

CORE NEWS

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REMEMBERING: Dr. Donald C. Linkowski



We have lost a truly great friend, colleague, educator and caring human being. Don officially retired from George Washington University in December, 2005, and had just moved to his new residence in Florida. According to faculty at GWU, Don evidently passed away suddenly on Sunday, January 8 at his new home.

Don will be remembered for many contributions to the rehabilitation field and for his involvement in numerous professional organizations and initiatives. The breadth and scope of his exemplary leadership and expertise during his career are well known. Any rehabilitation educator who is knowledgeable about the individuals who have made outstanding contributions to rehabilitation counseling and rehabilitation education over the years would

identify Don Linkowski as one of the significant leaders in our profession.

For some he will be remembered for his scholarly contributions to the literature, his professional service as a leader of several rehabilitation and counseling organizations; and for others for his involvement, skills, and competence as a teacher, consultant, administrator, and researcher in the field of rehabilitation.

Don graduated with a master's in rehabilitation counseling (1963) and a Ph.D. (1969) from the State University of New York at Buffalo. He was one of the earliest certified CRCs in the country and licensed LPCs in the District of Columbia. He had served at George Washington University since 1967 as a faculty member; Director of a RRRI on Attitudinal, Legal and Leisure Barriers; Specialist in the RRCE Program; and Department Chair. He was perhaps best known nationwide for his development and research on the Adaptation to Aging Scale (ATA), the Acceptance of Disability Scale (AD), and the Global Efficacy Scale (GSE). Don was the President of NCRE in 1977-78 and served as the Executive Director of CORE (2001-2004). During his career he served as President of ARCA (1979-80), President of CORE (1989-1993), and Member of the Governing Council of ACA (1994-1997). He was also a life member of NRA and Chi Sigma Iota.

In addition to professional service and involvement, he was recognized for his knowledge, consultation expertise, and research efforts on various projects. He testified many times before committees in the U.S. Senate and House of Representatives dealing with reauthorizations and appropriations supporting rehabilitation education and research. He had continued his interests in aging and rehabilitation by serving as a consultant/educator to agencies and programs in several foreign countries.

Don was respected by his friends and colleagues more for who he was rather than for what he accomplished. He was always level-headed and

CORE PRESIDENT'S REPORT 2005

Dennis R. Maki, Ph.D., CRC



patient and had a way of articulating issues in a manner that did not offend or communicate criticism of someone's position or attitudes. He was willing to serve on committees and communicated a refreshing optimistic perspective on controversial issues. Don never let his personal health problems deter him from obligations and opportunities to help in the efforts to promote rehabilitation education, research, and service. He was always an informed individual who was dependable and knowledgeable. Those who knew Don well also know how devoted and supportive he was to his son and daughter. I believe many of us wish or hope we will be able to look back on our careers and see that we accomplished half of what Don did in his career.

Most of all, rehabilitation educators will miss his attitude and the model of professionalism he communicated. It has been a privilege to benefit from his friendship, leadership, and influence over the years. Don will be missed in many ways.

On behalf of CORE and Don's many friends,

Marvin D. Kuehn, Ed.D., CRC
Executive Director of CORE

ITEMS OF INTEREST

2005 CORE Profile

The 2005 CORE Profile has been completed and may be viewed on the CORE website (www.core-rehab.org). The profile has summary data on a variety of items for all CORE accredited programs.

CORE/CACREP Merger Discussion

A document entitled "Should CORE be part of a new accreditation organization" by Maki and Kuehn, can be viewed on the CORE website as well (www.core-rehab.org). It summarizes some of the factors that CORE currently believes are important in discussions about a possible merger between CORE and CACREP.

The potential for a merger between CORE and CACREP is currently the topic of a national discussion. CORE originally began consideration of such a merger subsequent to adopting its Strategic Position for 2005-2010. At that time, CORE unanimously affirmed that rehabilitation counseling is a specialty area of practice within the counseling profession. Seventy percent of the respondents to the May 2005 CORE survey also responded that they believed rehabilitation counseling is a specialty area within the counseling profession and not a distinct and separate profession. The professional identity of a rehabilitation counselor as a counselor was also endorsed by CACREP and the Rehabilitation Counseling Consortium (CORE, CRCC, ARCA, NRCA, NCRE, CARP, IARP, and ADARA).

