PAVA Credentialing/Specialization Committee

Report to Membership

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Submitted by:

Leda Scearce, Chair

Peggy Baroody, Starr Cookman, Anna Hersey, Ian Howell, Ed Reisert, Marci Rosenberg

The PAVA Credentialing/Specialization Committee is pleased to present a brief report to the membership of the Pan American Vocology Association on developments to date. This is indeed intended as a brief summary, and does not encompass the full breadth and depth of activities undertaken thus far.

HISTORY AND CONTEXT

PAVA's mission statement includes the intention to create a systematic form of recognition relative to vocology professions: "*The mission of the Pan-American Vocology Association is to advance the scientific study of voice for artistic and professional use by fostering vocology in all countries of the Western Hemisphere through research, dissemination of knowledge, training, and the creation and development of professional standards and credentials in voice habilitation and rehabilitation."* Indeed, what it means to be a "vocologist," versus one who pursues "vocology" is a deeply challenging issue to consider.

As a membership-driven organization, the goals of the committee are based on membership input. Many of you have participated in previous discussions about establishing specific guidelines and processes for determining the optimal training, education and experience for vocologists working with various populations, notably at the STVH Conference in 2013 that led directly to the founding of PAVA (http://ncvs.org/SpecialtyTraining.php;

http://pavavocology.wix.com/pava#!our-history/g9ysn) and the Inaugural PAVA Symposium last fall in Greensboro, NC. In essence, PAVA was founded on deliberation of such questions as: Who is qualified to provide what kind of service to the voice population? What training and experience should the public seek in their singing teachers, voice trainers and speech pathologists? How can we clarify the terminology used by these professionals, facilitating transparency to the consumer as to their knowledge-base and expertise in providing services?

The results of these sessions guide the current agenda of the committee. At both gatherings, numerous branches of vocology were identified for which specialized training and experience is desirable, including singing, acting, professional speaking, choral conducting, and music education, to name just a few. Both vocal habilitation and rehabilitation were discussed for individuals within these subgroups. According to a 2015 pre-conference interest survey as well as attendance at break-out sessions, membership interest appeared to concentrate most heavily around the topic of habilitation and rehabilitation of the singing voice, which informed the committee to begin the process with a systematic look at the needs of these subgroups.

Committee development:

At the first meeting of PAVA's elected board of directors in October 2015, committees were established. Leda Scearce volunteered to serve as chair of the Credentialing/Specialization Committee. Committee members were chosen based on a PAVA board meeting in November 2015 at which time board members selected people to serve on their respective committees in "round-robin" format. Those that were selected for the Credentialing/Specialization Committee had all indicated an interest in serving on this committee in their membership surveys. Leda Scearce recruited two additional members to ensure that as many relevant stakeholders as possible were represented. The committee includes members from the following areas: studio voice teaching, academic voice teaching, choral conducting, music education, non-SLP singing

voice rehabilitation, SLP singing voice rehabilitation, and acting voice. The size of the initial committee was intentionally kept lean to optimize frequent, regular meetings. It is often difficult to assemble large volunteer committees on a regular basis, which would slow down the process and undermine the urgent nature of this issue. Since established, the committee has met regularly on at least a monthly basis, sometimes twice per month. In addition, the committee has regularly communicated--typically at least once per week--regarding ongoing discussions, goals, and action items. The plan is to establish sub-committees for specific targets and goals from time to time when appropriate.

COMMITTEE RESEARCH

What form will PAVA recognition take?

There are multiple models for professional recognition. Some of the possibilities include **professional certification** and/or **certificate programs** (not to be confused with ***certificate of completion/attendance*****,** which one typically receives after attending a continuing education course to verify that one attended).

Professional certification is the voluntary process by which a non-governmental entity grants a time-limited recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria. Factors for PAVA to consider relative to professional certification include a) raising financial resources to support the process, b) determining academic, training, supervision, and examination requirements for various areas of specialization, c) determining the method, timing, and location of examinations and d) establishing a separate certification board within PAVA that will be responsible for creating, conducting, and renewing written and practical examination of applicants, among other responsibilities.

A ***certificate program*** is a training program on a specialized topic for which participants receive a certificate after completing pre-determined coursework and passing an assessment instrument. This type of process is somewhat less complicated than professional certification, but still requires much in the way of planning and investment of time and financial resources.

[*See Appendix 1 for detailed delineation of the differences between professional certification and certificate programs.*]

The committee has also explored a more "basic" option by which PAVA would confer distinction to individual vocologists who meet certain criteria relative to education and experience or who complete a designated and PAVA recognized course. This option would be simpler and faster to implement, and would require less in the way of financial resources. However, without a formal assessment of knowledge and application, it is questionable what would distinguish such a designation from the many courses, workshops and associations currently available. While PAVA recognition may be a logical starting point, the committee feels that PAVA members would be best served eventually by a credentialing process.

Certification models

Several sister organizations were reviewed in order to draw parallels and inform our process in determining cost and feasibility of establishing certification. The organizations are as follows:

The American Guild of Organists (AGO)

The American Guild of Organists offers its members a comprehensive and multi-tiered certification process. The five tiers, from "Service-Playing" to "Choirmaster," require progressively difficult recorded (and for upper tiers, live) auditions, including performance of graded repertoire, sight-reading, improvisation, harmonization, and transposition. Upper tiers

require an extensive written exam. Examination fees range from $150 ("Service-Playing") to $300 ("Choirmaster"), and each tier must be completed before advancing to the next level, with a minimum one-year waiting period between examinations. Therefore, the minimum time period for advancement to "Choirmaster" level is five years, at an approximate cost of $1,225 to the individual member. This is in addition to the $100 yearly dues to maintain AGO membership. The AGO also sells certification preparation materials, including ear training CDs, study booklets, and past examinations, for a nominal fee. A six-member committee oversees the certification process. Portions of the exam for lower tiers are administered by local/regional chapter representatives.

The American Orff-Schulwerk Association (Dedicated to the approach in music education created by Carl Orff and Gunild Keetman)

The American Orff-Schulwerk Association has a “Certificate of Completion” This is awarded to those who have successfully completed an American Orff-Schulwerk Association approved Level III course. Each course level is approximately 10 full days in duration. The certificates demonstrate the applicant’s proficiency. A processing fee of $30-$60 is required upon completion of the coursework.

The American Speech-Language-Hearing Association (ASHA)

The American Speech-Language-Hearing Association (ASHA) has 19 special interest groups, each with elected committee members and an ex-officio to provide focused attention on a particular subspecialty within the fields of Speech Pathology and Audiology. Special Interest Group 3 is dedicated to voice. This committee is currently considering pursuing board certification in voice for ASHA members. There will likely be separate criteria for research vs. clinical emphasis. The process of reviewing the feasibility of the program and establishing it is financially cumbersome. Historically, board certification in voice through ASHA has been tabled

for this reason. As of a few years ago, ASHA established seed money to help SIGs launch board certification. Over 50% of the SIG3 membership indicated interest in pursuing board certification which prompted the committee to advance to the next step of grant application. The goal of board certification would be to provide speech pathologists a method to declare a subspecialty of voice disorders. The degree to which professional voice users will be represented in the certification process has yet to be determined.

Dalcroze Society of America (Dedicated to the approach in music education created by Jacques-Dalcroze)

There are three internationally recognized credentials offered in Dalcroze Education: the Certificate, the License, and the Diplôme Supérieur. The meaning and authority conveyed by the Certificate can vary in each training program, but it is generally granted to those who are ready to teach introductory Dalcroze music and movement concepts.

Anyone interested in the Dalcroze work may study at a recognized training center. Those wishing to pursue Dalcroze teacher training typically study between two and five years to earn the Dalcroze Certificate and several more years to earn the Dalcroze License.

The DSA has no administrative role in certification. Each training center sets its own standards for teacher certification and administers its own examinations. Typically these include personal examinations in eurhythmics, solfège, and improvisation, as well as demonstrations of teaching ability.

[Dalcroze Society of America. (2016). Retrieved October 7, 2016 from: http://www.dalcrozeusa.org/about-us/teacher-certification].

Music Teachers National Association

The Music Teachers National Association (MTNA) Professional Certification Program is a long-standing program dedicated to “improving the level of professionalism within the field of applied

music teaching while helping the public at large readily identify and connect with skilled music teachers within the community" (Music Teachers National Association, 2016, retrieved October 7, 2016 from http://www.mtnacertification.org/.) Applicants must complete a series of written and practical "profile projects" that are assessed by an adjudicating body. Application fees begin at $200 per member with an additional $150 for each additional area of performance. Certification is available for non-members at a higher rate. Certification must be renewed yearly with an associated fee of $15-$20. The PAVA Credentialing/Specialization committee has had a unique opportunity to discuss the history of the program--including financial and logistical elements--with MTNA leadership via PAVA board member Matthew Hoch. (*See Appendix 2 for details of Matt's fruitful meeting with MTNA leadership*).

