

## Appendix A

Select **TWO** of the seven professional activity categories and submit evidence for **ONE** activity from each category selected.

Professional Activity Category (within past 5 years)	Evidence submitted (please attach)
<b>Category 1. Client Service Delivery</b>	
<b>Activity a.</b> Submission of clinical case study (does not have to be published); OR	See Appendix B
<b>Activity b.</b> Direct work with clients or participants who use seating/mobility devices in research study; OR	Institutional Review Board (IRB) approval, form outlining roles/responsibilities, timeline, commitment, project abstract.
<b>Activity c.</b> Direct work with clients in a teaching/coaching capacity (e.g. wheelchair sports).	See Appendix C
<b>Category 2. Advocacy – Community, Client, Profession</b>	
<b>Activity a.</b> Lobby local, state and/or federal legislative or regulatory agencies to influence change (i.e. CELA advocacy day); OR	See Appendix C
<b>Activity b.</b> Implement an advocacy activity for consumers, organizations and/or providers outside of the professional community to increase awareness of seating and mobility technologies (i.e. education, letter-writing campaign, etc); OR	See Appendix C
<b>Activity c.</b> Expert witness or participating in testimony (written or verbal)	See Appendix C



**Appendix A**

**Continued**

Professional Activity Category (within past 5 years)	Evidence submitted (please attach)
---	---------------------------------------

<b>Category 3. Mentoring/Supervision in Seating and Wheeled Mobility</b>	
<b>Activity a.</b> Formal fieldwork supervision (minimum 4 week period); OR	See Appendix D
<b>Activity b.</b> Direct on-the-job training/supervision (minimum 4 week period).	See Appendix D

<b>Category 4. Presentations/Formal Instruction</b>	
<b>Activity a.</b> Formal conference presentations at local, state, national, and international conferences; OR	Brochure, conference URL, acceptance letter
<b>Activity b.</b> Formal workshop presentations of at least four hours; OR	Brochure, flyer acceptance letter
<b>Activity c.</b> Formal class instruction (at least 4 hours) of college students; OR	Letter on university letterhead detailing instruction, time spent
<b>Activity d.</b> Author on-line education (minimum of 0.4 CEU to be awarded for the course).	Proof as instructor, URL



Appendix A

Continued

Professional Activity Category (within past 5 years)	Evidence submitted (please attach)
---	---------------------------------------

Category 5. Learning/Continuing Education	Evidence submitted (please attach)
<p><b>Activity a.</b> Attend educational forums on seating and mobility and/or other topic areas indirectly related to this area (i.e., transportation, wound care, medical/therapeutic intervention, etc)</p> <ul style="list-style-type: none"> <li>· Local, state, national or international conferences</li> <li>· Focused topic workshops provided by individuals, organizations or manufacturers</li> <li>· On-line course</li> </ul>	<p>Certificate of attendance/completion showing CEUs earned, title, dates. CEUS must come from an IACET-approved provider or accredited university</p>
<p><b>Activity b.</b> Successfully complete a relevant academic-credited course.</p>	<p>Transcript</p>

Category 6. Publications	
<p><b>Activity a.</b> Publish in a peer-reviewed journal on topic areas related to seating and mobility; OR</p>	<p>Reference and abstract</p>
<p><b>Activity b.</b> Author or co-author book chapters related to seating and mobility or related areas; OR</p>	<p>Reference and abstract</p>
<p><b>Activity c.</b> Serve as a reviewer for a peer-reviewed journal/publication.</p>	<p>Formal letter as reviewer</p>



Appendix A

Continued

Professional Activity Category (within past 5 years)	Evidence submitted (please attach)
---	---------------------------------------

Category 7. Leadership and Service	
<p><b>Activity.</b> Provide seating and mobility-related service to individuals, groups, local or national associations or organizations. Leadership/Service may include, but is not limited to participation in an activity such as:</p> <ul style="list-style-type: none"> <li>· Surveyor for a deemed accrediting organization</li> <li>· Conference program or research-award review</li> <li>· Serving on not-for-profit disability-oriented board of directors</li> <li>· International outreach program</li> <li>· Certifier for a sporting event</li> <li>· Professional committees</li> <li>· Leadership positions within a professional organization</li> <li>· Expert panel participation</li> <li>· Standards development</li> </ul> <p>Other (please describe)</p>	<p>See Appendix C , and explain how it relates to seating and mobility</p>



**Appendix B**  
**Case Study Overview**

You will be presenting a client with seating, positioning, and mobility needs that has already been assessed and intervention completed. Include detailed information in writing, as relevant, in the following categories:

- I. Background and problem identification related to the individual, the environment, and the technology
  - a. pertinent medical history
  - b. physical abilities and needs
  - c. functional abilities and needs
  - d. seating and mobility abilities and needs
  - e. home accessibility
  - f. currently used assistive devices
  - g. environmental considerations
  
- II. Feature match - choices considered to meet identified goals and needs, pros and cons/tradeoffs
  
- III. Solution Selection - clinical rationale to justify necessity (medical, vocational, educational, recreational) of chosen features
  
- IV. Implementation and follow-up (specify goals, services and referrals following delivery and fitting)



**Appendix C**  
Documentation of Professional Activity Form  
(copy as needed and use 1 per activity to verify eligibility)

Name: \_\_\_\_\_

1. Evidence attached:  Transcript  Confirmation on letterhead  Certificate  Other  
(as appropriate)

2. Type of professional activity submitted:

- Advocacy
  - Lobbying
  - Community Activity
  - Expert witness/testimony
  
- Direct work with clients in teaching/coaching capacity (not related to delivery, fitting)
  
- Leadership and Service

3. Describe activity as it relates to seating and mobility:

4. Amount of time spent in activity (hours): \_\_\_\_\_

5. Date(s) of activity: \_\_\_\_\_

6. Name of contact related to the activity (for audit): \_\_\_\_\_

7. Contact phone # (in case of audit): \_\_\_\_\_



**Appendix D**  
Documentation of Mentoring/Supervision Form

Your Name: \_\_\_\_\_

Name of Person supervised: \_\_\_\_\_

Dates of supervision: \_\_\_\_\_

1. Evidence attached:  Confirmation on letterhead  Certificate  Other  
(as appropriate)

2. Type of professional activity submitted:

Formal fieldwork supervision (student)

Direct on-the-job training:

3. Describe activities and time spent related to seating and mobility:

4. Total amount of time spent in activity (hours): \_\_\_\_\_

5. Name of contact related to the activity (for audit): \_\_\_\_\_

6. Contact phone # of trainee or university contact (in case of audit): \_\_\_\_\_

Signature of person trained: \_\_\_\_\_

