact hour. One contact hour is equivalent to one clock hour (60 minutes) of instruction. Contact hours are not given for social hours, coffee breaks, and meals during which instruction is not presented. After the first hour, actual contact time may be rounded to the nearest half-hour.
 - 2. The program must be held in a barrier-free, accessible location; that is, no person with a disability shall be excluded from participation..
- D. Sign and date the application.

STEP 2 Attach Documentation to the Request

The documentation required varies based on the type of activity for which you are requesting approval.

- A. Program Request
 - 1. Clearly state the objectives and expected outcomes of your program as they relate to the focus areas. Indicate the audience for whom the program is geared and a general outline of the substance of the program.
 - 2. The program must have an evaluation component. Evaluation forms must be distributed to enable participants to evaluate program effectiveness. The evaluation is not an assessment of the participant's learning. Indicate whether you will be using the LLPVRC form (Form CE-LRC-3) or an alternative. If you will use an equivalent alternative, please attach a copy.
 - 3. You must provide a certificate of attendance to each participant after the program. Each certificate of attendance must include:
 - a. Name of participant
 - b. Name of program
 - c. Number of contact hours
 - d. Program sponsor
 - e. Approval number (issued by Board Representative)
 - f. Signature of person who is certifying attendance.
 - 4. Indicate the program's sponsoring organization. The program's sponsor(s) must be clearly stated on the printed materials which are provided to participants and potential participants (e.g. advertising brochure, agenda, etc.)
 - 5. Submit with the application a program agenda or outline indicating the speaker(s) and topics along with the length of each session. This will enable the Board to verify the actual education hours requested.

6. Describe your attendance monitoring plan. Participants must attend the entire program to receive credit. Attendees must sign in prior to the beginning of the program session. Certificates of Attendance may only be distributed at the close of the session to those attendees who have signed in.

B. Independent Study (prior and post activity approval required)

1. Complete Independent Study Proposal (Form CE-LRC-9) and attach to the application form (CE-LRC-1)

After approval has been received from the Board Representative:

2. To completed Independent Study Final Evaluation (Form CE-LRC-10) and attach each of the following:

- a. One copy of approved Independent Study Proposal (CE-LRC-9)
- b. One copy of your publication, program or agenda or your presentation, written report and notes derived from your study, written abstract of reading material, etc. (When in doubt about what to include, contact a Board Representative.)
- c. Reference list.

STEP 3 Complete Presenter Information Form (CE-LRC-2)

Complete a separate form in it's entirety for each individual speaker, panelist, etc. Every effort should be made to secure a curriculum vita from each presenter and attach it to the completed form. Forms without an attached curriculum vita will be accepted only with documentation of a timely good faith effort to secure this from the presenter without success (e.g. copy of letter to presenter.)

STEP 4 Submit your application.

Send in the following:

- Completed application for Individual and Program Approval (CE-LRC-1) - original and one copy
- Completed Program Request Information (CE-LRC-4)
- Completed Presenter Information Form (CE-LRC-2) with attached C.V.(s)
- Required documentation (see Step 2)
- Stamped self-addressed legal sized envelope

What to keep:

- A copy of the completed application for Individual and Program Approval (CE-LRC-1)
- Copy of all documentation

Where to send:

- Mail to the LRC Board of Examiner's office listed on the first page.
- Be sure to affix sufficient postage.

Please submit each request in a separate envelope.

When your request is approved, the Board Representative will send you a signed copy of the CE-LRC-1 with the approval number (s) and the authorized number of contact hours.

Any individual whose request for credit is denied has the right to appeal the decision.

APPEALS

1. Any request whose approval has been denied may resubmit the denied application to the Board Representative along with a statement of appeal containing rationale in defense of the application, additional documentation, etc. This must take place within six months of the initial denial.

2. If the application is still denied, the individual may, within 30 days from receipt of denial, submit an appeal in like fashion with three copies of the statement of appeal to the Board Chairman.
3. An Appeals Committee comprised of the Board Chairman and two Board members will review the appeal.
4. The written decision of the Appeals Committee will be final with regard to approval of credit.