We must clearly and consistently proclaim that we are counselors first, as evidenced by our Standards of Practice, accreditation standards, and certification requirements. We must encourage all rehabilitation counselors to be involved advocates to their state licensure boards and get involved with their state licensure boards. To embrace our core identity as counselors is not incompatible with or disrespectful to the rehabilitation counselors who choose to work in areas of practice that are not titled counselor or primarily counseling in function. It is, in fact, embracing the broadest scope of practice possible. With the use of our counseling skills as well as our rehabilitation expertise, we may do other functions such as case management, advocacy

and/or consultation. This should not confuse our identity as counselors. Over the years with the growing diversity of clients served and employment settings, the role of the rehabilitation counselor has evolved so that the functions and competencies of individual practitioners have expanded as well. It is clear that counseling skills are an essential component of all activities undertaken by the practitioner throughout the rehabilitation process. It is the specialized knowledge of disabilities, the disability experience, and the socio-political-environmental factors that impact people with disabilities combined with counseling skills, that serve to differentiate us from social workers, other counselors and other rehabilitation professionals in today's service environments (Jenkins, Patterson & Syzmanski, 1992, Leahy & Syzmanski, 1995). There are some understandable fears that our identity would be jeopardized if CORE were to merge with CACREP. I am convinced that rehabilitation counselors will not allow this to happen. Individuals with disabilities will continue to require our specialized counseling services and rehabilitation counselors will not let them down.

CORE is not broken and in need of fixing. CORE's primary responsibility is to maximize its service to rehabilitation graduates, their consumers and the profession as a whole. The question it is asking itself is how can it best serve these constituencies? Any change that is considered requires an assessment of how it will benefit CORE and what it will "cost" CORE. We must also consider what the change will allow CORE to contribute to others. Our identity will be maintained if a merger occurs. Assurances for this are clearly and consistently a part of our discussions and deliberations. Rather than losing our identity, we believe that by joining forces with the collective power of all professional counselors we will be able to expand and enhance our professional identity. CORE's ultimate responsibility is to set curriculum standards that ensure that rehabilitation counselors are prepared to provide quality rehabilitation services to individuals with disabilities. The quality of preparation of rehabilitation counselors is an important factor in the identity of rehabilitation counseling, but it is not the defining factor. CORE will assume its responsibility to work collectively with NCRE, ARCA, NRCA, the RC Consortium, CSAVR and

other relevant professional entities to sustain and enhance the identity of rehabilitation counseling as we move forward into the 21st century.

Rehabilitation counseling's accreditation standards and certification standards are both clearly aligned with its identity as a counseling specialty. The revised standards parallel CRCC's conjunctive scoring protocol, which requires an applicant to pass both the counseling and rehabilitation sections of the CRC exam. The 2004 CORE Standards are based on the CRCC's Knowledge Validation studies, input from multiple stakeholders, and extensive deliberations by both the Commission and Council over a two-year period. The revised Standards were intentionally reconfigured to parallel CACREP's first eight general counseling standards. The eight parallel curriculum standards include: C.1 Professional Identity; C.2 Social and Cultural Diversity Issues; C.3 Human Growth and Development; C.4 Employment and Career Development; C.5 Counseling and Consultation; C.6 Group Work; C.7 Assessment; and C.8 Research and Program Evaluation. Two additional specialized rehabilitation counseling standards are: C.9 Medical, Functional, Environmental and Psychosocial Aspects of Disability; and C.10 Rehabilitation Services and Resources. Without acceptable coursework covering the final two areas and the internship supervised by a CRC, no one can neither claim the identity of rehabilitation counselor nor become a CRC. This strategy requires the accredited master's programs to prepare its graduates in both the counseling and rehabilitation competences. Should a merger occur, a program would not be required to comply with both CORE and CACREP Standards to be accredited. It would have to comply with one set of standards as it does now with eight counseling standards and two rehabilitation standards. Both CORE and CACREP require a minimum of 48 semester hours. In 2004-2005, CORE programs averaged 54.5 semester hours.

For the sake of professional identity, it is imperative that we are clear in our position that counseling is our profession and rehabilitation counseling is our specialty practice area of that profession. Statements to the contrary will continue to confuse the public and other professionals as we seek to be

included in counselor licensure and enter the competitive marketplaces that require counselor credentials. For a number of reasons, the identity of rehabilitation counseling has been confusing to other professionals. At this point, unity under the professional title of “counselor” is critical. In the tradition of professions, we must advocate for licensure for the counseling generalist and certification for the rehabilitation specialist. In this way, mandatory state regulation of licensure can combine with voluntary national specialization certification to protect consumers of rehabilitation counseling services. Rehabilitation Counseling’s Code of Ethics will continue to guide practice and serve as an important protection for consumers.