The Feldenkrais Guild of North America (A system designed to promote body awareness)
The Feldenkrais Guild ™ has been working toward competency-based certification. This process has been ongoing since 1998 when its membership voted to proceed with this sort of certification. Previous efforts had stalled until 4 years ago when the Feldenkrais board formed a task force to assess feasibility. This task force has worked rigorously over the past 4 years and is still in the process of designing this competency based assessment. Hurdles included cost of hiring psychometrician to develop scoring system and beta test in order to create a legally defensible test exam, and training examiners to administer and score the exam (*see Appendix 3 for PowerPoint presentation from the Feldenkrais Task Force to Separate Graduation from Certification*).

National Association of Teachers of Singing

By the 1950s, NATS had been discussing for several years the fact that very few graduate programs focused on training teachers. NATS established the American Institute of Vocal Pedagogy, an attempt to create a certification for voice teachers. NATS developed an examination program in multiple content areas. Successful completion led to the designations

"Associate in NATS" or "Fellow in NATS," depending on the number of content areas completed. Courses were taught over summers and around national conventions. The first class was admitted in 1961. By 1968, the program was unsuccessful in terms of financial stability, numbers of applicants, and because of competition from the MTNA certification program. However, The NATS fellows program appears to have profoundly influenced both the structure of Master of Music and Doctor of Musical Arts Degrees in voice and voice pedagogy, and also the NASM standards of accreditation for such degrees. In light of this, the overseers of the NATS Fellows program considered their efforts, on balance, to have been a success.

CRITICAL CONSIDERATIONS

The committee has engaged in exploration and investigation in a number of relevant areas with a goal of accumulating a body of knowledge and information on which to base goals and actions.

Membership input

A survey sent to PAVA members prior to the fall 2015 symposium yielded certification for singing teachers and singing voice rehabilitation as the topics of greatest interest to respondents. Attendance at the PAVA symposium breakout sessions further confirmed these topics as priorities to those who attended, and for that reason, the committee has focused its attention on these domains for the initial foray into PAVA recognition. Throughout the process, we have been guided by the following principle: *Protect the public from harm and support the development and specialization of vocologists.*

The committee's research on the nature and development of different forms of recognition is ongoing. In the coming months, we will be surveying the membership to help us ensure that our actions are aligned with the goals and desires of the membership. A sub-committee will be

formed to thoroughly research the pros and cons of these various forms of recognition and to study the processes of other disciplines and organizations. What is clear from our research is that the process for developing a form of PAVA recognition that is meaningful and credible will be a lengthy one, likely evolving over a period of several years.

What will PAVA recognition mean?

One of the most important issues to be resolved is exactly what PAVA recognition means. If we are to proceed with certification/recognition for singing/acting teachers (or any other group of vocologists), what exactly are we "certifying" them to do? What does the certification/recognition mean? (e.g., a qualified voice teacher? A voice teacher with additional education in voice science, etc.? Or does PAVA intend to be "policing body" vis a vis who should or should not be teaching voice?).

Creating a credentialing and competency-based assessment presents many hurdles including cost, time, and resources. Given this, this committee is also considering short-term options including investigating designation of already existing continuing education entities/programs as "PAVA endorsed" or "PAVA recognized." This would allow any student or singing teacher to augment his or her education and generate a PAVA continuing education transcript that will ultimately be reviewed as part of an application for PAVA Vocology with specialty recognition down the road. Feasibility is currently under investigation.

In the coming months, the committee (with input of the board and membership) will explore feasibility for PAVA endorsed conferences, workshops and programs. This will take time and vetting, however, some existing entities such as NATS, NYSTA, and ASHA approved voice-related coursework, workshops and conferences could be easily vetted in a timely manner. An ultimate long term goal would be for an independent PAVA education and content committee to

develop additional online CE content and continuing education entities, and members will be invited to submit new content for review.

What's in a name?

Determining appropriate titles for the many sub-specialties in the field of vocology presents numerous challenges, and this is among the thorniest topics the committee and board of directors has faced. Historically, many of the titles used by vocology professionals (voice teacher, voice coach, singing voice specialist, to name just a few) have been largely self-identified (*see Appendix 4 for discussion of history of titles relative to singing voice rehabilitation in particular*). These self-appointed titles are undermined by inexact taxonomy and absence of recognized credentials potentially leading to consumer confusion and fraud. Additionally, turf boundaries are firmly grasped, hard fought, and extremely blurry. Clearly, any PAVA decisions regarding titles and designations must be made sensitively, with careful consideration and in close consultation with relevant sister organizations.

What PAVA recognized vocologists are called will depend in large part on what pathway of recognition is decided upon. Ultimately, our taxonomy must encompass "specialized vocologists." The committee has proposed the title, **PAVA Recognized Vocologist** modified with the relevant specialty (such as "PAVA Recognized Vocologist: Acting Voice Pedagogy" or "PAVA Recognized Vocologist: Clinical Singing Voice Rehabilitation," etc.), depending on the background of the individual and yet-to-be-determined qualifications. As the specific form of recognition develops, titles will likely evolve. For example, if professional certification is deemed the best route, the title may change to **PAVA Certified Vocologist** with associated specialty as above.

Singing voice rehabilitation

As mentioned, appropriate training and qualifications for providing rehabilitation for the injured singer has been a topic of high interest to PAVA members from the inception of the organization. The Credentialing/Specialization Committee's initial meetings and discussions were focused on exploration of this critical topic. As part of our research and discussion surrounding this topic, we examined the evolution and negotiation of the roles of the Physical Therapist and the Athletic Trainer. The pros and cons of how that endeavor was initiated and handled over the past 40+ years will be considered in the future when this credentialing committee begins to investigate rehabilitation of the injured singer *(see Appendix 5 for research and history relative to PT/Athletic trainer model for rehabilitation/habilitation of athletes)*.

Early in our process, the committee was encouraged by the BOD to shift our attention to the singing teacher population and our first steps toward PAVA recognition will largely be directed in this manner. However, PAVA recognition for singing voice rehabilitation providers will continue to be an important part of the committee's work and the action plan below includes goals for addressing this area of specialization.

Collaboration and consensus

An important consideration as the committee moves forward is to seek the input, advice and collaboration of existing organizations whose scopes and missions align and intersect with PAVA's, such as NATS, ASHA, NYSTA, The Voice Foundation, VASTA, MTNA, and others. In exploring vocology specialization, our goal is to serve as a nexus of these various stakeholders in a collaborative, collegial and collective manner.

STRATEGIC PLAN FOR PAVA RECOGNITION

Action Plan

Clearly, there are numerous complexities surrounding these issues and it will take time and resources to establish language and designations that will be meaningful, lasting, accurate, respectful of existing organizations and professions, and resistant to misuse and misunderstanding. The committee is currently conducting a thorough, evidence-based examination of the issue with consideration of historical context and present day reality, and, with the approval of the PAVA Board of Directors, has developed an action plan for the coming year consisting of the following steps:

1. Conduct a membership survey soliciting member input regarding various forms of recognition, areas of specialization and nomenclature, among other topics. This survey will be developed and ready for distribution by January, 2017.

2. Form a sub-committee to conduct a feasibility study of various forms of PAVA recognition/credential including (but not limited to) Professional Certification and Certificate Programs, building on the research the committee has completed to date.

3. Form a sub-committee to develop PAVA curriculae for various areas of vocology. Principles of voice science will be a good content area to focus on initially, as PAVA's leadership provides strong credibility in this area.

4. Form a sub-committee to investigate designation of new and existing continuing education entities/programs as "PAVA endorsed" or "PAVA recognized." This would allow any student or vocologist to augment his or her education and generate a

continuing education transcript/portfolio that will ultimately be reviewed as part of an application for specialty recognition. The sub-committee (with input of the PAVA Credentialing/Specialization Committee Chair, PAVA board and membership) will determine criteria for PAVA endorsement of programs/content, starting with principles of voice production as a content area and will put out a "call for endorsement" inviting existing and new content entities to be reviewed for PAVA endorsement.

5. Design a PAVA transcript or portfolio. By completing PAVA endorsed courses, vocologists will build continuing education transcripts that will ultimately be reviewed as part of an application for specialty recognition. In the meantime, the Credentialing/Specialization Committee will continue to work on criteria for individual PAVA recognition and specific titles. Vocologists may continue to build their continuing education transcript/portfolio and tailor their CE transcript toward their interest working toward their specialty recognition (e.g., an SLP may be augmenting with different things than someone with a Masters in Pedagogy or someone from a non- collegiate background.).

6. Continue to examine current models and explore potential paradigms for rehabilitative voice care, including clinical voice rehabilitation and training of professionals to work with singers/speakers in sub-acute setting. Create a PAVA Position Statement on medical/clinical qualifications relative to providing care for professional/performing voice users in collaboration with relevant organizations and associations.

