

## C.E.A.C. APPLICATION

Complete all information. This application and proof of the eligibility criteria as outlined on the application process, including a copy of your active license/certification if applicable, should be sent along with your check for \$150.00 payable to U.S. Rehab at 1111 W San Marnan Drive, Waterloo, IA 50701.

PLEASE TYPE OR PRINT YOUR NAME. THIS INFORMATION WILL BE USED ON YOUR CERTIFICATION IF YOU SUCCESSFULLY COMPLETE THE ELIGIBILITY CRITERIA. PLEASE SIGNIFY THE ADDRESS WHERE YOU WOULD LIKE AN EXAMINATION CONFIRMATION AND THE RESULTS OF YOUR EXAMINATION TO BE SENT.

Examination Date Requested: \_\_\_\_\_

### PERSONAL DATA

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

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate if you have a disability and require special assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Indicate the assistance you will need in taking the test: \_\_\_\_\_

### DEMOGRAPHICS

Years experience as an environmental access specialist: \_\_\_\_\_

Total years of experience in your professional field: \_\_\_\_\_

Primary field/place of employment: \_\_\_\_\_

Check off which apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Certified Contractor            | <input type="checkbox"/> Healthcare Professional                      |
| <input type="checkbox"/> Independent Living Strategist   | <input type="checkbox"/> Interior Designer or Design/Build Specialist |
| <input type="checkbox"/> Assistive Technology Specialist | <input type="checkbox"/> Architect                                    |
| <input type="checkbox"/> Occupational Therapist          | <input type="checkbox"/> Funding Administrator                        |
| <input type="checkbox"/> Other _____                     |   |

### STATEMENT OF UNDERSTANDING

I hereby apply for the Certified Environmental Access Consultants certification administered by U.S. Rehab. I understand that I am subject to all requirements of the certification as described herein, and that the C.E.A.C. certification depends upon my successfully completing specified eligibility and examination requirements.

I authorize U.S. Rehab to make any inquiries and investigations it deems necessary to verify my eligibility and credentials. Information accumulated by U.S. Rehab through the C.E.A.C. credentialing process may be used for statistical purposes and for evaluating the program. All information will be kept confidential and will not be used for any other purpose without my permission.

To the best of my knowledge, the information on this application is complete and accurate. I attest by my signature that I meet all of the eligibility requirements for the C.E.A.C. certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUIRED FEES

**Application Fee:** \$150.00 Non Refundable and submitted with application.

**Exam Fee:** \$350.00

Due 14 days prior to exam if verification of eligibility has been validated by the C.E.A.C. processing office. You will be notified by mail.

# FORM 1

## **TO BE COMPLETED BY EMPLOYER OR CONTRACTED SERVICES REPRESENTATIVE:**

Dates of Employment OR Contracted Services: \_\_\_\_\_ to \_\_\_\_\_  
(include month, date and year)

Approximately how many jobs was the Applicant involved in pertaining to accessible remodeling on your behalf? \_\_\_\_\_

Describe the Applicant's involvement on the above stated jobs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Applicant is responsible to prove a minimum of two years full-time employment performing direct environmental access services or directly supervising those who perform environmental access services. Please estimate the number of hours the Applicant worked in this capacity for you. Approximate hours  
\_\_\_\_\_

Employer or Contracted Services Rep. Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**ATTACH THIS FORM 1 ALONG WITH A LETTER ON COMPANY STATIONARY VALIDATING THAT AS THE EMPLOYER OR CONTRACTED SERVICES REPRESENTATIVE YOU COMPLETED THIS FORM FOR THE APPLICANT. PLEASE INCLUDE YOUR TITLE.**