The question has been raised as to the rationale for merger discussions. The most fundamental reason for merger lies in the fact that there are two distinct entities that both accredit counseling specialty programs. This is a source of significant confusion, which has been particularly problematic when communicating with state licensure boards. The Council for Higher Education Accreditation (CHEA) has questioned the need for two separate accreditation agencies for counseling and CORE and CACREP have both discussed the possibility of a closer working relationship over the past several years. These discussions rose to a higher level between the respective Executive Committees of CORE and CACREP over the past year. The two Executive Committees are seriously exploring the costs and benefits of merging our operations in order to strengthen the counseling profession and provide clarity to the publics we serve. The process is only in the beginning stages, but the two groups have agreed to examine their options and to determine our readiness to appoint a joint merger task force. Throughout these discussions, CORE’s overriding consideration has been the best interest of the profession, rehabilitation counseling graduates, and the persons with disabilities they serve. This has become increasingly important as we work to ensure that rehabilitation counselors have access to the credentials and employment settings for which they are qualified, especially where counselor licensure is involved.

We have a responsibility to prepare rehabilitation counseling students for maximum return on their

education investment, as well as respond to future demands of the labor market. According to Bureau of Labor Statistics, professional counselors held approximately 526,000 jobs in 2002. Of that number, 228,000 were educational, vocational or school counselors; 122,000 were rehabilitation counselors; 85,000 were mental health counselors; and 67,000 were substance abuse and behavior disorder counselors. The 2004-2005 CORE Profile indicates that of the 1,156 graduates last year that were employed, 39% went to work for state vocational rehabilitation (VR) agencies while the remaining 61% are employed in other settings. In 2002-2003, 44.4% of the graduates went to work for state VR agencies. While unexpected, it will be important for educators to consider the impact on our graduates’ employment options should RSA no longer enforce the qualified provider criteria, particularly the possession of a master degree.

Currently only 8 states identify CORE-accredited schools while 14 states identify CACREP-equivalent programs as meeting the educational requirement to sit for the licensure examination. CORE program graduates could potentially have access to licensure in 22 states. It should also be noted that 11 of the 48 states include passing the CRCC examination as acceptable for their license. Currently, 48 states plus the District of Columbia and Puerto Rico license counselors. Each state licensure board establishes its own criteria for eligibility specifying accreditation and examination standards. It is critical that rehabilitation counselors and educators become advocates and more importantly get appointed to their state licensure boards to ensure inclusion for rehabilitation counselors, CORE, and CRCC in their regulations.

The American Association of State Counseling Boards (AASCB) has recently adopted its Portability Policy and established the National Credentials Registry (NCR) which will facilitate moving a counseling license from one state to another. To be eligible for the NCR, a person must graduate from a program with the eight general counseling standards referenced above; thus, graduates of either a CORE or CACREP program would meet this criterion. In addition, the Portability Policy names CRC and the NCE as examples of acceptable exams for purposes of state

licensure. Now it is up to each state to determine if they will buy in to the Portability Policy. The Portability Policy is clearly in the interest of rehabilitation counselors and it is consequently important for counselors and educators to become active advocates in their respective states.

Rehabilitation counselors were almost omitted from this policy just as they were almost overlooked as with some state licensure laws because state board representatives believed that CACREP was the only accrediting body for counseling specialties. Unless rehabilitation counselors participate in these kinds of decisions, we will simply be excluded. CACREP is already an influential player in deciding consumer protection laws. CACREP, NBCC, and ACA were visible and involved early on in licensure and portability efforts therefore became influential with the policy makers. Rehabilitation counseling organizations had very low profiles throughout much of the process. We were challenged (and continue to be challenged) with, *“You say you are not counselors. You say that you are a separate profession.” “ Why should rehabilitation counselors be included in these initiatives? You did not contribute or assist in their establishment.”* Now that we have affirmed our identity we must speak with one voice: We are counselors. Failure to do this is counter to our best interests. Our isolation from the rest of the counseling profession and the other specialties has not served us well...and could be even more problematic for future rehabilitation counselors.

