By the

Technical Committee for the Review of the
Application for Transferral of the Certification
of Alcohol & Drug Abuse Counselors
to the Nebraska Department of Health

To The

Nebraska Board of Health,

Director of Health,

and the

Nebraska Legislature

October 26, 1988

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The members appointed by Gregg F. Wright, M.D., M.Ed., Director of Health, to serve on the Alcohol and Drug Abuse Counselors Technical Committee are as follows:

- Joe L. Williams, O.D., Private Practitioner (Falls City)
- Jeffry N. Baldwin, R.P., Associate Professor, University of Nebraska Medical Center, College of Pharmacy (Omaha)
- Glenda L. Day, Alcohol and Drug Abuse Director, Human Services, Inc.
 (Alliance)
- Bruce E. Dickinson, Professional Counselor, Seward Public Schools (Seward)
- Vicki M. Ladegard, Vice President and Trust Marketing Officer,

 National Bank of Commerce Trust & Savings Association (Lincoln)
- Joe Magrath, D.V.M., Chairman, Nebraska Veterinary Medicine Association

 Committee on Impaired Practitioners (McCook)
- Teresa Rohren, Director, Addictions Recovery Center, Immanual Medical
 Center (Omaha)

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INTRODUCTION

The Nebraska Credentialing Review Program, established by the Nebraska Regulation of Health Professions Act (LB 407) in 1985, is a review process advisory to the Legislature which is designed to assess the necessity of the state regulation of health professions in order to protect the public health, safety, and welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time, an appropriate technical committee is formed to review the application and make recommendations after a public hearing is held. The recommendations are to be made on whether the health occupation should be credentialed according to the four criteria contained within Section 71-6221 Nebraska Revised Statutes; and if credentialing is necessary, at what level. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health and the Director of Health for the review and recommendations. All recommendations are then forwarded to the Legislature.

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SUMMARY OF COMMITTEE CONCLUSIONS & RECOMMENDATIONS

The technical committee recommended the approval of the applicant group's proposal for certification by the Department of Health of three levels of alcohol and drug abuse counselors. The committee also recommended that the Legislature create a board of examiners that would be appropriate to the three-tier credentialing system of the proposal.

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SUMMARY OF THE PROPOSAL

The applicants in their proposal requested that agency responsibility for alcohol and drug abuse counselor certification be changed from the Department of Public Institutions to the Department of Health. The proposal provides for the creation of a board of examiners for alcohol and drug abuse counselors within the Bureau of Examining Boards of the Department of Health. Currently, the certification process for the profession in question is administered directly by the Department of Public Institutions without a special board of examiners.

Under this proposal the Department of Health, with the consent of the Board of Examiners in Alcohol and Drug Abuse Counseling, would adopt written examinations that would be taken by all candidates for certification. The passing criterion for examinations would be established by and may be changed by the Board of Alcohol and Drug Abuse Counseling. Currently, there is no written or oral examination process in Nebraska for initial certification as an alcohol/drug counselor.

Under the proposal, the Board of Examiners would have the authority to provide for waiver of the examination for persons who are credentialed by examination in another jurisdiction, and the Board determines that the standards of other jurisdictions are equivalent to Nebraska's. The Department of Health, upon recommendation of the Board, would be authorized to enter into reciprocity agreements with other jurisdictions. This would include negotiating membership in Certification Reciprocity Consortium.

The applicant's proposal calls for changing the standards for certification for alcohol and drug abuse counselors. The proposal would

create three levels of certification for this profession. They are as follows: Provisional Alcohol and Drug Abuse Counselor, Alcohol and Drug Abuse Counselor I, Alcohol and Drug Abuse Counselor II.

The <u>Provisional Level</u> would acknowledge the individual who has documented 960 clock hours of academic training including coursework specific to alcohol and drug abuse, counseling and human development. Additionally, the individual would be required to pass the Counselor I written examination. The provisionally certified counselor could only provide substance abuse counseling services in a alcohol and drug abuse treatment program under the clinical supervision of a certified Alcohol and Drug Abuse Counselor II.

