CREDENTIALING:

What's in it for you?

By Brandy Marcum and Mary Scott Guthrie

Associations tout the necessity for specialization, but in a field built on the strengths of being a generalist, why is credentialing important?
reg Zoch is a professional recruiter of physical therapists for Management Recruiters of Austin, Texas. His company works with speech, occupational and physical therapists across the nation.

Zoch spends his time trying to place physical therapists at hospitals and other facilities.

One way employers define whom they want to hire is to ask for job candidates with specific credentials. Working with a client who has an advanced credential also helps Zoch do his job. “As a recruiter, I’m going to sell the heck out of that,” he says. “I am going to market it as someone who is very serious about their career.”

An advanced credential is not necessarily the trump card in the job hunt, Zoch says, but it does offer the job-seeker a leg up on those who don’t have it, especially when an employer is looking for specialized knowledge.

Several of the professions related to assistive technology have begun to offer specialty credentials and advanced certification. But raising the level of awareness of these programs in the marketplace to where they are recognizable by an employer takes time and effort. To add this kind of value, new credentials or specialty certifications need to be marketed to employers, funders and consumers.

At the same time, the credentialing or certification should not place limits on consumer access, some professionals tell TeamRehab Report.

In a wide-ranging field, a specialty credential can identify professionals who have an interest in a specific topic. The American Physical Therapy Association takes this tack when it offers specialty certification to physical therapists in such areas as pediatrics and geriatrics. Of the more than 100,000 physical therapists in the country, APTA statistics show only 2,028 have specialty certification. These therapists want the specialty certification to show they have an interest in a particular topic and have been tested on specific knowledge in that area.

Credentials can also bring together people with different backgrounds whose interests converge on a topic. The Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) and the Case Management Society of America have handled their diverse membership in this way.

RESNA’s membership includes physical, occupational and speech therapists, vocational rehabilitation specialists, rehab engineers and rehabilita-

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--Greg Zoch
tion technology suppliers. The Assistive Technology Practitioner and Assistive Technology Supplier credentials it offers are meant to establish a body of assistive technology knowledge that candidates must be comfortable with before being considered professionals. CMSA is made up of registered nurses, physical and occupational therapists, physicians, orthotists and rehab nurses. It offers the Certified Case Manager credential.

These specialty credentials unify groups of individuals who can’t get their background from a specific academic program, and quantifies what they know. But from the point of view of a candidate for these exams, what is the payoff for taking the time to get a specialty credential? It takes months of studying, and hundreds of dollars, to take the test.