The counseling field in general and rehabilitation counselors in particular are stronger if they present a unified front for lobbying as the profession of counseling competes with social work and psychology in the marketplace. At this point, rehabilitation counselors are at a political disadvantage. Most counseling-related professionals are not familiar with our specialty. Decisions to distance ourselves from ACA and APA in the past have resulted in missed opportunities for collaboration, linkage, and unification. Collaboration with other counseling specialties will increase public and professional awareness of the uniqueness of rehabilitation counseling and its significance in the lives of individuals with disabilities. Instead of being threatened, our identity

will be solidified as we work with thousands of other professional counselors to influence policies and regulations that affect the recipients of counseling services, and the credentials of the professional counselors who provide those services.

A merger between CORE and CACREP raises understandable concerns on the part of coordinators of undergraduate rehabilitation programs. Those concerns have been an issue of consideration. CORE has invested in the development of its Registry for undergraduate programs and wants to protect that investment because of what undergraduate programs can contribute to the rehabilitation field. Our first choice is to ensure that undergraduate education in rehabilitation and disability studies is recognized as an important component of the disability and human service delivery system and a key source for future graduate students in counseling and related programs. If a new accreditation organization emerges with CACREP, this recognition should be an important consideration as discussions continue. Should the merger plan not include undergraduate programs, it is very possible that the Committee on Undergraduate Education (CUE) can effectively pursue accreditation of undergraduate programs by collaborating with another CHEA-recognized organization. A move in this direction would have the benefit of whatever support CORE could provide. A decision on the continuum of programs to be embodied in a new accrediting body has not been made; however, it will be a consideration in developing a merger plan.

CORE’s deliberations of a possible merger have been driven exclusively by what it believes are the best interests of rehabilitation counselors. We are approaching it as an opportunity to structure a merger in a way to strengthen the identity of rehabilitation counseling. Currently, I believe CORE’s thinking supports the following actions and priorities:

1. CORE and CACREP will dissolve and a new accrediting body will be created with a new name. The new body will accredit counselor education programs and all the counseling specialty areas. CORE will not be subsumed by CACREP.

2. The governance of the new accrediting body will be constituted by public members who represent the functions and needs of the organization in the general and the specialty areas, including rehabilitation counseling, in particular. Professional organizations will no longer make appointments to the board thereby ensuring an independent decision making body.
3. There must be a clear and continuing presence of rehabilitation counselors or educators on the board proportional to the other specialty areas.
4. Recognition of undergraduate education in rehabilitation and disability studies should be continued as it contributes to the potential number of future graduate students in counseling related programs.
5. The organization would have a centralized administrative office with a staff knowledgeable about and supporting the accreditation of the rehabilitation counseling programs.
6. The structure of the Standards will remain the same for both general counseling and specialty program standards. There will be a clear set of rehabilitation counseling specialty standards. When a rehabilitation counseling program is reviewed, there must be a qualified rehabilitation counselor or educator assigned to the program's accreditation team.
7. Accreditation decisions would be made by the board based on review of the evidence provided.
8. CORE believes that the CORE student, alumni, and employer survey data would continue to be used in order to provide empirical mechanisms as part of the specialty accreditation process. CORE will strongly recommend that all specialties adopt this process.
9. The rehabilitation counseling standards will continue to be based on the CRCC Knowledge Validation study and input from various stakeholders. A clear authority to a panel of rehabilitation counselors or educators to review and revise our specialty standards must be guaranteed.
10. The CRC credential will be recognized as the primary specialty credential for rehabilitation counselors and educators in defining a qualified rehabilitation counselor and educator.
11. The CRC will remain the certification for rehabilitation counselors and the credential for clinical supervisors in accredited rehabilitation counseling programs.
12. Should the two organizations agree to merge, CACREP and CORE will obtain financial and legal counsel regarding the options for and consequences of merger prior to any further action.
13. CORE and CACREP currently have differing application, review, and annual fee structures. A new fee structure will need to be discussed with a transition plan should consolidation take place.

From CORE's perspective, these assurances are fundamental to a merger.