The Alcohol and Drug Abuse Counselor I level would acknowledge the individual who has documented 960 clock hours of academic training including coursework in alcohol and drug abuse, counseling and human behavior; acquired 2,000 hours of supervised work experience as a alcohol and drug abuse counselor including 300 hours of practical training in the core functions; and passed the Counselor I written examination. An individual who has an associate or baccalaureate degree in chemical dependency counseling from an approved program which includes a minimum of 1,000 hours of clinical/practicum experience in the core functions would be deemed to meet the academic and experience requirements for Counselor I.

Certification as an Alcohol and Drug Abuse Counselor II would recognize the individual who has a baccalaureate degree in the areas of social/behavior sciences, counseling or chemical dependency including coursework specific to alcohol and drug abuse, counseling and human development; 6,000 hours of supervised work experience in

alcohol and drug abuse counseling including 300 hours of practical training in the core functions; and passed the Counselor II written examination. The individual must also submit a case study and pass an oral examination.

Summary of Amendments to the Proposal

Provisional Alcohol & Drug Abuse Counselor: Nine hundred and sixty (960) clock hours of academic training, including course work specific to substance abuse, counseling and human development. Pass the Counselor I written examination. Must work under the supervision of a Substance Abuse Counselor I or II.

Alcohol & Drug Abuse Counselor I: This level would acknowledge the individual who has documented 960 clock hours of academic training, including course work in substance abuse counseling and human behavior; acquired 2,000 hours of supervised work experience as a substance abuse counselor, including 300 hours of practical training in the core functions; and passed the Counselor I written examination. An individual who has an associate or baccalaureate degree in chemical dependency counseling from an approved program, which includes a minimum of 1,000 hours of clinical/practicum experience in the core functions, would be deemed to meet the academic and experience requirements for Counselor I.

Alcohol & Drug Abuse Counselor II: This level would recognize the individual who has completed Level I and documented 6,000 hours of supervised work experience in substance abuse counseling. The individual would need to submit a case study and pass an oral exam. The individual would also need to pass the Counselor II written examination.

Alcohol & Drug Abuse Counselor III: This level would recognize the individual who has a baccalaureate degree in the human services, counseling, or substance abuse, including course work specific to substance abuse; 6,000 hours of supervised work experience in substance abuse counseling, including 300 hours of practical training in the core functions. The Substance Abuse Counselor III must pass the Counselor II written exam and also submit a case study and pass an oral examination. Grandfathering

- Those persons currently certified at the Associate Professional Level will be grandfathered to Level I Alcohol and Drug Abuse Counselor.
- Those persons currently certified at the Professional Level will be grandfathered to Level II Alcohol and Drug Abuse Counselor.
- Those persons currently certified at the Senior Professional Level will be grandfathered to Level III Alcohol and Drug Abuse Counselor.

The proposal would not change alternative means of entering the profession such as through on-the-job training or internships that are part of degree programs of accredited academic institutions.

A grandfather clause is proposed. Upon the payment of the certification fee and provision of evidence of certification as an Associate Professional or Professional Alcohol/Drug Abuse Counselor by the Department of Health, an applicant would be eligible for certification as an Alcohol and Drug Abuse Counselor I. Upon the payment of the certification fee and provision of evidence of certification as a Senior Professional Alcohol/Drug Abuse Counselor by the Department of Health, an applicant would be eligible for certification as an Alcohol and Drug Abuse Counselor II. The fee and application must be submitted by a date that would be established in statute. These individuals would not be required to meet the prerequisite qualifications at a later date.

Under the proposal a certificate may be renewed upon payment of the specified fee and documentation of 50 hours of continuing education during the two-year certification period. The proposal also calls for the adoption of a code of ethics.