<table>
<thead>
<tr>
<th>Credential:</th>
<th>Who administers:</th>
<th>Requirements:</th>
<th>Fee:</th>
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<tbody>
<tr>
<td>ATP: Assistive Technology Practitioner</td>
<td>The Rehabilitation Engineering and Assistive Technology Society of North America, 1700 N. Moore St., Suite 1540, Arlington, VA 22209-1903; 703/524-6866; fax: 703/524-6630; e-mail: <a href="mailto:cert@resna.org">cert@resna.org</a>; Web site: <a href="http://www.resna.org">http://www.resna.org</a></td>
<td>High school, associate or bachelor degree plus various full time equivalent in AT services</td>
<td>$500 exam fee--includes $100 non-refundable application fee</td>
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<tr>
<td>ATS: Assistive Technology Supplier</td>
<td>RESNA, see above</td>
<td>High school degree plus 2 years minimum</td>
<td>$500 exam fee--included $100 non-refundable application fee</td>
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<tr>
<td>CCM: Certified Case Manager</td>
<td>Commission for Case Manager Certification, 1835 Rohlwing Road, Suite D, Rolling Meadows, IL 60008; 847/818-0292</td>
<td>Must have employment experience in a health related field or equivalent under supervision of CCM</td>
<td>Application: $130; Exam: $160; Total: $290</td>
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<tr>
<td>CCC-SLP: Certificate of Clinical Competency in Speech-Language-Pathology</td>
<td>American Speech-Language-Hearing Association’s Clinical Certification Board, ASHA, 10801 Rockville Pike, Rockville, MD 20852; 301/897-5700; tty: 301/897-0157; fax: 301/571-0457; e-mail: <a href="mailto:accreditation@asha.org">accreditation@asha.org</a>; Web site: <a href="http://www.asha.org">http://www.asha.org</a></td>
<td>Master’s or doctoral degree verification from a institution who’s program was accredited by the Council on Academic Accreditation in SLP; requisite number of clock hours under the supervision of someone who holds the CCC; clinical fellowship</td>
<td>Membership and certification: $349--includes non-refundable application fee of $175; Recent graduate: $249; Certification without membership: $265--includes $145 non-refundable certification application fee and $120 certification process fee</td>
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<tr>
<td>CRTS: Certified Rehabilitation Technology Supplier</td>
<td>National Registry of Rehabilitation Technology Suppliers, P.O. Box 4033, Lago Vista, TX 78645-4033, 512/267-6832; fax: 512/267-6833; Web site: <a href="http://www.teamrehab.com/nrrts">http://www.teamrehab.com/nrrts</a></td>
<td>1 year experience as a rehabilitation supplier; Must have taken and passed the ATS exam issued by RESNA and be a member of NRRTS in good standing</td>
<td>Application Fee: $25; First year’s dues: $180</td>
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<tr>
<td>CTRS: Certified Therapeutic Recreational Specialist</td>
<td>National Council for Therapeutic Recreation Certification, 7 Elmwood Dr., New City, NY 10956; 914/639-1769; fax 914/639-1741</td>
<td>A bachelors degree or higher from an accredited university, a formal internship and a passing score on the national certification exam</td>
<td>$200 exam fee--includes $100 application review fee</td>
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<tr>
<td>Physical Therapy Certified Specialist Categories include: CCA, cardiopulmonary; ECS, clinical electrophysiology; GCS geriatrics, NCS, neurology, OCS, orthopaedics; PCS pediatrics; SCS sports</td>
<td>American Physical Therapy Association, Specialty Certification Dept., 111 N. Fairfax St., Alexandria, VA 22314; 800/999-2782 Ext. 8520; e-mail: <a href="mailto:spec-cert@apta.org">spec-cert@apta.org</a>; Web site: <a href="http://www.apta.org/spec-cert/index.html">http://www.apta.org/spec-cert/index.html</a></td>
<td>Varies between specialties but must have current PT license; no advanced degree required; evidence of a specific amount of direct patient care experience in the last 10 years</td>
<td>APTA member: $290 application review; $735 exam; Non-APTA member: $595 application review; $1355 exam</td>
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<td>OT: Occupational Therapist</td>
<td>National Board For Certification in Occupational Therapy, 800 S. Frederick Ave., Suite 200, Gaithersburg, MD 20877-4150; 301/990-7979; fax: 301/969-8492</td>
<td>Must have been awarded a degree or certificate in OT from an OT education program accredited by the Accreditation Council for Occupational Therapy Education prior to the examination date; Successfully completed therapist-level fieldwork required by the educational program</td>
<td>$250 exam</td>
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and maintain a credential. Federal government statistics published in the Occupational Outlook Handbook list physical, occupational, recreational and speech-language therapists as some of the fastest-growing professions in the country. Does passing an advanced specialty exam mean you will stand out?

Rallying people under the same banner increases their visibility in the health care field. If another health profes-

Here are the basics:

<table>
<thead>
<tr>
<th>Course-work or Exam</th>
<th>Valid for:</th>
<th>Renewal Requirements:</th>
<th>Next Application Deadline and Exam Date:</th>
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<tbody>
<tr>
<td>200 multiple choice questions pulled from a pool of questions updated annually to reflect current knowledge</td>
<td>To be determined</td>
<td>RESNA is still discussing re-certification requirements</td>
<td>Application: October 7, 1998; Exam: November 18, 1998</td>
</tr>
<tr>
<td>200 multiple choice questions from a pool of questions updated annually to reflect current knowledge</td>
<td>To be determined</td>
<td>RESNA is still discussing re-certification requirements</td>
<td>Application: October 7, 1998; Exam: November 18, 1998</td>
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<tr>
<td>300 Multiple choice questions based on laws, public regulations and existing delivery systems</td>
<td>5 years</td>
<td>Eighty clock hours of continuing education, verification for of license in good standing and $150</td>
<td>Application: July 15, 1998; December 5, 1998</td>
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<tr>
<td>About 150 questions focusing on evaluation, management and administration</td>
<td>1 year</td>
<td>Contingent upon payment of annual dues and fees to ASHA: $174 yearly</td>
<td>Application: TBA in July; October 1/1998</td>
</tr>
<tr>
<td>ATS exam plus NRRTS membership. Provide three referral recommendations from allied health professionals working in different facilities. At least one of three referring professionals must be licensed or registered</td>
<td>1 year</td>
<td>Yearly dues and 15 continuing education units annually</td>
<td>N/A</td>
</tr>
<tr>
<td>An undisclosed number of multiple choice questions</td>
<td>5 years</td>
<td>Renewal Application and $49 renewal application fee</td>
<td>Application: July 31, 1998; Exam: November 1998</td>
</tr>
<tr>
<td>About 200 multiple-choice questions that stand alone or are part of a series that relates to a case study</td>
<td>10 years</td>
<td>Evidence of current license, and a minimum of 4 hours per week clinical practice in the specialty area; competency assessment(1) passing score on current exam or (2) submission of Professional Development Portfolio; $350 renewal application fee</td>
<td>Application: August 12, 1998; Exam Dates: March 1-31, 1999</td>
</tr>
<tr>
<td>Information not available</td>
<td>5 years</td>
<td>Certificate renewal program application: asks questions about illegal behavior and clinical competency</td>
<td>Application: December 15, 1998; Exam: March 20, 1999</td>
</tr>
</tbody>
</table>
sional has worked with one person with the credential, it could increase the likelihood they would be willing to work with another. Linda Street, RN, CRRN, CCM, works at Walton Rehabilitation Hospital in Augusta, Ga. She believes this is true about the 19,525 case managers who are CCMs. “The credential doesn’t necessarily make you a better case manager,” she says. “But people who don’t know you might be more willing to accept you as a case manager if you have the CCM.”