After two-years of serious study of the issues, both individually and collectively, the CORE and CACREP Executive Committees drafted a Memorandum of Understanding (MOU) for consideration at their respective organization's 2005 Annual Meetings. CORE's relationship with CACREP in general and the details of the proposed MOU in particular were discussed at the CORE meeting on July 16-17, 2005. The MOU was approved by both boards. The boards agreed to appoint a joint task force to develop a merger plan. CORE unanimously passed a motion to ensure that its respective stakeholders received comprehensive information about the proposed merger and had ample opportunity to provide input on it prior to further action. CACREP has informed us that they are interested in continuing efforts toward developing a viable a merger plan and will await CORE's process of educating and receiving input from our constituents. Based on our discussions, both Boards have agreed to release the following joint statement:

Over the next several months, the CORE and CACREP Boards will continue to discuss issues relevant to merging the two accrediting organizations. Once the CORE Board completes its review of constituent reactions to the

proposed merger, the two boards will jointly determine how to move forward with a detailed merger plan of action. No timeline has been set for release of this information.

CORE is committed to contributing a responsible and thoughtful study of the issues for and against a merger. There is no undue sense of urgency and this need not be a rushed process. But it is counterproductive for it to drag on endlessly. We are in the process of educating and communicating with our constituents. On behalf of the Council, I want to urge you to add your commentary and opinion on this important proposal through the CORE list serve. Be assured that your comments will be given serious consideration prior to any further action by CORE.

Executive Director's Report
3/1/05 – 12/31/05
Marvin D. Kuehn, Ph.D., CRC

Since being asked to assume the position as Executive Director I have been fortunate to have outstanding assistance and input from many individuals. The responsibilities have been varied, interesting and challenging, yet rewarding. The concept that **“one never understands the decisions others make until you have to make them or walk in their shoes”** has been validated by my experience. CORE was fortunate to have the services of Dr. Don Linkowski for many years as he was a member of the Commission, CORE, and most recently the Executive Director of CORE. Don stepped down from this position on March 1, 2005 after serving in this capacity for the last three years (see memorial to Don in this issue of the newsletter).

A few words of appreciation are appropriate for Sue Denys in the CORE office who has helped in numerous ways to provide information to me or complete administrative tasks to address the daily or weekly concerns/issues that have come to our attention. Sue is the glue that keeps things together and who reminds leadership of the tasks or decisions that need to be addressed. Her contributions and insight often make many of us look like we are doing a great job. Also the Foundation has provided excellent support to CORE

and Susan, Staci, and Cindy need to be commended for their help during the year.

Even though new Standards were adopted in July 2004 all programs reviewed in 2005 followed the old Standards. During the review process in the spring of 2005 several questions about the interpretation of the D Standards arose, and in March and April 2005, members from both the Commission and CORE re-examined the D Standards and proposed adoption of a revised set of standards for Section D. These changes are reflected in the new Accreditation Manual distributed in October 2005 and on the CORE website. It is believed this section is now much easier to read and understand.

Probably the two most important tasks that were completed were the revision of the Accreditation Manual and the Coordinator's Preparation Manual for RCE Accreditation. Revisions that included the new standards also required that new definitions be added to the glossary of the Accreditation Manual; those have now been completed. A number of other suggestions were prepared for the CORE Annual Meeting in July that related to the interpretation of new standards and procedures that CORE follows in reviewing programs. Examples of the issues were provided the Commission and CORE, and several changes were approved. Several items needed further study and review and will be considered at the Mid-Winter Board Meeting of CORE.

A significant project that was completed was the development and refinement of the three survey instruments, three cover letters, and three instruction forms needed for the new standards. Valuable assistance was provided in the revision of the forms by Carluccio, Evenson, Marini, Maki, Denys, and Kuehn.

The adoption of new standards also required the revision of the format of the Preliminary Review Committee Report. Review of this report form suggested additional changes should be implemented in the structure and contents of the Final Review Committee Report. All of these revisions were time-consuming but should result in some expense reduction of the budget since CORE will now own the computer analysis procedures

necessary to complete the research-survey aspects of the accreditation process.

After all these surveys and report forms were finalized, the revision of the Individual Reviewer Assessment Form (IRAF) was completed. It is hoped this is the last major form that needs modification to be consistent with the new standards. Because of the restructuring of Sections C and E, the IRAF needed a lot of revisions and reformatting. After we examine any problems that may arise with the review process this Spring, additional modifications are planned to permit the completion of survey forms on-line. This should allow CORE to save time and money as well.