The applicant group amended its proposal at the second meeting to include alcohol and drug abuse prevention counselors in the proposal. However, detoxification technicians and alcohol and drug abuse prevention educators were not included because their functions and responsibilities differ significantly from those counselors who engage in primary treatment and prevention counseling in the area of alcohol and drug abuse.

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I. What is the harm to the public inherent in the current practice situation of alcohol and drug abuse counseling?

The applicant group stated that the current practice situation of alcohol and drug abuse counseling creates potential for harm to the public due to the fact that the public currently lacks the means of recognizing a qualified practitioner. The applicants stated that consumers need a means of easily identifying those persons who have the necessary level of competence in alcohol and drug abuse counseling. They added that consumers are often too vulnerable at the time they are seeking services to be able to evaluate the capabilities of practitioners, given the complexity of current certification requirements. The applicants stated that the current situation is confusing to consumers because it allows persons from a great variety of backgrounds and experiences to become certified as alcohol and drug abuse counselors. The applicants stated that their proposal would make the selection of a competent alcohol and drug abuse counselor an easier process for the consumer. (pp. 18-19 of the Application)

The applicant group stated that the current certification requirements are not competency-based. They stated that there is currently no written or oral examination to assess competence, and that many persons who call themselves alcohol and drug abuse counselors have not acquired knowledge and skills specific to this field. Practitioners range from those who have advanced degrees but no specific alcohol and drug counseling training, to practitioners who have personal experience with recovery from alcohol and drug abuse but with no formal post-secondary training. The applicants argue that possessing an advanced

degree without possessing specific training or experience in the field of alcohol and drug abuse counseling does not provide an assurance of competence. Conversely, having had personal recovery experience does not by itself make a person a competent alcohol and drug abuse counselor. The applicants stated that they seek to define the most appropriate mix of education, training, and experience necessary to produce qualified and competent alcohol and drug abuse counselors. (p. 18 of the Application)

The applicants stated that the complexity of the addiction process requires that alcohol and drug abuse counselors possess a strong interdisciplinary background in the behavioral sciences. Alcohol and drug abuse counselors need to be made aware of psychiatric and sociological disorders other than addiction that often occur simultaneously with addictive processes in the lives of those persons who need the services of alcohol and drug abuse counselors. The applicants listed manic depression, sexual addictions, eating disorders, bulimia, and anorexia as examples of the kinds of health problems that those who suffer from substance abuse frequently have along side their problem with addiction. The applicants also stated that those who do drug and alcohol counseling should be aware of family dynamics as a contextual factor in the addiction process. The applicants stated that a counselor who is not aware of these behavioral phenomena is much more likely to misdiagnose a client's problem than is one who has been trained to look for a variety of potential behavioral conditions in their client. (pp. 38-42 of the Transcript of the Public Hearing) The applicants stated that this kind of knowledge can be learned only in a post-secondary academic setting, and that no amount of personal experience can be a substitute for this kind of systemic and theoretical training. (pp. 28 & 33 of the Transcript of the Public Hearing)

Some of those persons who have concerns about the proposal stated that there is no need to create additional educational requirements for being certified as an alcohol and drug abuse counselor. These persons stated that on-the-job training is more important than formal education in the preparation of an alcohol and drug abuse counselor. One counselor stated that their working knowledge of the addiction process came from personal experience rather than formal education. This counselor stated that the courses that are offered in colleges and universities to those who seek to become drug and alcohol counselors are often too general. They are not focused on the specific problems that these counselors will face on the job. (pp. 55-56 of the Transcript of the Public Hearing)

Some of those persons who had concerns about the proposed educational requirements expressed skepticism about the ability of academic institutions to make sure that competent people are teaching the courses. One counselor stated that practicums and workshops are the most useful kind of educational experiences for alcohol and drug counselors. (p. 57 of the Transcript of the Public Hearing)