<u>Benefits of this plan:</u>

a) It launches fulfillment of PAVA's mission statement relative to professional standards and credentialing;
b) It encourages PAVA membership and membership renewal;

c) It allows PAVA member to tailor their CE transcript toward their interest working toward their special recognition;

d) It avoids PAVA having to immediately generate a certification or board examination but still allows PAVA to make steady progress toward meaningful specialty recognition;

e) It allows this committee to address both habilitative and rehabilitative issue as part of the first steps of the strategic plan;

f) It provides the scaffolding for long- and short-term goal planning for the committees;

g) It will lead to appropriate sub-committees.

CONCLUSION

The committee's research on the nature and development of different forms of recognition is ongoing. We feel that this action plan is aligned with PAVA's mission relative to professional standards and credentialing, and demonstrates ambitious yet cautious and realistic growth for the specialization component of PAVA, allowing PAVA to gradually build credibility and providing long term options for "branching" from the core concept of creating a central curriculum and transcript.

In the coming months, we will be sending a survey to all of you to help us ensure that our actions are aligned with the goals and desires of the membership, and will be forming sub-committees to work on the elements of the action plan.

APPENDICES

APPENDIX 1

Difference Between Professional Certification and Certificate Program

Often organizations that develop certificate programs incorrectly call them certification programs. Be an informed consumer and educate yourself about the important differences.

Professional certification is the voluntary process by which a non-governmental entity grants a time-limited recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria.* ASHA's Certificate of Clinical Competence is a professional certification.

A *certificate program* is a training program on a specialized topic for which participants receive a certificate after completing the course and passing an assessment instrument.

Note: This is not to be confused with the commonly used "certificate of attendance" given at the completion of many continuing education courses to validate attendance.

If you participate in a course or series of courses that result in achievement of a certificate and the course or courses are registered for ASHA CEUs, please remember that ASHA does not endorse course content, specific products, clinical procedures, or certificate programs.

To clarify the distinction between certificate and certification a comparison chart has been provided below.**

Certificate	Certification
Results from an educational process.	Results from an assessment process.
For both newcomers and	Typically requires some amount of professional experience.

experienced professionals alike.	
Awarded by educational program providers or institutions.	Awarded by a third party, standard-setting organization.
Indicates completion of a course or series of courses with specific focus; is different than a degree granting program.	Indicates mastery/competency as measured against a defensible set of standards, usually by application or exam.
Course content set a variety of ways (faculty committee, dean, instructor); occasionally through defensible analysis of topic area.	Standards set through a defensible, industry-wide process (job analysis/role delineation) that results in an outline of required knowledge and skills.
Usually listed on a resume detailing education; may issue a document to hang on the wall.	Typically results in a designation to use after one's name (CCC-SLP, CCC-A.); may result in a document to hang or to keep in a wallet.
Is the end result; demonstrates knowledge of course content at the end of a set period in time.	Has ongoing requirements in order to maintain; holder must demonstrate he/she continues to meet requirements. For example, SLPs, audiologists, and other allied health professionals are required to complete annual CEUs to keep their certifications.
May provide the basis and gateway for achieving a degree.	No relationship with attaining higher education or degree.

The terms *certification* and *credentials* and *designation* are also often confused or used incorrectly.

- *Credentials* attest to someone's knowledge or authority. Credentials can be a degree earned, e.g., MS or PhD.
- *Certification* is a process that results in credentials, e.g. CCC-SLP.
- A *designation* simply refers to the letters someone uses after their name (MD, PhD, CCC-A).

*Reprinted by permission of the National Organization for Competency Assurance

**Adapted from University of Michigan's Certificate vs. Certification webpage; updated March 20, 2013

APPENDIX 2

Notes from meeting with MTNA leadership re: history of their certification process, facilitated by Matt Hoch, Sept 14, 2016

PAVA CERTIFICATION QUESTIONS FOR MTNA

On Thursday, September 15, 2016, I had an hour-long phone conversation with Dr. Gary Ingle, longtime Executive Director of MTNA regarding their certification program. Dr. Ingle came to MTNA in the mid-1990s and personally oversaw the revision MTNA's current certification program in 1998/99. He was very generous with his time, supportive of PAVA's efforts in establishing certification, and offered to serve as counsel as we move forward.
The following questions, submitted by the PAVA credentialing committee, were asked of Dr. Ingle. I have reordered the questions slightly, starting with budgetary/fiscal ones, because this was a major theme of the conversation. On many (perhaps dozens) of occasions, Dr. Ingle reiterated that budget and practicality drives everything. In his opinion, having a successful certification program is completely dependent on living within the budgetary means of MTNA, which is a membership-driven organization with relatively little annual income outside of membership dues and certification fees. Thus, almost every decision made relative to certification carefully weighs the cost/benefit ratio of the initiative.

What is your annual budget relative to certification?
MTNA has an annual budget of 2.5 million dollars, with $82,000 (roughly 30%) devoted to certification. MTNA has approximately 22,000 members and about 3800 are currently certificated. Certified members designated as "Nationally Certified Teachers of Music (NCTM)." There are usually about 90–100 new certified members each year, with roughly the same number retiring. Thus certified membership has been stable, hovering between 3500–4000 over the past decade or so.

The $82,000 annually earmarked for certification pays for one full-time staff member (40 hours per week), website maintenance, travel for the seven certification commissioners, and annual meeting expenditures. Although fees are assessed for certification, certification never has and never will pay for itself. Rather, MTNA sponsors certification because it views certification as an important part of its mission.

Important note: certification is a separate organization from MTNA proper
When MTNA established certification in its current form in 1998/99, attorneys who advised the committee suggested that certification could run into legal problems if certification were offered under the auspices of a 501c3 organization. Therefore, MTNA Certification was set up as a separate 501c6 organization with its own budget and staff. A 501c6 organization is better suited to assess and certify individuals than a 501c3 is. However, since MTNA certification (the 501c6) is not self-sustaining financially, money is frequently exchanged between the two organizations.

How many volunteer hours are needed to keep the CERT program running?
Many, and difficult to arrive at an exact number for this question. Seven "commissioners" are trained to evaluate applicants and advise local chapters. These are volunteer positions and the time is not well-recorded, but probably several hundred hours over the course of the year are

contributed by the commission plus additional time put in by state certification chairs. The bulk of volunteer time put in is probably publicity and marketing by chairs at the state and local levels.

What was general process and timeline for development of your professional certification program?

The MTNA certification program has a long but complicated history. MTNA was founded in 1876, and the program was founded shortly thereafter as the American College of Musicians network. This program was founded to improve the competency of music teachers. It began as a "finishing" program for female school teachers who wanted to add formal music training to their studies. Thus, MTNA's program provided training during an era when universities and teacher training programs did not. During the first half of the twentieth century, certification had hills and valleys over the years (periods when it was defunct). In 1967, however, MTNA revived certification and has been consistently supported since that point in time. In 1998/99 there was an extensive review and revision, at which time assessment standards were more carefully codified and MTNA certification became its own tax entity: a 501c6 corporate business model. Legally, it was advised by attorneys at the time that the two organizations must be totally separate from one another. (Dr. Ingle advised PAVA to consult with attorneys and/or an IRS agent. We need to make sure that the IRS is OK with our organization granting certification. In MTNA's case, the IRS gave the green light in 1999 via the 501c6 status.)

Is MTNA an accrediting body? If so, was that process difficult and/or expensive?

If you ask the government, probably not. There is still another "tier" for accrediting bodies that are in a yet another tax status above the 501c6. This is the tax status used by institutional certification organizations (higher education, for example) and medical fields. Early on, it was determined that pursuing such a tax status was not financially feasible for MTNA. It would require an annual budget much higher than 2.5 million to make this a reality with very little substantive change in the actual product being offered to members. (Dr. Ingle's words: "We would have gone bankrupt if we tried to do that. Hence 501c6 status instead.")

Thus, MTNA as an organization affirms competency, not the government. According to Dr. Ingle, MTNA believes that their product it is important to the profession regardless of whether it is formally recognized by the government, and that MTNA members who pursue certification don't view this component as important or as something that negatively impacts the quality or meaning of their certification. This organization-driven (as opposed to government-driven) approach/affirmation is also practiced by AGO the only other certification program that warrants comparison with MTNA in terms of structure and history.

How long did it take to establish your certification program? How much money did it cost up front?

Apart from some small fees for legal advice and the establishment of the 501c6 organization, additional money was not needed since the certification program was already in place from decades ago. Committee members who revised the program were MTNA members volunteered their time. The committee also consulted with Sam Hoch from NASM for his wisdom on accreditation and credentialing, and Dr. Hoch volunteered his time.

How many years did it take before the certification program started to pay for itself?

As stated above, the program has never really paid for itself. Any overhead costs beyond the certification fees collected must be reimbursed by MTNA. There are financial exchanges between the two organizations every month. The 501c3 organization essentially sponsors the

501c6 organization. Certification fee is $200. ($350 for MTNA non-members, which is an option that PAVA should also offer to stay in compliance with the Federal Trade Commission.)