There were two meetings in the spring that I would have enjoyed attending, but the timing was a problem as well as the expense that would have been incurred. I was able to attend the CHEA meeting in early July; several issues were discussed there that have implications for CORE and future policy changes. It is my opinion that communication with ASPA and CHEA should continue and that when a new Executive Director is hired, that he/she attend summer and winter meetings of these two organizations if at all possible. There is considerable expense for these meetings; however CORE will be saving \$2,000 in the coming year as yearly dues have been eliminated for involvement in CHEA. The opportunity to interact with other executive directors provides tremendous benefits as you can learn how other accrediting organizations have addressed similar administrative and accreditation issues.

The participation of CORE at CHEA and ASPA meetings is important for several reasons. It allows CORE to understand the directions that accreditation is moving, primarily in response to new amendments to the Higher Education Act. Two areas need to be examined by CORE for possible revisions in our policies: (1) accountability related to public disclosure policy, and (2) increased focus on educational outcomes. What can we and should we disclose about the accreditation review of a program? What objective outcome measures can we rely upon as part of a program's review? Should the results of these measures be disclosed to the public?

Involvement at these professional meetings should assist CORE in making wise decisions about process and policy.

A brief summary of the responses obtained in the CORE On-line Survey in May was prepared and made available (see article in this issue of the newsletter). Aside from the objective data obtained, the comments at the end of the survey were very interesting and provided a sort of "attitudinal perspective" about what individuals feel and what needs improvement in CORE. The survey results provided some excellent feedback on several topics which should be helpful in responding to new initiatives and establishing priorities during the coming months.

Another time-consuming activity was the revision and editing of the *Site Visitor Manual* and the development of a PowerPoint presentation that could be used in site visitor training. Since the manual reflects policy and procedures related to site visits it was important to have a few individuals review it to make sure everyone agrees with the interpretations included in the manual. Site visitor training (using a new PowerPoint presentation) was held for members of CORE and the Commission in July, 2005, and another training session was held for twelve individuals at the NCRE/RSA/CSAVR Conference in October in Washington, DC.

I was invited to participate in two meetings of the Committee on Undergraduate Education (CUE) in Memphis in June and Washington in October. A report from CUE is included in this issue of the CORE News. Briefly, CUE continues to be interested in the accreditation of undergraduate rehabilitation programs. They have spent considerable time and effort developing procedures to recognize undergraduate programs but I believe are experiencing great frustration with the response of CORE to the value of CUE programs and services to individuals with disabilities. They have great interest and perhaps apprehension about the question of merger of CORE with CACREP and strongly support a well-developed career ladder for training programs. Issues related to identification and recognition may create significant barriers to continuing relationships between CORE and CUE.

A project that has been started but not completed is the improvement of the CORE website. Several ideas have been discussed and I hope we will be able to finalize some changes with the new Clearinghouse at Utah State University to make the website more user-friendly. I am also working on a FAQ (frequently asked questions) section that could be added to the website.

An important project that is on the horizon is the preparation of CORE's Five-Year Interim Report for CHEA. This report is due in September of 2006; it is my understanding this report is very important. It is a progress report and my review of the guidelines for preparing the report indicates a lot of work has to be done. I have started a folder for materials that will be needed for the report.

A last project that has not yet been completed is the revision of the Annual Program Progress Report. A committee of the Commission is reviewing the report format and suggestions are expected by April 1, 2006, to minimize confusion about information requested on a few items on the report form.

A few individuals have asked exactly what the Executive Director of CORE does. It was suggested it might be helpful to share what has been happening in the CORE office and to list some of the major tasks or activities that have been given attention since March 1, 2005. As Executive Director I have worked closely with three key individuals usually having weekly contact with Dr. Maki, and I have copied Dr. Maki, Dr. Carluccio, and Sue Denys on all correspondence that I felt was important for them to be aware.

The duties of the Executive Director are primarily administrative involving timely communication and information about CORE accreditation standards and procedures. I recommend basic policies that will further the objectives of CORE, attend national professional meetings of accreditation organizations to which CORE belongs, prepare reports and establish meeting agendas, revise manuals and forms, conduct site visitor training, and work with Sue Denys as she monitors and completes daily responsibilities in the CORE office. The position is a part-time position due to budget limitations. The President of CORE is the main representative to the

public and articulates the issues and concerns that must be addressed by the Commission and CORE. If more information is desired a daily log and the tasks and activities of the Executive Director is maintained in the CORE office.