FOCUS AREAS AND DESCRIPTIONS

- A. **FOUNDATIONS OF REHABILITATION:** Includes basic principles of rehabilitation; history of rehabilitation philosophy and legislation; rehabilitation counseling ethics, and disability conditions.
- B. **CLIENT ASSESSMENT:** Includes all major areas of client information; principles, types, and techniques of assessments, interpreting assessment results, and resources for assessment.
- C. **PLANNING and SERVICE DELIVERY:** Includes synthesis of client information; rehabilitation plan development, knowledge of service delivery, and identification of community resources for assessment.
- D. **COUNSELING and INTERVIEWING:** Includes theories and techniques in vocational and affective counseling; foundations of interviewing, principles of human behavior, and behavior change modalities.
- E. **JOB DEVELOPMENT and PLACEMENT:** Includes occupational and labor market information; job development, job seeking skills, placement and follow-up.
- F. **DISABILITY INSURANCE COMPENSATION SYSTEMS:** Requires knowledge of the different types of insurance coverage and the services pertaining to such coverage, to include: a) policy limitations, b) settlement structures, c) differences between various disability programs, and d) how to acquire current information in this area.
- G. **PARTICIPANTS and SERVICE APPLICATIONS WITHIN DISABILITY INSURANCE SYSTEMS:** Includes such topics as: a) medical terminology, b) medical case coordination, c) knowledge of legal and insurance terminology, d) essential responsibility of all involved parties, and e) limitations imposed on attaining maximum versus vocational rehabilitation goals.
- H. **FORENSIC REHABILITATION APPLICATIONS:** Requires knowledge of the role of expert witness: a) concepts of ethics, b) potentials for role conflict within the legal process, c) deposition process, d) nature of questioning used to obtain testimony, e) the characteristics of legal protocols that arise in the rehabilitation process within disability insurance compensation systems.
- I. **COST CONTAINMENT and RESOURCES ACQUISITION:** Requires knowledge of the cost effects associated with treatment of various disabling conditions: a) resource utilization, b) sources of information related to cost benefits, c) methods and techniques used when negotiating fees for service and/or service and/or equipment, and d) sources of available materials regarding information about issues and topics in insurance rehabilitation.
- J. **OCCUPATIONAL INFORMATION and JOB ANALYSIS:** Requires knowledge of job analysis and labor market survey to include: a) transferable skills analysis, b) job development and placement, c) career exploration and guidance, and d) sources of occupational information.
- K. **PHILOSOPHY OF REHABILITATION:** Requires knowledge of a) sociocultural aspects of disability, b) civil and human rights decisions and legislation, and c) rehabilitation legislation.
- L. **SERVICE DELIVERY:** Requires knowledge of such topics as: a) types and purposes of rehabilitation programs, b) rehabilitation services components, c) variables affecting rehabilitation outcomes, d) concepts of confidentiality and privacy, and e) medical and vocational implications of disability conditions.
- M. **CONCEPTS of TESTS and MEASUREMENTS:** Requires knowledge including: a) basic diagnostic assessments, b) fundamentals of evaluation, and c) utilization of evaluation results in the rehabilitation process.
- N. **REHABILITATION SERVICE PROGRAMS:** Requires knowledge of the types of rehabilitation programs to include: a) work adjustment and work hardening, b) retraining services, and c) other rehabilitation services components.
- O. **INTERVIEWING and COMMUNICATION PRINCIPLES:** Requires knowledge about methods of communicating with clients, peers and other professionals to include: a) building rapport, b) interviewing, and c) written communications.