Some of those persons with concerns about the proposal stated that the profession of drug and alcohol counseling is unique because it alone focuses its attention on those who suffer from chemical dependency. Because of this, the training of these counselors must be different from that of other counselors. These persons stated that the general behavioral science education that is so useful to other counseling professions is not as useful to drug and alcohol counselors because this type of education is focused around behavioral phenomena that are not pertinent to the phenomena of addiction. (pp. 49 & 59 of the Transcript of the Public Hearing)

One counselor responded to the applicant group's statements about the need for extensive academic training in order to diagnose complex patient conditions. This counselor responded to this concern by stating that drug and alcohol counselors cannot be expected to treat the sexual addictions, eating disorders, and psychiatric disorders of their clients in the 28- to 30-day treatment period that is typical in drug and alcohol treatment programs. This counselor stated that drug and alcohol counselors cannot be "all things to all people." They treat what they can, and then make appropriate referrals for what they cannot treat. (pp. 60-61 of the Transcript of the Public Hearing)

Some of those persons with concerns about the proposal expressed concerns about the voluntary nature of certification. These persons stated that certification would not protect the public from counselors who are unqualified. They stated that the committee should consider licensure as an alternative method of regulating the profession. (pp. 50-51 and 53-54 of the Transcript of the Public Hearing) Some of those concerned about the proposal stated that education does not make a person competent as a counselor. In their view, the field of drug and alcohol counseling is a "self-cleansing" field. Eventually those people who are incompetent are "weeded out" because nobody will hire them. They felt that there is nothing to be gained by requiring more academic preparation for drug and alcohol counselors. (pp. 65-66 of the Transcript of the Public Hearing) One person stated that there is no evidence that demonstrates that higher education is necessarily more valuable than work experience in the preparation of a drug and alcohol counselor. (p. 79 of the Transcript of the Public Hearing)

Some of those who expressed concerns about the proposal stated that what is needed in the field of alcohol and drug counseling is some type competency-based training that is based upon uniform standards. One testifier envisioned a system in which counselors are trained in a clinical setting by those who have already undergone the same kind of training. Accountability would be maintained by some type of peer review mechanism. This testifer stated that academic preparation can sometimes be helpful in the training of a counselor, but that by no means is it the only way to train counselors. In the viewpoint of this testifier, practical experience must always be the central focus of drug and alcohol counseling training. (pp. 83-84 of the Transcript of the Public Hearing)

II. Is there harm to the public inherent in the proposal?

Those persons who had concerns about the proposal stated that the educational requirements contained in it would impose hardships on many current practitioners. Those who were mid-life counselors testified that the additional education requirements being proposed for certification would be both a serious financial burden and an inconvenience for counselors in their age group, especially those living in western Nebraska. Many mid-life counselors have to support families on the modest salaries that counselors receive. Requiring them to go back to school could produce real hardship for these counselors and their families. This hardship would be greater for those counselors who live in outstate Nebraska, where availability of the required courses would be a problem. Some counselors would have to commute long distances to get the courses they needed. (pp. 49-50 and 59 of the Transcript of the Public Hearing)

Some counselors expressed concern about the grandfathering provision contained in the proposal. One testifier stated that the proposal contains no vehicle other than formal academic education for a counselor to prove that he or she has had the education specific to their field that would enable him or her to prove knowledgeability in the area of chemical dependency counseling. This counselor stated that the training she received combined elements of institutional education with practical experience. This counselor was concerned that she would be grandfathered at a level less than the level at which she is currently certified. In the opinion of this counselor, all current practitioners should be grandfathered at the level they currently are at in the profession.