Did you use an attorney or maybe even several to set up the structure for your certification program?
Since the program was already established, the only legal assistance was two separate the assets of MTNA (501c3) versus MTNA certification (501c6).

Was their paid staff or consultants in the start-up phase? If so who and how much?
No, everyone volunteered their time. Even currently, no one is paid other than staff members who have other responsibilities already. All board members are volunteers from the organizations.

How were the minimum requirements for certification and renewal established?
The planning committee identified five standards. All decisions were decided by the committee by examining standards in other associations with similar competency requirements. Also utilized resources from the National Board of Accreditation/Certification. These are still in place today. These requirements and standards can be viewed on the MTNA certification website.

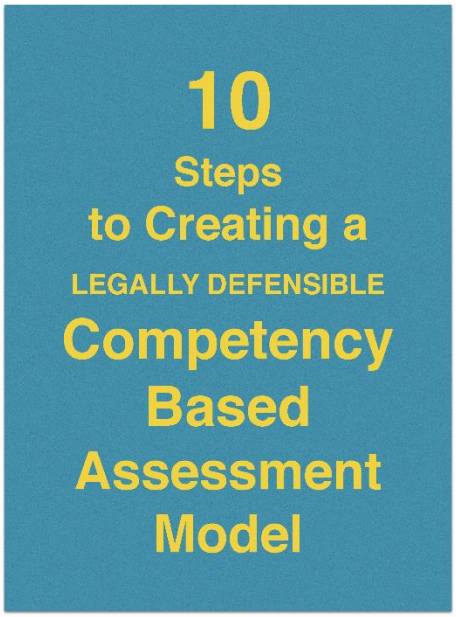
Did you use psychometric analysis for competency and exam? Did you Beta test the exam? How did you determine scoring and pass number? How did you train examiners?
Psychometric analysis was considered, but it was determined that pursuing this was not cost-efficient. Dr. Ingle recalls that this was exorbitantly expensive and time-consuming to do, and at the time the benefit did not outweigh the cost and time that it would take. Instead, an in-house rubric was developed by the committee which has been improved over the years. There was not a formal trial or beta test, but in a sense the certification program is constantly beta tested and improved as needed. The program is now long-established and stable with few changes in the past decade.

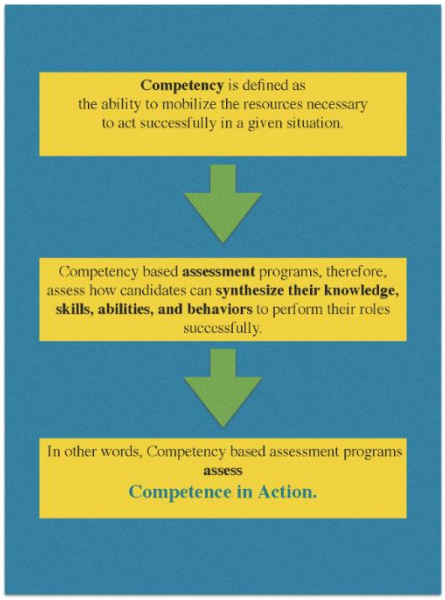
What is cost to member to take exam for certification or competency?
$200 for members for members. $350 for non-members. They feel they need to open up certification to non-members due to the Federal Trade Commission.

In the case of failure to demonstrate, how are appeals handled? In the case of disagreements from your membership RE: minimum requirements, what appeal mechanisms are in place?
There is an appeals process for people who are "deferred" (not denied – that distinction is important). This process can be found on the MTNA certification website. The committee is always open to input from members and suggestion for improvement are discussed and considered by the certification committee.

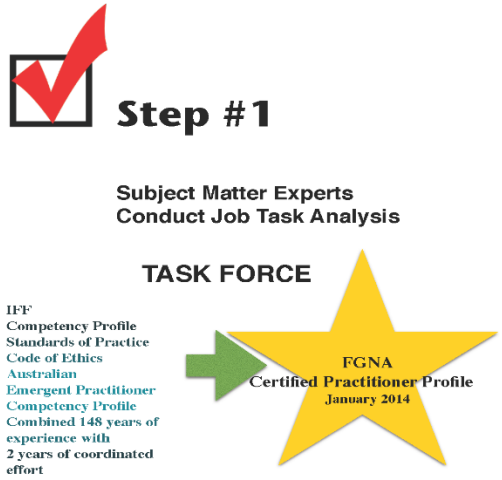
Were you concerned about legality (If someone fails exam and then sued the association)?
No. In its 140 history, MTNA has never been sued by an individual. (Neither has AGO.) If it ever happened, it might change everything. But after this long no one is expecting any complications.

APPENDIX 3


10
Steps
to Creating a
LEGALLY DEFENSIBLE
Competency
Based
Assessment
Model


Competency is defined as
the ability to mobilize the resources necessary
to act successfully in a given situation.
Competency based assessment programs, therefore, assess how candidates can synthesize their knowledge, skills, abilities, and behaviors to perform their roles successfully.
In other words, Competency based assessment programs assess
Competence in Action.


Competence in Action
Competence in Action is a process. It is the intentional act of gathering and synthesizing meaningful information, formulating a plan based on that information, taking action according to the plan, reflecting on the outcome and then making another plan. This process may happen a dozen times before a lesson begins, and repeat a hundred times during a lesson.
1 Gather information, In order to:
2 Make a plan, In order to:
3 Take Action, then pause in order to:
4 Reflect on the outcome, as new information


Step #1
Subject Matter Experts
Conduct Job Task Analysis
TASK FORCE
IFF
Competency Profile
Standards of Practice
Code of Ethics
Australian
Emergent Practitioner
Competency Profile
Combined 148 years of experience with
2 years of coordinated effort
FGNA
Certified Practitioner Profile
January 2014

Step #2

Validate the Job Description
(now known to all as the FGNA Certified Practitioner Profile)

Why?

While all Knowledge and Abilities are helpful, some are more critical than others to the success of practitioners. Items in the Profile should be ranked according to their importance and assessment scoring should reflect this ranking as well.

How?

The Task Force is using a standard four point Likert scale with 1 indicating that knowledge of this task is not essential to the job performance of a certified professional and 4 indicating that knowledge of this objective is essential.

Fun for all!

During the Guild Forum, members will be get to work with us and rank the resources in sections of Competency 1.1 Working with Individuals

Step #3

Determine Exam Format
to assess Competence in Action!

Caution!

When developing items, writers must ensure that the items generated are:

- Significant (i.e., important to measure)
- Maximize reliability (same results with repeat testing)
- Discriminate between knowledgeable and unknowledgeable candidates
- match the intended objective
- do not provide any unintentional source of difficulty

Formats that we have researched and are currently under consideration include:

Online Video Practica
Portfolio
Presentation
Interview

Step #4

Review and Validate Items
in the Assessment Process

Once the items have passed the initial review, a psychometric/editing team should review the items to ensure they meet standard, accepted psychometric properties.

This is when we get in over our heads.....

Step #5

Develop a scoring method and a minimum passing point.

Under the guidance of a PhD-level psychometrician, set the minimum passing point for the exam, using a nationally-accepted statistical method.
The certification program must set the cut score consistent with the purpose of the credential and the established standard of competence for the profession, occupation, role or skill. Cut scores must be set using information concerning the relationship between assessment performance and relevant criteria based on the standard of competence.

Step #6

Just think of all the complex movement arts that have scoring systems

We can do it! We just need a little help!

Step #7

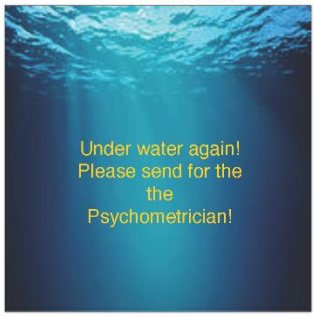
Train the Examiners

Step #8

Beta Test

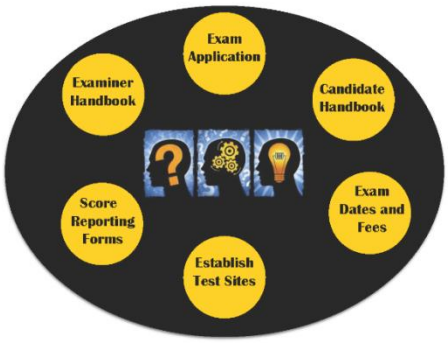
Step #9

Analyze Beta Test results



Step #10

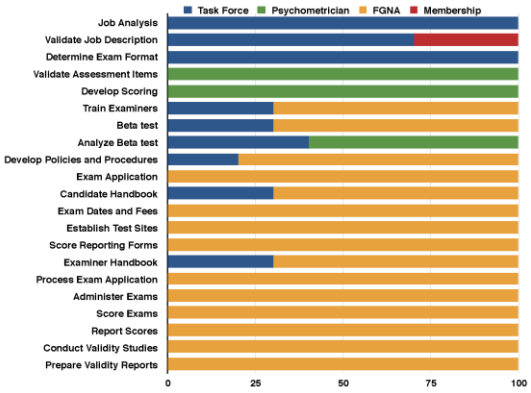
Develop Administrative Policies and Procedures