Suggestions (Questions) for Consideration for 2005-2006: I felt it might also be important to share some of the issues and topics that have created confusion or been difficult to answer in recent months. Responses to many of these questions and issues have implications for accreditation policy and/or curriculum (interpretation of standards).

Nearly every procedure change or decision involving the interpretation of standards has implications for other documents and policy. Occasionally the bylaws have implications for changes in policy. Discussion and input need to occur and be obtained on most issues. Adoption of significant changes should be considered carefully. Some members of the Commission and CORE are new and need to have opportunities to increase understanding of the issues before voting for or against changes in policy and interpretation questions. The following are a few of the suggestions that may need consideration in 2006.

1. The future direction/priorities of CORE, value of undergraduate rehabilitation education, relationships with CACREP, changing employment patterns of graduates, the recruitment of students to RCE programs, need for changes in the dues structure, the overall CORE budget analysis, and implications of whether there should or should not be any changes in the organizational structure (representation) of CORE, all need to be considered; the job description, salary, and time expectations of the Executive Director also need careful review.
2. There are several issues that relate to the revised standards. A list of various topics and questions has been developed because questions arose during recent site visits, or phone calls were received about the interpretation of a statement in the standards. Clarification of many of these is important as they are areas where site reviewers must make assessments. Consistency

in assessments is always desired; inconsistency in interpretation has been the source of some irritation or frustration for a few program coordinators.

3. CORE needs to discuss how and when currently accredited programs (under old Standards) should implement and respond to the new 2004 Standards. Will procedures or the information requested on the Annual Program Progress Report need to be changed to assist programs in meeting new standards? This needs to be resolved soon so programs can plan how they will meet the changes and develop a time frame for their accomplishment.
4. For the immediate future and programs that have applied for re-accreditation in April 2005, what information is necessary for program coordinators to have about the new standards? Program coordinators will receive (1) the *Coordinators Manual for Preparing for CORE Accreditation* and (2) the *Guidelines for the Self Study Document*. Both include the new standards with the revised Section D-Clinical Experience for the Standards. Would it be helpful to identify the key changes, topics, or procedures that program coordinators may have overlooked in reviewing the new standards? A summary of changes has been submitted for the CORE News that should be available to everyone in January 2006.
5. A new fee schedule for accredited programs of CORE needs to be considered. Due to increasing administrative costs and the fact that dues have not been increased in nearly 10 years, it is time to consider a significant increase in the dues structure for accredited programs. A small committee may wish to examine the implications and needs and then submit a proposal to CORE for implementation in the coming year. Programs should be given at least a year advance notice that fees will be increased and by how much.
6. Related is the question, "Is it acceptable to have two accredited RCE programs at one Higher Education Institution?" Can a consortium of institutions work together to offer an accredited RCE program (via distance education)? Which institution has the accredited program? Can a program offer a campus-based program of 60 hours and an on-line program of 48? It is

recommended that this be discussed soon as there is a program that desires to have two rehabilitation counseling programs at the same institution with the programs being housed in two different departments. A formal request has been received asking for guidance on this issue.

7. What standard should apply, relative to qualifications for part-time faculty (distance education faculty)? Is it assumed faculty rank, as referenced in E.6 of the standards, can mean at any institution?
8. In the Section D Standards, can supervision hours in practicum and internship be counted as part of the direct contact hours for a student? Can supervision hours be counted toward the total hours of contact in the field experience?

Each of the above topics was included because a question has either come up in the past or an issue has developed for some reason. The intent of these suggestions is to create an awareness of things that may need to be examined, considered, or changed. Attention to some of these recommendations may have real significance for the accomplishment of these objectives (mission, quality, relevance, etc.) and the continued growth of CORE.

Summary: The challenges for CORE in the future are multi-faceted. Significant decisions will likely be made in the next few months regarding the priorities and future of CORE. The future of CORE will be determined by the commitment and vision of individuals nominated and appointed to the Commission and CORE. With the changes in the employment markets for graduates and the funding issues in higher education, determining the types and ways rehabilitation education program graduates will assist individuals with disabilities will require much discussion, evaluation, and reflection.

Finally, I am most appreciative of the assistance provided by Sue Denys for her reminders and management skills throughout this past year. Her experience and helpful attitude made my job do-able and even fun (well, maybe enjoyable). In addition, the members of CORE and the Commission have continued to keep informed, communicate regularly with the respective groups they represent, and evaluate issues carefully to support a meaningful accreditation process and

effective decision making. I am confident that we are making a difference in our roles for CORE.