RESNA hopes that the ATP and ATS will identify quality service delivery in assistive technology, according to Jean Minkel, MA, PT, of Minkel Consulting, New Windsor, N.Y., who helped develop the knowledge base. “You can identify qualified people in your area who can guide you through the AT procurement process,” she says.

RESNA defined the knowledge base through its quality assurance committee, and later through a professional standards board, Minkel says. Those definitions, as quantified by the test, can help improve the field’s professional standing, she says.

Simon Margolis, CO, ATP/S, of The Med Group, Plymouth, Minn., who is a member of RESNA’s board of directors, agrees. “There is a growing need for people to have some way of documenting their experience...Without that, there is no basis for developing any sort of professionalism to the field.”

He points out that an important element in the credentialing process is who confers the recognition. The strength of RESNA’s ATP/S is that assistive technology is RESNA’s primary focus. RESNA is the professional organization with the ability to evaluate knowledge of technology, he says.

On the other hand, some would argue that offering a credential such as the ATP/S in a multidisciplinary field actually sets an inappropriate measure of knowledge. Some members of the augmentative and alternative communication community have expressed their opposition to the ATP very publicly. In an article in the June 1998 TeamRehab Report, lawyer Lewis Golinker commented that, “whatever it is, the ATP is not an AAC credential...That the vast majority of AAC professionals have ignored the ATP is completely inappropriate.”

Among other concerns, Golinker says he doesn’t want funding sources to perceive the ATP as a measure of AAC knowledge. He also says the idea that the ATP protects consumers exaggerates the number of unskilled SLPs in AAC intervention. He criticizes these assumptions, which he says are based on a lack of data, and suggests that use of the ATP to measure AAC competency will further limit choice in AAC service delivery. This will happen, he says, because, if some states come to require the ATP, it will prevent competent AAC practitioners from offering services in states that require the ATP (see www.teamrehab.com for the full text of Golinker’s comments).

Daryle Gardner-Bonneau, MA, MSISE, PhD, directs the Office of Research at Michigan State University, Kalamazoo. He works in research and development in human factors engineering and is a member of RESNA, ISAAC and USAAC. He agrees with Golinker that specialty credentialing can lead to problems.

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“Fragmented provision of AT services is a big problem,” Gardner-Bonneau says, “and this practice of specialty credentialing does nothing to encourage integrated service delivery and a team approach. There’s a rice bowl mentality, with each group tending to mark its territory. The losers are, unfortunately, the clients...While many OTs, PTs and SLPs understand this, their hands are being tied by third-party payers that don’t seem to understand the interdependence...Unfortunately, many professionals are forced to go after credentials to protect themselves and their livelihood from the reimbursement system.”

Another aspect of credentialing relates to the quality of patient care. Nurses and therapists probably didn’t pursue their careers with visions of vast riches. Most want to help others, and that means ensuring the best service possible. Credentials offer consumers a way to compare one professional to another. Supporters of credentialing say consumers should be educated to look for the proven professional, rather than taking their chances with others.