Step #10, cont'd

Keep on Administrating

Tasks for the Task Force a Psychometrician and FGNA



Let's start

Putting the pieces together right now

because the Task Force is

Almost There

Resources

Certification Simplified, 2011, Mickie S. Rops, CAE, Association Management Press, and imprint of ASAE: Center for Association leadership

SHRM HR
Competency Model®
©2012 Society for Human Resource Management

Steps critical to developing a psychometrically sound, legally defensible exam (Linked to specific Certification Program Accreditation Standards, as established by the National Commission for Certifying Agencies)
Prepared by Cynthia C. Durley, MEd, MBA, Executive Director, Dental Assisting National Board, Inc.
(cdurley@danb.org)
https://www.asaecenter.org/files/Steps%20to%20a%20Legally%20Defensible%20Exam.pdf

Test Development: Ten Steps to a Valid and Reliable Certification Exam
Linda A. Althouse, Ph.D., SAS Institute Inc., Cary, NC
http://www2.sas.com/proceedings/sugi25/25/po/25p244.pdf

The Task Force to Separate Graduation from Certification

Jeff Haller
Kathy James
Alice Friedman
Candy Conino
Dwight Pargee

APPENDIX 4

From: Scearce, L. (2016). *Manual of Singing Voice Rehabilitation: A Practical Approach to Vocal Health and Wellness.* San Diego: Plural Publishing.

What's in a Name? Clarifying the Terminology

As the language surrounding singing voice rehabilitation has historically been inexact, inconsistent, and unclear, an attempt was made at the NCVS symposium in 2013 to clarify terminology used to refer to the practice of working with singers who have voice disorders as detailed in the Summary Statement of the symposium [*Proposed Specialty Training in Vocal Health: Why, Who, What and How?*, April 25-26, 2013, Salt Lake City, UT. http://www.ncvs.org/stvh_SR.html]. This included defining the difference between voice habilitation and voice rehabilitation:

"The major demarcation drawn was between voice *habilitation* and voice *rehabilitation* for the performance voice. It was generally agreed that voice habilitation describes maintenance, building and enhancing vocal skills and knowledge in a healthy performer, and that voice rehabilitation describes restoration of lost vocal function for a performer who has suffered a voice disorder or voice injury. It was pointed out multiple times that there can be considerable overlap of these functions, but there was general agreement that the distinction was valid and deserving of differentiating terminology." (NCVS, 2013, p. 5).

People who provide singing voice rehabilitation are sometimes referred to as "singing voice specialists" (or SVSs). However, it is important to realize that to date, no formal process has been established by any relevant organization or institution for determining the criteria for this designation, there is currently no oversight as to the use of this title, and it has been applied to those with widely varying backgrounds and experience, from speech-language pathologists with

advanced degrees in voice pedagogy to voice teachers who work in a clinical context to voice teachers who have undergone training in supplementary vocal health programs to people who simply self-designate the title.

The NCVS summary statement (2013) acknowledges the importance of establishing clear terminology relative to providers of singing voice rehabilitation:

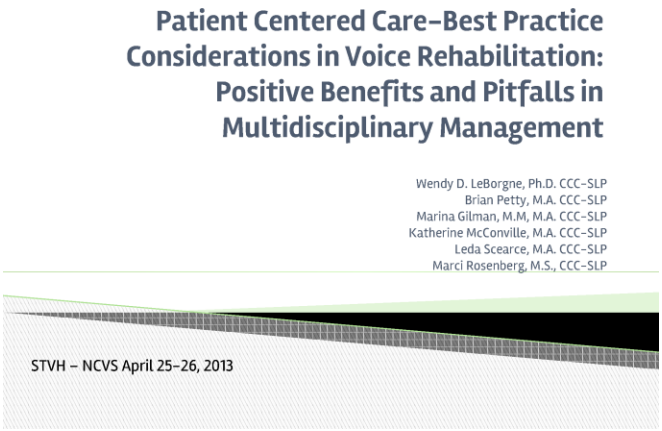
"1) to ensure that titles/nomenclature surrounding vocal health reflect the provider's qualifications so that the public will be able to identify the appropriate provider to address their needs (i.e. voice training vs. voice rehabilitation; acting voice vs. singing voice, etc.), and 2) to improve the specificity of the language we use to describe the roles and responsibilities of singing voice health providers so that the public is adequately informed of the provider's level of education, training, experience, depth of scientific and clinical knowledge, and scope of practice." (NCVS, 2013, p. 5)

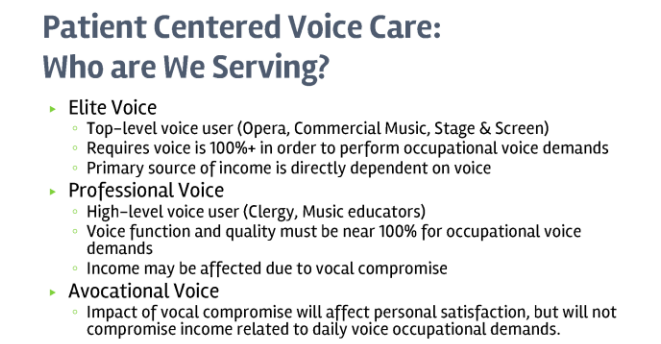
APPENDIX 5A-E

Research on Physical Therapy/Athletic Trainer as a model for voice rehabilitation/habilitation roles:

APPENDIX 5A

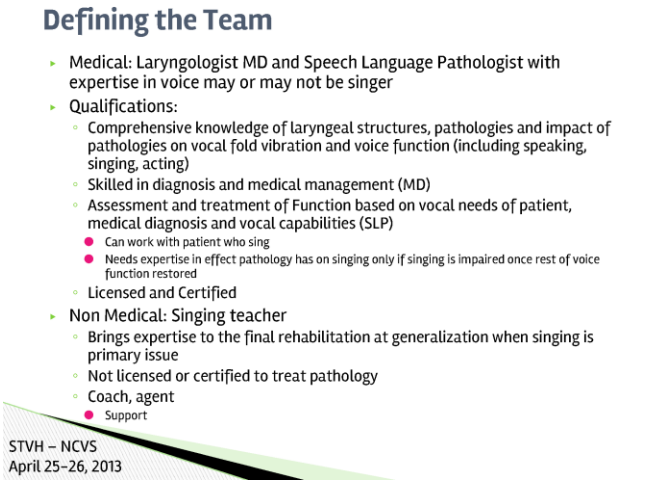
Patient Centered Care--Best Practice Considerations in Voice Rehabilitation: Positive Benefits and Pitfalls in Multidisciplinary Management






Patient Centered Voice Care:
What are we qualified to treat?
ASHA Scope of Practice
National Code of Ethics
State by State Regulatory guidelines
"The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life."ASHA Practice Policy, 2007
Scope of Practice vs. Scope of Competence
NATS Code of Ethics
Singers with technical vocal problems
Persons desiring to improve vocal performance/skill-set
Artistic vocal development
Speech Pathologists
Singing Voice Teachers
STVH – NCVS
April 25-26, 2013


Multidisciplinary Management
History of "the team" approach
Defining roles for team members
Potential benefits
Potential pitfalls
STVH – NCVS
April 25-26, 2013


Defining the Team
Medical: Laryngologist MD and Speech Language Pathologist with expertise in voice may or may not be singer
Qualifications:
Comprehensive knowledge of laryngeal structures, pathologies and impact of pathologies on vocal fold vibration and voice function (including speaking, singing, acting)
Skilled in diagnosis and medical management (MD)
Assessment and treatment of Function based on vocal needs of patient, medical diagnosis and vocal capabilities (SLP)
Can work with patient who sing
Needs expertise in effect pathology has on singing only if singing is impaired once rest of voice function restored
Licensed and Certified
Non Medical: Singing teacher
Brings expertise to the final rehabilitation at generalization when singing is primary issue
Not licensed or certified to treat pathology
Coach, agent
Support
STVH – NCVS
April 25-26, 2013

Vocal Injury Management Model

- How is treating the singer different than treating other professional voice users?
- Pathway for injured singer
  - Singing teacher notices problem in the studio – when to refer
  - MD/SLP eval and treatment (Teacher's involvement in process? Developing a coordinated plan.)
  - Does treating the pathology in the clinic fix the problem?
  - Are they ready to go back to their studio work?
  - Does the SLP have the expertise to continue rehabilitation if the effect of the pathology is specific to singing?
  - If not, where to refer? (Another SLP with expertise? Singing teacher with specialized training?)
- Resources
  - Standards, Oversight, Advocacy, Resources for CE
  - Professional organizations
    - Classical singing (NATS, NYSTA, etc)
    - Non-classical singing (??????????)
    - Scope of practice and general issues (ASHA, State regulatory agencies)
  - ASHA collaborative position statement with NATS and VASTA (2005)
    - Does this matter? How prevalent is membership? (More than 7000 members)

STVH – NCVS
April 25–26, 2013

Patient Centered Voice Care: Multidisciplinary Team Benefits?