(pp. 75-76 of the Transcript of the Public Hearing)

There was concern on the part of some counselors that the proposed education requirements might harm the alcohol and drug abuse counseling profession by demeaning the value of on-the-job training and practical experience. Their viewpoint is that academic degrees do not make one competent. One learns to be a good counselor in the field, not in the classroom. The profession of alcohol and drug abuse counseling is not going to be improved by elevating an academically-trained elite at the expense of those who have learned their trade in the field. (pp. 65 & 68 of the Transcript of the Public Hearing)

During the fourth meeting of the technical committee, one committee member expressed concern about the impact of the proposal on the employees of such organization as Valley Hope. The training that these employees receive does not fit the standards of the proposal. Although current Valley Hope employees would be grandfathered, the present training program would not meet the proposed certification criteria.

The applicant group responded by stating that they are in contact with Valley Hope and that various alternatives for Valley Hope employees are being explored.

Those who spoke on behalf of the proposal responded to questions about the proposal's impact on mid-life practitioners by stating that the educational requirements being proposed would not create great hardships for these practitioners. One testifier stated that in current programs in chemical dependency in colleges and universities that he is familiar with, most of the students are non-traditional students. These students are older than the typical college student. Many of these people are in the process of changing careers. This speaker stated that it is no longer unusual for mid-life persons to go back to school to either finish

degrees, or to start new degree programs in areas new to them. He stated that the proposal would not be creating any new hardships for people of this age group that they aren't already experiencing. (p. 18 of the Transcript of the Public Hearing)

Those persons who spoke on behalf of the proposal responded to those who had concerns about the impact of the proposal on practitioners living in western Nebraska by stating that there are degree programs in colleges in western Nebraska that can serve the needs of these practitioners. However, one person who spoke on behalf of the proposal did admit that these opportunities are few and far between. He added that the problems with the availability of educational programs for chemical dependency counselors are not unique to western Nebraska. The availability of these programs is a statewide problem. This spokesman acknowledged that this problem was probably worse in western Nebraska than it is in eastern Nebraska. (pp. 21-22 of the Transcript of the Public Hearing)

The applicant group stated that the grandfather clause contained in the proposal provides all current practitioners with the assurance that they will not be deprived of their careers. The changes brought by the proposal will have the greatest impact upon those who enter the profession after the proposal goes into effect.

III. Will the public benefit from the proposed changes in alcohol and drug abuse counseling?

The applicant group stated that the principal benefit of the proposal is that it gives the public a means of determining who is qualified to provide alcohol and drug abuse counseling. They stated that the proposal creates a certification system that is competency-based. This system is based upon clearly defined educational and training requirements, an examination process, and a peer review system in the form of a board of examiners operating within the Department of Health. The applicants stated that these elements ensure that those who do have certification in alcohol and drug abuse counseling are qualified providers. The applicants added that the new certification standards will provide the public with the information they need to evaluate the qualifications of those who present themselves as drug and alcohol counselors to the public in the free market. The proposal would provide this information by protecting the title "certified alcohol and drug abuse counselor." Only those who have completed all of the minimum requirements for certification could use this title in advertising their services to the public. (pp. 25-26 of the Application)

Those who testified on behalf of the proposal stated that the public would benefit from the increased professionalism that would result from the new standards for certification. Increased professionalism on the part of drug and alcohol abuse counselors would improve their ability to treat the complex problems of those who suffer from addiction. One person who testified on behalf of the proposal stated that the educational standards contained in the proposal would enable counselors to do a better job of helping those who suffer from debilitating effects

of addiction and compulsive disorders. Current training places undue emphasis on personal recovery experiences in the training and preparation of counselors. This person stated that personal experience and on-the-job training must be enhanced by formal education in order to provide the client with an optimum chance of recovery. He stated that this combination of experience and formal education is the accepted route to professionalism in all other medical and psychological disciplines. (pp. 27-28 of the Transcript of the Public Hearing)