Rehab engineer Ed Ellingson, PE, of Zerrecon Inc., Milwaukee, is a member of the RESNA professional stan-
dards board. He believes the ATP/S will serve the purpose of helping consumers identify assistive technology experts. “Right now, the benefit of having it is personal satisfaction and recognition among peers,” he says. “The next step is for consumers to recognize it, and RESNA has an education program in place to do this.”

Consumers can also be offered some protection by credentials that offer a way of mediating disputes. A consumer who goes to an ATS with a Certified Rehabilitation Technology Supplier credential from the National Registry of Rehabilitation Technology Suppliers can come back to NRRTTS with complaints. The possibility of revoking a credential offers consumers some recourse.

A specialty credential can also give its bearer some leverage when looking for a job. Ellingson says that, although currently his employees aren’t required to get the ATP/S, he will consider it the next time he’s hiring. Ellingson says he plans to make it a company policy as soon as that’s feasible. “Recognizing the hardship, I’ll pay the fee,” he says, “but they’ll have to take the time out of their own schedules.” Currently, 347 professionals have an ATP credential and 302 have an ATS. There are about 1,400 RESNA members.

Janice Hunt-Herman, MS, PT, ATP, is a consultant in assistive technology and a clinical research scientist at the NeuroBiology Institute, Scottsdale, Ariz. She recently advised a local hospital that was looking to staff a seating clinic that the requirements should specify the rehab engineer and therapist involved should be an ATP/S or CRTS. Hunt-Herman says that although the ATP/S is a minimal level of knowledge, it’s a beginning. “It gives the public and colleagues a clue that you know something about the field,” she says. “It forces us to learn about other areas of AT, which has a nice benefit of combating the problem of tunnel vision that specializing often causes.”

As more and more companies need accreditation to compete, it’s possible the ATP/S will play a role in that. Pat Aydelott of Rehab Dimensions, Pittsburgh, is one of the founding members of U.S. Rehab. In addition to making it a requirement that each member company of U.S. Rehab has a NRRTTS member on staff, by the end of 1998, each U.S. Rehab member company will have to have a CRTS on staff, Aydelott says. The NRRTTS standards might be a starting point for accreditation of rehab technology supplier businesses, Aydelott says. “Right now, we are being led by the Joint Commission on Accreditation of Healthcare Organizations,” he says. “If we took the NRRTTS standards, we could have our own accreditation.”

Ultimately, one of the most important aspects of getting a credential for the person who is taking the exam is the pressure to master that body of knowledge. You have to step outside the comfort of what you do every day and challenge yourself to become comfortable with new ideas. Mildred Nelson, PT, NCS, of Walton Rehab Hospital in Georgia says that becoming a neurologic certified specialist has made her a better therapist. “Getting it has helped me bone up on things I hadn’t looked at since graduation from PT school.”

Being a better therapist, and the self-satisfaction that comes with knowing you are doing a good job professionally, seems to be about the only certainty in the specialty credential arena right now. Supporters of specialization admit that, in an era where the health care arena is changing so quickly, it will be difficult to establish a new voice. Ellingson says it will happen, but it will take more time. “I don’t really see recognition by funding sources, but this will have to happen.”

And while the industry itself is changing, some would say related fields might not be keeping up. In some industries, the standards by which knowledge is measured are so entrenched it might not be feasible to change them. Schools, for instance, tend to be focused on degrees relating to education.

Miriam Struck, MA, OTR/L, ATP, who works in the Maryland school system, says she earned her ATP to increase her assistive technology background for private consulting. In her experience, state education agencies tend to look for certification as a result of university level courses. “School systems do not recognize credentials that are not educational credentials issued by a recognized college program and by the state department of education,” she says.

So far, credentialing has not paid off in terms of salary. Recruiter Zoch says: “I don’t think it will necessarily get them any more dollars.” None of the professionals interviewed by TeamRehab Report say their credentials made it possible for them to be paid more for their services or consultation.

A main determinant of the success of a specialty credential depends on how many people accept it as an appropriate measure of a body of knowledge. In areas where that happens, it seems to work.

“Where there is a critical mass of CRTS and NRTS-the areas around New York, Chicago and Milwaukee-there are enough of these folks that it has made a huge difference,” Margolis says. He says credentialing has made a difference in bidding situations.

In other geographic areas, credentials may not have the same impact.

“Right now, being credentialed doesn’t tell me as much about how good you are as about how politically aware you are,” says Hunt-Herman.