- Patient Benefits
  - Outcome measures
  - One stop shopping
  - Unique, focused, specialized skill sets
- Cost/Time Efficiency
- Interdisciplinary & collaborative research and relationships

STVH – NCVS
April 25–26, 2013

Patient Centered Voice Care: Multidisciplinary Team Pitfalls?

- Blurring of professional lines
- Liability
- Blurring of therapy session vs. voice lesson
- Billing and Reimbursement issues
- Redundancy of services
- Non-regulated (ASHA/NATS)

STVH – NCVS
April 25–26, 2013

Sports Model of Multidisciplinary Team Patient Management

- Medical Component: Orthopedic Surgeon
- Patient treatment: Physical Therapist (PT) or Athletic Trainer (AT)
- Evolution of the sports treatment model
  - Physical Therapy (est. 1921)
    - Board Certified Clinical Specialist – Sports Physical Therapy (1981)
  - Athletic Trainers (est. 1950)
- Educational requirements
- National Certification & Licensure Requirements
- Scope of practice
- Liability

STVH – NCVS
April 25-26, 2013

Sports Injury Management Model & Vocal Athlete Injury Model

- Similarities
  - Both SI & VI treat a unique specialty within a broad population
  - Both SI & VI have met challenges along the path to establish best practice
  - PT's can become Board Certified Clinical Specialists in sports injury & SLP's can become Board Certified Clinical Specialists (but not in voice at this time)
  - There is some blurring of the lines between PT/AT & SLP/VT as to best care for patients.
- Differences
  - PT & AT both must pass a certification process regulated by a national board/Only SLP's in VI
  - Core academic standards must be met and maintained in PT/AT/SLP for continued accreditation by the national governing body, not yet in voice pedagogy
  - PT/AT/SLP can bill insurance companies, VT cannot

STVH – NCVS
April 25-26, 2013

Concluding Comments

- What model/models best serves to provide the most efficient, effective, patient centered care?
- Information gleaned from other health care profession models?
- Considerations in education, certification, licensure, and scope of practice

STVH – NCVS
April 25–26, 2013

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STVH – NCVS
April 25–26, 2013

APPENDIX 5B

Physical Therapy and Athletic Trainers (Notes from PAVA Credentialing/Specialization Committee meeting May 16, 2016):

- Medical Component: Orthopedic Surgeon
- Patient treatment: Physical Therapist (PT) or Athletic Trainer (AT)
- Evolution of the sports treatment model
    - Physical Therapy (est. 1921)
        - Board Certified Clinical Specialist - Sports Physical Therapy (1981)
    - Athletic Trainers (est. 1950)
- Educational requirements
- National Certification & Licensure Requirements
- Scope of practice
- Liability

Sports Injury Management Model & Vocal Athlete Injury Model

- Similarities
    - Both SI & VI treat a unique specialty within a broad population
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- Differences
    - PT & AT both must pass a certification process regulated by a national board/Only SLP's in VI
    - Core academic standards must be met and maintained in PT/AT/SLP for continued accreditation by the national governing body, not yet in voice pedagogy
    - PT/AT/SLP can bill insurance companies, VT cannot

APTA process for Specialty Certification (Sports)

$515 to have your application reviewed & then $800 to take the test. Valid for 10 years, then $650 to re-apply/renew Sports CPR Certification
The applicant must be currently certified in Cardiopulmonary Resuscitation (CPR) by completing the American Heart Association's BLS Healthcare Provider Course or American Red Cross' CPR for the Professional Rescuer
course.
Emergency Care Requirement The applicant must submit evidence of current knowledge n national First Responder standards and Emergency
Cardiovascular Care (ECC) guidelines with your application. Acceptable evidence includes current evidence of one of the following:
.

Certification as a First Responder
by the American Red Cross
·
Certification or licensure as an Emergency Medical Technician
·
Certification or licensure as a Paramedic
·
Certification as a Certified Athletic Trainer by the National Athletic Trainers Association Board of Credentialing (NATABOC).
Evidence of completion of CPR certification and Emergency Care Requirement should be submitted with your
application. If you are planning to take the American
Red Cross Emergency Medical Response course to meet the
emergency care minimum eligibility requirements but have not completed the
course at the time of the application
deadline In addition to meeting the CPR and Emergency Care Requirements, applicants must meet requirements for Option
A or Option B. Direct patient care experience must include evaluation and treatment
of patients with primary processes as the result of sports activity.

Option A:
Applicants must submit evidence of 2,000 hours of direct patient care in the specialty area within the last ten (10)
years. 25% (500) of which must have occurred within the
last three (3) years. Direct patient care must include
activities in each of the elements of patient/client management applicable to the specialty area and included in the Description of Specialty Practice: Sports Physical Therapy(DSP). These elements, as defined in the
Guide to Physical Therapist Practice
, are examination, evaluation, diagnosis, prognosis, and intervention.
Option B: Applicants must submit evidence of successful completion of an APTA-credentialed post professional sports
clinical residency. Applicants who are currently enrolled in APTA-credentialed clinical residencies may apply for the specialist certification examination in the appropriate specialty area prior to completion of the clinical residency.
These applicants will be conditionally approved to sit for the
examination, as long as they meet all other eligibility requirements, pending submission of evidence of successful completion of the
APTA-credentialed clinical residency
to APTA's Specialists Certification Program.

Specialist Certification Examination Outline: Sports
The questions on the examination will be approximately distributed according to the following percentages of content areas. This is an approximation only and may not represent the exact distribution of questions on the exam. All questions on the exam relate

to the competencies outlined in the book *Sports Physical Therapy: Description of Specialty Practice (DSP)* (2002, 1994).
1a. Rehabilitation/Return to Activity: Examination, evaluation, diagnosis (20%)
1b. Rehabilitation/Return to Activity: Prognosis, intervention, outcomes (20%)
2. Acute Injury/Illness Management (10%)
3. Sports Science (15%)
4. Medical/Surgical Conditions (15%)
5. Injury Prevention/Wellness (15%)
6. Critical Inquiry (5%)
Total 100%

NATA sued APTA in 2008 alleging it violated antitrust . APTA's request to dismiss case was denied however, NATA could not seek damages against APTA. They settled. Joint Statement:

APPENDIX 5C

NATA and APTA Reach Settlement

September 24, 2009 — APTA and the National Athletic Trainers Association (NATA) have settled the lawsuit that NATA filed last year. The Joint Statement on Cooperation appears below.

FAQ: Additional Information About the NATA Settlement

NATA and APTA: Joint Statement on Cooperation

Download the Signed Joint Statement on Cooperation in Adobe PDF

The National Athletic Trainers' Association, Inc. ("NATA") and the American Physical Therapy Association ("APTA") have agreed to settle their legal dispute pending in the United States District Court for the Northern District of Texas, Dallas Division. This Joint Statement on Cooperation arises from an effort by both Associations to work together to resolve differences through dialogue and mutual cooperation.

The Associations

The NATA is the international professional membership association for athletic trainers ("ATs"). The NATA has more than 30,000 members. The NATA's mission is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession. Information about athletic training and the education, licensure, and certification of ATs is available on the NATA website, www.nata.org.

The APTA is the national association for licensed physical therapists ("PTs") and physical therapy assistants ("PTAs"). It has over 70,000 members. The mission of the APTA is to further the role of the physical therapy profession in the prevention, diagnosis, and treatment of movement dysfunction and the enhancement of the physical health and functional abilities of members of the public. Information about physical therapy and the education, licensure, and specialist certification of PTs is available on the APTA website, www.apta.org.

The Litigation

The members of the NATA and the APTA share a dedication to improving the health, functioning, and well-being of their patients and clients. Over the years, these two organizations have cooperated at times on certain public policy issues, but they have also disagreed on other issues.

In early 2008, the NATA sued the APTA, alleging it had violated the antitrust laws and seeking injunctive and other relief. The APTA denies any factual basis for these allegations and contends NATA's claims lack any merit. The federal district court in Dallas denied APTA's request to dismiss the case, finding that NATA could maintain claims for declaratory and injunctive relief. The Court also stated, however, that NATA could not seek damages from APTA. Instead of continuing the legal dispute, the two sides have decided to enter into a settlement agreement and to issue this Joint Statement.