Some of those persons who had concerns about the proposal stated that there is no need for the educational requirements contained in the proposal. One counselor stated that according to a recent survey of certified alcohol and drug abuse counselors in Nebraska, 93 percent of respondents had completed some post-secondary education. This survey also showed that 59 percent of respondents had completed a bachelor's degree, while 27 percent had completed a master's degree. This counselor stated that this survey shows that there is no need to require advanced degrees in the field of alcohol and drug abuse counseling because its practitioners are already in the process of getting them. (pp. 43-44 of the <u>Transcript of the Public Hearing</u>)

Some of those persons who expressed concerns about the proposal stated that they were supportive of efforts to upgrade the profession, but that they were skeptical of the way in which the applicant group is going about it. These counselors were in favor of a competency-based certification system that would be focused around a practical kind of education, as opposed to the academic type of education being advocated by the applicant group. (pp. 83-84 of the <u>Transcript of the Public Hearing</u>)

There was a consensus among the counselors who presented testimony on the proposal that transferring the certification of drug and alcohol abuse counselors from DPI to the Department of Health would be beneficial to the profession. There was agreement that this would eliminate any perception of conflict of interest in the certification process, as well as strengthen enforcement of the certification and practice requirements.

IV. Are there alternatives to the proposal?

Some of the those persons who expressed concerns about the proposal suggested that the applicant group consider modifying the proposal so as to provide for a "two-track" system for certification. Under this system, a counselor would chose one of two alternative routes to certification. One route would emphasize academic programs, while the other would emphasize practical experience. (pp. 44, 66, 84, and 91 of the Transcript of the Public Hearing) One counselor suggested that the applicants examine some aspects of the credentialing system used by the nursing profession. This counselor stated that counselors, like nurses could be required to fulfill basic college requirements, and then be required to have specialized training that applies to their profession. (pp. 48 and 54 of the Transcript of the Public Hearing) One counselor asked the committee to consider licensure as an alternative to certification. This counselor was concerned about the voluntary nature of certification. This counselor felt that licensure would better protect the public than certification. (p. 51 of the Transcript of the Public Hearing)

The applicant group responded to these concerns by stating that modifying the proposal to allow for a two-track certification process would not be consistent with the goal of providing adequate protection for the public. In their opinion a two-track process of the type described earlier would dilute the quality of counseling being done by giving people with very different qualifications the same credential. The applicants stated that such a system would make it difficult for the public to recognize qualified practitioners. (The Minutes of the Fourth Meeting of the Technical Committee on October 7, 1988)

V. Would the proposal result in additional costs to the public?

Those persons with concerns about the proposal stated that the educational requirements would create a burden for counselor trainees in western Nebraska. These persons stated that there is an insufficient number of degree programs in western Nebraska, and that gaining access to them in many cases would require commuting over long distances. This would not only be an inconvenience, but a financial burden as well. (pp. 49, 50, and 76 of the Transcript of the Public Hearing) These persons stated that the proposal would also produce hardships for "mid-life" practitioners. They were concerned that mid-life practitioners would have to go back to school in order to become certified under the proposal. This could be a real hardship for those who have families to support. (p. 58 of the Transcript of the Public Hearing)

The applicants responded to these concerns by stating that there are training programs in place in western Nebraska. They acknowledged that these programs may not always be conveniently located, but added that this is a problem that is not unique to western Nebraska. The applicants also stated that the grandfather clause contained in the proposal would address many of the concerns of mid-life practitioners. (pp. 18-19, 21-24 of the <u>Transcript of the Public Hearing</u>)

There was a consensus among the interested parties to the proposal that the costs associated with transferring the certification of drug and alcohol abuse counselors from DPI to the Department of Health would be money well-spent. All interested parties perceived this as a positive step in the direction of greater professionalism and accountability.

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COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

At their fourth meeting the committee members, with the consent of the applicant group, amended the proposal so as to substitute a three-tier certification system for the two-tier certification system requested in the original version of the proposal. A middle tier has been added, which provides for three years of experience in the field and grants reciprocity to those not holding a bachelors degree.