# FORM 2

## DEMONSTRATED KNOWLEDGE IN ENVIRONMENTAL ACCESS

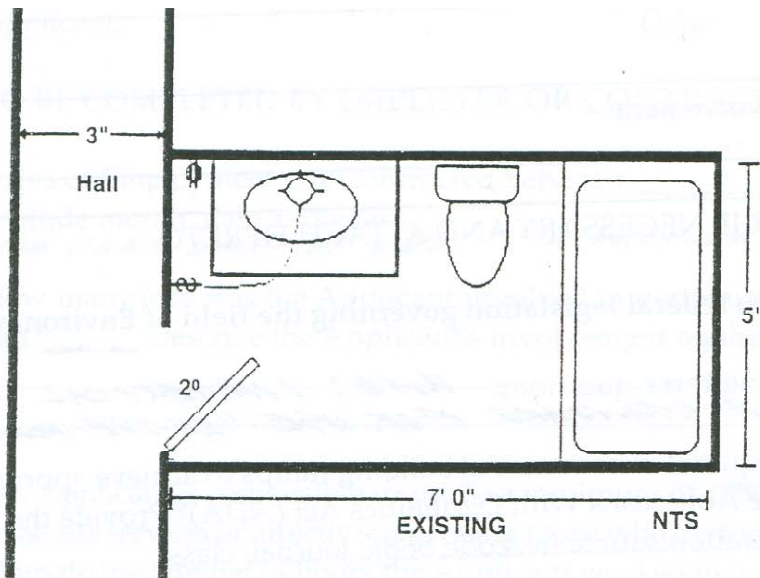
This Form is comprised of Parts I, II, III. This Form is intended to obtain additional documentation that will demonstrate knowledge by the applicant in Environmental Access. ATTACH ALL INFORMATION PERTAINING TO EACH OF THE THREE COMPLETED PARTS OF THIS FORM TO YOUR ORIGINAL APPLICATION.

### Part I: Work Sample of a Wheelchair Accessible Assessment

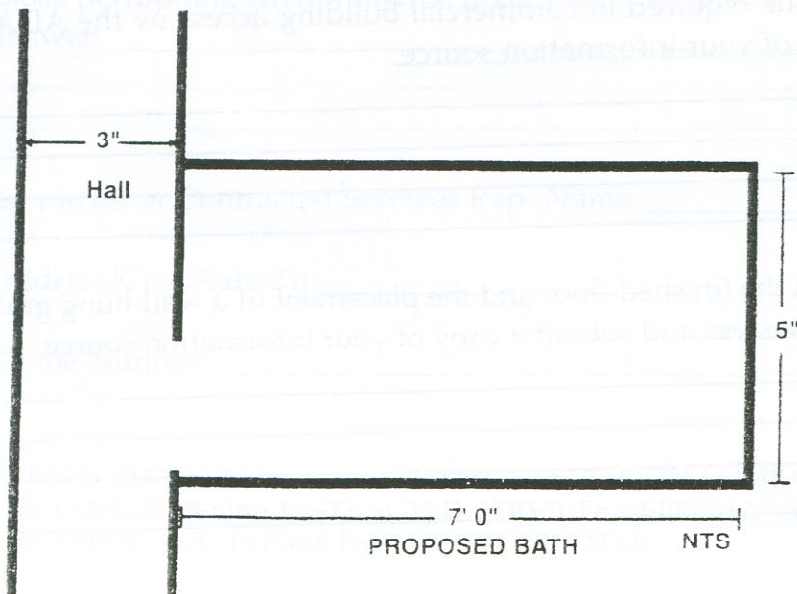
Using the sample drawing below of an existing bathroom in your client's home, provide a written assessment of recommendations you would make and reasons why.

Note: Assume that all current fixtures within this bathroom are standard shape and sizes. You may also use the "proposed bath" drawing to show your proposed changes.

Your Construction Co.	Job: C.E.A.C.	#
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Notes:



## FORM 2 Cont.

### **PART II: Identify collaboration with members of an Environmental Access team**

List the names, addresses, phone numbers and titles of three professionals with whom you have worked on environmental access projects (ie, rehabilitation nurse, case manager, grant administrator, adjuster, vocational rehabilitation specialist). Give a brief description of how you collaborated with these other professionals to determine the accessibility needs of the client.

#### 1. Profile Information

Brief Description of Collaborative Involvement

#### 2. Profile Information

Brief Description of Collaborative Involvement

#### 3. Profile Information

Brief Description of Collaborative Involvement

USE A SEPARATE SHEET OF PAPER IF NECESSARY AND ATTACH HERETO.

### **Part III: Sample of research into federal legislation governing the field of Environmental Access**

Please provide answers to the following three questions: (note: Commercial ADA requirements are the standard for use "in-the-home")

A. What is the maximum slope ratio required in commercial building ramps to achieve appropriate wheelchair access, according to the Americans With Disabilities Act (ADA)? Provide the answer and submit a copy of your information source (ie, code book, journal, class).

B. What is the wheelchair turning radius required in commercial building access by the ADA? Provide the answer and submit a copy of your information source.

C. What is the required distance between the finished floor and the placement of a wall-hung grab bar according to the ADA? Provide the answer and submit a copy of your information source.