Qualifications of Physical Therapists and Athletic Trainers

The APTA and the NATA acknowledge that physical therapists and athletic trainers are health care professionals authorized to provide interventions within their scope of practice as defined by applicable state law and, within that scope, to the extent of their individual educational/training competencies. The scopes of practice of the two professions overlap to some extent. The education, qualifications and training of the two professions are different. The patients and conditions treated and interventions performed by PTs and ATs are often different. The professional education of both physical therapists and athletic trainers calls for competence in some forms of manual therapy, on which physical therapists and athletic trainers are tested by their certification/licensure examinations.

Non-Exclusive Procedures

The APTA's longstanding position is that the term "physical therapy" should be used to characterize health care services only when those services are provided by a licensed PT or by a PTA acting under the direction and supervision of a licensed PT. The NATA recognizes that CPT codes 97001 and 97002 (physical therapy evaluation and physical therapy re-evaluation) are used to denote services provided by a licensed PT.

The NATA's position is that the term "athletic training" should be used to characterize health care services only when those services are provided by a licensed and/or certified athletic trainer. The APTA recognizes that CPT codes 97005 and 97006 (athletic training evaluation and athletic training re-evaluation) are used to denote services provided by a licensed and/or certified AT.

The NATA and the APTA both believe that the current Physical Medicine and Rehabilitation codes other than 97001, 97002, 97005 and 97006 are not exclusive to any one particular health care profession.

PTs are not the "exclusive" providers of manual therapy. Further, depending on individual qualifications and certification and state regulations, ATs are qualified to perform certain forms of manual therapy.

Legal Scope of Practice

The APTA and the NATA agree their members should practice within their respective licensed or regulated scopes of practice. The NATA and the APTA agree that the appropriate legal scope of practice for their respective members, as for any profession, is determined by legislatures and regulatory bodies. Both NATA and APTA agree it is a priority to protect the public from harm, and to compete ethically in the marketplace.

Access to Continuing Education

With respect to continuing education programs offered by PTs or PTAs, the APTA has agreed to clarify its existing policy on continuing clinical education for non-PTs. The policy adopted by the APTA House of Delegates applies only to PTs and PTAs and says that they should identify the target audiences for continuing education programs and that course materials should indicate course content is not intended for use by participants outside the scope of their license or regulation. The policy also says that, in order

to protect the public, physical therapists should not teach elements of physical therapy patient/client management to "individuals who are not licensed or otherwise regulated."

Because athletic trainers in the vast majority of states are licensed or otherwise regulated, this part of the policy does not apply to teaching ATs in those states where they are licensed or otherwise regulated. The House of Delegates policy does not require PTs to make determinations concerning the scope of practice of individuals who practice other professions.

The APTA and several APTA Chapters are continuing education providers approved by the National Athletic Trainers' Association Board of Certification, Inc. ("BOC"). The Associations agree that PTs and ATs are free to refrain from teaching certain content to any audience if they determine that the content is not appropriate for the audience, including, but not limited to, because someone lacks the requisite education and training.

The Professions

NATA states: ATs gain professional qualifications after: 1) graduation from a bachelor's or master's academic program accredited by the Commission on Accreditation of Athletic Training Education ("CAATE"); and 2) passing a national exam administered by the BOC, the independent credentialing body for the athletic training profession. The BOC certification program is accredited by the National Commission for Certifying Agencies ("NCCA"). Certified athletic trainers are required to obtain 75 hours of continuing education every three years. Athletic trainers are licensed, registered, and/or exempt from licensure in the statutes of 47 states. Athletic trainers serve patients through injury and illness prevention, clinical evaluation and diagnosis, appropriate interventions, management, and treatment of emergency, acute and chronic medical conditions, and rehabilitation.

APTA states: PTs gain professional qualifications by: 1) graduating from a master's or doctoral academic program accredited by the Commission on Accreditation in Physical Therapy Education, which is recognized by the U.S. Department of Education; and 2) passing the national physical therapy licensure examination administered by the Federation of State Boards of Physical Therapy ("FSBPT") for all fifty states. PTs provide clinical examination and evaluation, diagnoses, appropriate interventions and rehabilitation to individuals of all ages who have impairments, limitations in activities or participation, or changes in physical function or health status resulting from injury, disease, or other causes, and they provide prevention and health promotion and wellness services.

Truth in Advocacy

The NATA and the APTA agree that decisions about which professionals should be deemed qualified to provide particular services and which services provided by such professionals should be reimbursed by insurers and public programs are issues to be decided in the marketplace by consumers, insurers, federal and state legislatures, policy makers, and, in the case of athletic trainers (as dictated by state law), physicians. Thus, each Association and its individual members are free, like other citizens, to make truthful statements and to express their opinions about their professions or about others within the health care marketplace. That being said, statements made by the APTA and the NATA about PTs and ATs should not mislead consumers, insurers, physicians, or the public, and neither organization will make false or deceptive statements, including false or deceptive statements about qualifications of PTs or ATs. Specifically, neither organization will make false or misleading statements referring to PTs or ATs as "non-qualified," "unqualified," "not qualified," or any variation of these terms. Nothing in this Joint Statement shall be construed to impede the rights of either the APTA or the NATA to conduct all lawful activities, and make all lawful statements. Members and representatives of the APTA and the NATA should respect the rights, knowledge and skills of the other profession and compete honestly and ethically in the health care marketplace.

Mutual Cooperation

The APTA and the NATA acknowledge many PTs and ATs have established productive, mutually respectful and collaborative relationships. Such cooperation should be fostered. The APTA and the NATA

will commit, at the level of the two national associations, to confer periodically on issues of common interest and discuss inter-professional disputes.

Inter-Association Communication

The NATA and the APTA agree to candidly discuss areas of friction between the organizations and identify issues on which the organizations can lawfully and appropriately work together to improve the health, functioning, and well-being of the communities they serve, including their patients and clients.

This Joint Statement is hereby signed on this 22nd day of September, 2009.

By APTA:

R. Scott Ward, PT, PhD
President
American Physical Therapy Association

By NATA:

Marjorie J. Albohm, MS, ATC
President
National Athletic Trainers' Association, Inc.

APPENDIX 5D
NATA/APTA Joint Statement

The National Athletic Trainers' Association, Inc.
And
The American Physical Therapy Association

JOINT STATEMENT ON COOPERATION

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The members of the NATA and the APTA share a dedication to improving the health, functioning, and well-being of their patients and clients. Over the years, these two organizations have cooperated at times on certain public policy issues, but they have also disagreed on other issues.

In early 2008, the NATA sued the APTA, alleging it had violated the antitrust laws and seeking injunctive and other relief. The APTA denies any factual basis for

these allegations and contends NATA's claims lack any merit. The federal district court in Dallas denied APTA's request to dismiss the case, finding that NATA could maintain claims for declaratory and injunctive relief. The Court also stated, however, that NATA could not seek damages from APTA. Instead of continuing the legal dispute, the two sides have decided to enter into a settlement agreement and to issue this Joint Statement.

Qualifications of Physical Therapists and Athletic Trainers

The APTA and the NATA acknowledge that physical therapists and athletic trainers are health care professionals authorized to provide interventions within their scope of practice as defined by applicable state law and, within that scope, to the extent of their individual educational/training competencies. The scopes of practice of the two professions overlap to some extent. The education, qualifications and training of the two professions are different. The patients and conditions treated and interventions performed by PTs and ATs are often different. The professional education of both physical therapists and athletic trainers calls for competence in some forms of manual therapy, on which physical therapists and athletic trainers are tested by their certification/licensure examinations.

Non-Exclusive Procedures

The APTA's longstanding position is that the term "physical therapy" should be used to characterize health care services only when those services are provided by a licensed PT or by a PTA acting under the direction and supervision of a licensed PT. The NATA recognizes that CPT codes 97001 and 97002 (physical therapy evaluation and physical therapy re-evaluation) are used to denote services provided by a licensed PT.

The NATA's position is that the term "athletic training" should be used to characterize health care services only when those services are provided by a licensed and/or certified athletic trainer. The APTA recognizes that CPT codes 97005 and 97006 (athletic training evaluation and athletic training re-evaluation) are used to denote services provided by a licensed and/or certified AT.

The NATA and the APTA both believe that the current Physical Medicine and Rehabilitation codes other than 97001, 97002, 97005 and 97006 are not exclusive to any one particular health care profession.

PTs are not the "exclusive" providers of manual therapy. Further, depending on individual qualifications and certification and state regulations, ATs are qualified to perform certain forms of manual therapy.

Legal Scope of Practice

The APTA and the NATA agree their members should practice within their respective licensed or regulated scopes of practice. The NATA and the APTA agree that the appropriate legal scope of practice for their respective members, as for any profession, is determined by legislatures and regulatory bodies. Both NATA and APTA agree it is a priority to protect the public from harm, and to compete ethically in the marketplace.