The committee members then took action on the four criteria of the credentialing review statute. Regarding the first criterion, the committee members unanimously agreed that the proposal satisfactorily demonstrated that significant harm to the public would result if alcohol and drug abuse counselors were not regulated.

The committee members unanimously agreed that the proposal did not pose any significant new danger to the public health and welfare. The committee members felt that the benefits of the proposal overshadowed concerns that were raised about the restrictiveness of the proposal.

The committee members unanimously agreed that the proposal would benefit the public health and welfare by providing additional assurance that those who are certified are in fact qualified to provide the full range of services associated with drug and alcohol abuse counseling.

The committee members unanimously agreed that the proposal was the most cost-effective means of addressing the harm that was identified in the proposal. By this action, the committee had decided to recommend approval of the proposal to subsequent review bodies.

The committee members unanimously agreed that the Legislature should include an appropriate board of examiners to fit a three-tier system of certification.

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OVERVIEW OF COMMITTEE PROCEEDINGS

The Alcohol and Drug Abuse Counselors Technical Committee first convened on June 29, 1988 in Lincoln at the Nebraska State Office Building. An orientation session given by the staff focused specifically on the role, duties, and responsibilities of the committee under the credentialing review process. Other areas touched upon were the charge to the committee, the four criteria for credentialing contained within Section 21 of the Credentialing Review Statute and potential problems that the committee might confront while proceeding through the review.

The second meeting of the committee was held on August 12, 1988, in Lincoln at the Nebraska State Office Building. After study of the proposal and relevant material compiled by the staff and submitted by interested parties between the meetings, the committee formulated a set of questions and issues it felt needed to be addressed at the public hearing. Contained within these questions and issues were specific requests for information that the committee felt was needed before any decisions were made.

The committee convened on September 2, 1988, in Lincoln at the Nebraska State Office Building for the public hearing. Proponents, opponents, and neutral parties were given the opportunity to express their reviews on the proposal and the questions raised by the committee at their second meeting. Interested parties were given ten days to submit final comments to the committee.

The committee met for the fourth meeting on October 7, 1988, in Lincoln at the Nebraska State Office Building. At this meeting the committee with the consent of the applicant group amended the proposal. Jeff Baldwin moved that the committee approve an amendment which would

substitute a three-tier certification system for the two-tier system requested in the original proposal. Glenda Day seconded the motion.

Voting aye were Baldwin, Day, Dickinson, Ladegard, Magrath, Rohren, and Williams. There were no nay votes or abstentions.

The committee then formulated its recommendations on the proposal by taking action on the four criteria of the credentialing review statute. Bruce Dickinson moved that the proposal satisfies the first criterion. Jeffrey Baldwin seconded the motion. Voting aye were Baldwin, Day, Dickinson, Ladegard, Magrath, Rohren, and Williams. There were no nay votes or abstentions.

Terry Rohren moved that the proposal satisfies the second criterion. Vicki Ladegard seconded the motion. Voting aye were Baldwin, Day, Dickinson, Ladegard, Magrath, Rohren, and Williams. There were no nay votes or abstentions.

Bruce Dickinson moved that the proposal satisfies the third criterion. Glenda Day seconded the motion. Voting were Baldwin, Day, Dickinson, Ladegard, Magrath, Rohren, and Williams. There were no nay votes or abstentions.

Vicki Ladegard moved that the proposal satisfies the fourth criterion. Glenda Day seconded the motion. Voting aye were Baldwin, Day, Dickinson, Ladegard, Magrath, Rohren, and Williams. There were no nay votes or abstentions. By this action, the committee had decided to recommend approval of the proposal.

Terry Rohren then moved that the committee recommend that the Legislature include a board of examiners for this profession that would be appropriate for its three-tier certification system. Glenda Day seconded the motion. Voting aye were Baldwin, Day, Dickinson, Ladegard, Magrath, Rohren, and Williams. There were no nay votes or abstentions.