**LRC CONTINUING EDUCATION
PROGRAM APPLICATION**

A. INDIVIDUAL REQUEST PROGRAM REQUEST

LRC #:

B. Name: _____

Address: _____

Daytime Phone: _____

Title of Activity or Program: _____

Date(s) of Activity: _____ Location: _____

C. TYPE OF ACTIVITY (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Professional Program | <input type="checkbox"/> To master new skills/techniques |
| <input type="checkbox"/> To explore new knowledge in specific focus areas | <input type="checkbox"/> To expand approaches to client management |
| <input type="checkbox"/> To develop critical inquiry and balanced professional judgement | <input type="checkbox"/> Requirement of my job |
| | <input type="checkbox"/> Other |

To request LRC Approval, check one or more of the following Focus Areas:

- A. Foundations of Rehabilitation
- B. Client Assessment
- C. Planning and Service Delivery
- D. Counseling and Interviewing
- E. Job Development and Placement
- F. Disability Insurance Compensation Systems
- G. Participants and Service Applications within Disability Insurance Systems
- H. Forensic Rehabilitation Applications
- I. Cost Containment and Resources Acquisition
- J. Occupational Information and Job Analysis
- K. Philosophy of Rehabilitation
- L. Service Delivery
- M. Concepts of Tests and Measurements
- N. Rehabilitation Service Programs
- O. Interviewing and Communication Principles

1. Number of contact hours requested: 2. Training site accessible: Yes No

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature: _____ Date: ____ - ____ - ____

**APPROPRIATE DOCUMENTATION MUST ACCOMPANY ALL REQUESTS
DO NOT WRITE BELOW THIS LINE**

Number of Hours Approved: _____ LRC Approval # _____

Authorized Representative Signature: _____ Date Approved: _____
(Approved)

Authorized Representative Signature: _____ Date Rejected: _____
(Rejected)

**LRC CONTINUING EDUCATION
PRESENTER INFORMATION FORM**

This data must be submitted for each presenter. (Not for authors who will not be presenting).

Name: _____

Title: _____

Certifications & Licenses Held: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Bus.): (_____) (Home): (_____)

EDUCATIONAL DATA:

Institution

Major

Highest Degree Held: _____

EXPERTISE IN CONTENT AREA (Include information about pertinent courses and degrees completed, teaching and work experience.)

LOUISIANA LICENSED PROFESSIONAL VOCATIONAL REHABILITATION COUNSELORS

BOARD OF EXAMINERS

P.O. Box 41594 Baton Rouge, LA 70835-1594

CONTINUING EDUCATION PROGRAM/ACTIVITY EVALUATION

Return to the Board Office

1. Presenter(s): _____
Name(s) _____

	(Poor)	1	2	3	4	5 (Excellent)
a. Knowledge of subject matter		_____	_____	_____	_____	_____
b. Presentation		_____	_____	_____	_____	_____

2. Content of Program:

a. The material presented was easy to understand _____

b. The data will help me in my work _____

c. The objectives were clearly stated _____

d. Overall, the session was useful _____

3. Did the program give you new knowledge or change your thinking on the subject?
[] Very much [] Somewhat [] Hardly at all [] Not at all

4. Would you recommend this program to others in your professional discipline?
[] Yes [] No Why: _____

5. General Comments: _____

ATTENDANCE CERTIFICATION

Name: _____ License #: _____

Received: _____ Clock hours for Continuing Education on _____ (Date).

Program Title: _____ Approval # _____

=====TEAR HERE=====

Attendee retain (to be turned in with Continuing Education Information)

_____ having attended the program on _____ (subject)

on _____ (date) is eligible for _____ clock hours for Continuing Education.

Attendance Certified By:

Program Approved By:

_____ (Date)

_____ (Date)

Sponsor: _____

LRC CONTINUING EDUCATION PROGRAM INFORMATION FORM

Proposed Program Outline: (Goals and objectives must relate to LRC Focus Areas)

Evaluation:

- LRC Evaluation will be used,
or
- An equivalent alternative evaluation form is attached.

Certificate of Completion:

- LRC Attendance Verification will be used,
or
- an equivalent alternative attendance verification form is attached.

	Program Planner(s) Name(s)	Degrees & Certifications	LRC
1.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attendance Monitoring Plan:

- Attendance will be carefully monitored and
- Participants will sign-in and sign-out (recommended)
or
 - Participants will sign-in only
or
 - Description of attendance monitoring plan is attached.

Certified Representative Signature: _____ Date: _____