Access to Continuing Education

With respect to continuing education programs offered by PTs or PTAs, the APTA has agreed to clarify its existing policy on continuing clinical education for non-PTs. The policy adopted by the APTA House of Delegates applies only to PTs and PTAs and says that they should identify the target audiences for continuing education programs and that course materials should indicate course content is not intended for use by participants outside the scope of their license or regulation. The policy also says that, in order to protect the public, physical therapists should not teach elements of physical therapy patient/client management to "individuals who are not licensed or otherwise regulated."

Because athletic trainers in the vast majority of states are licensed or otherwise regulated, this part of the policy does not apply to teaching ATs in those states where they are licensed or otherwise regulated. The House of Delegates policy does not require PTs to make determinations concerning the scope of practice of individuals who practice other professions.

The APTA and several APTA Chapters are continuing education providers approved by the National Athletic Trainers' Association Board of Certification, Inc. ("BOC"). The Associations agree that PTs and ATs are free to refrain from teaching certain content to any audience if they determine that the content is not appropriate for the audience, including, but not limited to, because someone lacks the requisite education and training.

The Professions

- NATA states: ATs gain professional qualifications after: 1) graduation from a bachelor's or master's academic program accredited by the Commission on Accreditation of Athletic Training Education ("CAATE"); and 2) passing a national exam administered by the BOC, the independent credentialing body for the athletic training profession. The BOC certification program is accredited by the National Commission for Certifying Agencies ("NCCA"). Certified athletic trainers are required to obtain 75 hours of continuing education every three years. Athletic trainers are licensed, registered, and/or exempt from licensure in the statutes of 47 states. Athletic trainers serve patients through injury and illness prevention, clinical evaluation and diagnosis, appropriate interventions, management, and treatment of emergency, acute and chronic medical conditions, and rehabilitation.

- APTA states: PTs gain professional qualifications by: 1) graduating from a master's or doctoral academic program accredited by the Commission on Accreditation in Physical Therapy Education, which is recognized by the U.S. Department of Education; and 2) passing the national physical therapy licensure examination administered by the Federation of State Boards of Physical Therapy ("FSBPT") for all fifty states. PTs provide clinical examination and evaluation, diagnoses, appropriate interventions and rehabilitation to individuals of all ages who have impairments, limitations in activities or participation, or changes in physical function or health status resulting from injury, disease, or other causes, and they provide prevention and health promotion and wellness services.

Truth in Advocacy

The NATA and the APTA agree that decisions about which professionals should be deemed qualified to provide particular services and which services provided by such professionals should be reimbursed by insurers and public programs are issues to be decided in the marketplace by consumers, insurers, federal and state legislatures, policy makers, and, in the case of athletic trainers (as dictated by state law), physicians. Thus, each Association and its individual members are free, like other citizens, to make truthful statements and to express their opinions about their professions or about others within the health care marketplace. That being said, statements made by the APTA and the NATA about PTs and ATs should not mislead consumers, insurers, physicians, or the public, and neither organization will make false or deceptive statements, including false or deceptive statements about qualifications of PTs or ATs. Specifically, neither organization will make false or misleading statements referring to PTs or ATs as "non-qualified," "unqualified," "not qualified," or any variation of these terms. Nothing in this Joint Statement shall be construed to impede the rights of either the APTA or the NATA to conduct all lawful activities, and make all lawful statements. Members and

representatives of the APTA and the NATA should respect the rights, knowledge and skills of the other profession and compete honestly and ethically in the health care marketplace.

Mutual Cooperation

The APTA and the NATA acknowledge many PTs and ATs have established productive, mutually respectful and collaborative relationships. Such cooperation should be fostered. The APTA and the NATA will commit, at the level of the two national associations, to confer periodically on issues of common interest and discuss inter-professional disputes.

Inter-Association Communication

The NATA and the APTA agree to candidly discuss areas of friction between the organizations and identify issues on which the organizations can lawfully and appropriately work together to improve the health, functioning, and well-being of the communities they serve, including their patients and clients.

This Joint Statement is hereby signed on this 22ND day of September, 2009.

By APTA:

R. Scott Ward, PT, PhD
President
American Physical Therapy Association

By NATA:

Marjorie J. Albohm, MS, ATC
President
National Athletic Trainers' Association, Inc.

APPENDIX 5E

FAQ: Settlement of NATA v. APTA Lawsuit

October 2, 2009 — APTA and the National Athletic Trainers Association (NATA) on September 23 settled the lawsuit that NATA filed last year. Frequently Asked Questions about the settlement and the Joint Statement of Cooperation are listed below (as of 10/2/09).

The news release on NATA's Web site mischaracterizes what the Joint Statement actually says. We urge APTA members and the public to rely on the actual language in the Joint Statement. As questions and issues come forward APTA will update these FAQs.

1. Isn't APTA's agreeing to issue the Joint Statement an admission that the NATA lawsuit had some merit?

No. NATA's complaint was wholly without merit. APTA agreed to settle the case only in order to put this matter behind us and return our full attention to our true purpose - serving our members and achieving APTA's goals as laid out in our strategic plan.

2. Does the Joint Statement say that athletic trainers are qualified to do all kinds of manual therapy?

No. The Joint Statement says that some athletic trainers "are qualified to perform certain forms of manual therapy" and that the education of athletic trainers "calls for competence in some forms of manual therapy." These statements are true. In Arizona, Delaware, Massachusetts, and Pennsylvania the athletic trainers' practice act places "massage" within the scope of athletic training, and in Connecticut the statute mentions "light massage."

3. The NATA Web site says that "APTA agrees with NATA that athletic trainers are qualified to perform these services [i.e., manual therapy]." Is this statement true?

No. The Joint Statement says only that athletic trainers' education calls for competence in SOME FORMS of manual therapy and that some athletic trainers are qualified to perform CERTAIN FORMS of manual therapy. Here, and in other places, NATA's press release mischaracterizes what the Joint Statement actually says. We urge APTA members and the public to rely on the actual language in the Joint Statement, which was extensively discussed and negotiated, rather than on NATA's press release.

4. Does the Joint Statement mean that APTA chapters may not oppose state legislation that would allow athletic trainers to treat non-athletes?

No. The Joint Statement explicitly recognizes the right of APTA to "conduct all lawful activities, and make all lawful statements" and the right of APTA and its members to express their opinions "about others." APTA will continue to advocate forcefully and effectively to protect the interests of its members and the public.

5. Under the heading "The Professions" didn't APTA agree to numerous statements about athletic trainers, including the claim that they "serve patients through injury and illness prevention, clinical evaluation and diagnosis, appropriate interventions, management, and treatment of emergency, acute and chronic medical conditions, and rehabilitation"?

No. The section headed "The Professions" is what NATA says about its members, not what APTA says. Note that the section has two bullets. The one describing athletic trainers begins, "NATA states," and the one describing physical therapists begins, "APTA states."

6. Does the Joint Statement mean that physical therapists who offer a continuing education course teaching joint mobilization must allow athletic trainers to take the course?

No. In the Joint Statement both organizations agree that physical therapists "are free to refrain from teaching certain content to any audience if they determine that the content is not appropriate for the audience."

7. The Joint Statement says that APTA should not make false or deceptive statements, including false or deceptive statements about qualifications of athletic trainers. Doesn't this statement hamper APTA's ability to advocate vigorously, in particular with regard to matters affecting athletic trainers?

No. APTA does not make false or deceptive statements in our advocacy. APTA will continue to advocate on behalf of physical therapists, physical therapist assistants, and their patients.

8. Does the Joint Statement mean that APTA may never use the words "unqualified" or "non-qualified" to describe athletic trainers?

No. The Joint Statement says only that APTA will not make false or misleading statements using those adjectives to refer to athletic trainers. In advocating for its members and the public APTA will continue to make truthful statements, e.g., "Athletic trainers are not qualified under Medicare to provide outpatient physical therapy services." In addition, APTA will continue to express its opinions about the qualifications of athletic trainers.

9. Did APTA pay NATA any money to settle the lawsuit?

No.

10. If the NATA lawsuit was wholly without merit, why did APTA agree to settle instead of litigating all the way to the Supreme Court if necessary?

If the only choice had been to enter into a dishonorable settlement agreement, then APTA would have continued to fight the lawsuit, regardless of the cost.

However, it is important to note that nothing has changed as a result of this agreement. There are no winners here. The settlement acknowledges a few indisputable truths concerning what physical therapists and athletic trainers do. APTA will continue as before to advocate on behalf of the profession and those it serves.

Litigating any lawsuit, even one that is meritless, has many costs. The legal expenses are only the most obvious. Defending this lawsuit would have taken up very significant amounts of APTA staff time. The burden would not have been limited to just the legal department, since staff members in many other areas (including practice and education, professional development, government and payment advocacy, federal government affairs, and state government affairs) could have been torn away from their APTA work. Far too many hours would have been spent by APTA staff to help defend the case, and APTA leaders would have been spending their time preparing for and giving depositions instead of working to advance Vision 2020 and to carry out our strategic plan.

At the same time, the two associations have committed to confer on issues of common interest and to discuss disputes between the professions.