Respectfully,
Marvin (Marv) D. Kuehn

Opening for Public Member on CORE

Letter of interest, resume, and recommendations due by April 1, 2006.

The by-laws of CORE require that there be two public members (at-large) on the Council. CORE needs to fill one position of at-large (public) member. **CORE is looking for someone** who has a strong interest in professional standards and accreditation in rehabilitation education and would be interested in serving on the Council. CORE establishes policy and standards for graduate rehabilitation counseling programs and assists in the development of university-based rehabilitation education programs. CORE also supports a Registry for undergraduate programs in Rehabilitation and Disability Studies. CORE is seeking a consumer of rehabilitation services who is not directly associated with an academic program in rehabilitation at the present time. The following qualifications are important:

1. Interest in rehabilitation education standards and accreditation
2. Knowledge of academic programs in rehabilitation education
3. Understanding of credentialing issues, advocacy, and employment opportunities for graduates of recognized programs
4. Be a recipient (consumer) of vocational rehabilitation services
5. Can represent perspectives of individuals with disabilities and the public in general
6. Understands both the rehabilitation and counseling fields
7. Not currently be employed in an academic rehabilitation education program

CORE usually has one, 2-3 day meeting the second or third week in July in Rolling Meadows, IL, and a 1-2 day mid-winter meeting. The appointment is a volunteer position but all travel expenses and related expenses are paid by CORE to attend annual

meetings. CORE would like to find someone who would be willing to serve 3-5 years that would like to help continue efforts to enhance rehabilitation counseling and rehabilitation education services through improved preparation standards in academic institutions.

If you are interested or know of individuals who you could strongly recommend, please encourage them to apply. If you have any questions feel free to contact Dr. Dennis Maki, President of CORE dennis-maki@uiowa.edu, or Dr. Marvin Kuehn, Executive Director of CORE, at kuehnmar@emporia.edu. Letters of interest, an updated resume, and two supporting recommendations should be submitted to Sue Denys, CORE administrative assistant, in the CORE Office by April 1. **ALL MATERIALS MAY BE SUBMITTED VIA EMAIL TO:** sdenys@foundrehab.org. CORE will follow-up and arrange phone interviews with applicants that are being considered. CORE would like to approve an appointment by April 15, 2006.

2005 CORE Standards: Significant Changes Marvin D. Kuehn

The goal of these comments is to provide an opportunity for individuals to gain a greater understanding of the new accreditation standards for Rehabilitation Counselor Education programs adopted by CORE in 2004. Hopefully, greater understanding will result so programs and individual faculty can continue to enhance and improve academic programs or develop new programs.

BACKGROUND

CORE is required as a national professional accrediting organization, recognized by the Council for Higher Education Accreditation (CHEA), to conduct a valid and reliable accrediting process. To insure the relevance and credibility of CORE, a periodic review of CORE standards must occur; the review of CORE standards occurs at least every five years and sooner if necessary. The review process usually requires about two years. Opportunities are provided to accredited programs, appointing organizations of CORE, and other interested parties to submit changes to the standards. Proposed

changes are distributed for reactions and usually revised proposed changes are developed and made available for feedback. After further review CORE adopts new revised standards. CORE may review, revise, delete, or add individual standards at any time, provided that accredited programs and other interested parties are given an opportunity to comment before the standards are adopted.

MORE IMPORTANT CHANGES

(Changes are in bold type and underlined)

SECTION B: Program Evaluation

B.1 There shall be a written evaluation plan and this review **shall occur at least every four years.**

B.3 The results of the evaluation of the mission and objectives shall be communicated to institution administrators and CORE. (deleted: **with corresponding recommendations for further improvement, modification, and/or changes documented**)

BIGGEST CHANGE IN NEW STANDARDS

(Changes are in bold type and underlined)

In the last revision of CORE standards (1999-2004) there was a Section C – Curriculum and a Section E - Educational Outcomes. In the new standards (2004) these two sections have been combined into a new Section C. This new section still requires curriculum information (syllabi, etc.) and evidence from survey responses (students, graduates, and employers) where curriculum domains involving knowledge areas and outcomes are all addressed. Section C now includes 7 sub-sections (A-G) which follow.

SECTION C: General Curriculum

Requirements, Knowledge Domains, and

Educational Outcomes

- A. Graduates awarded master's degrees shall have participated in graduate study having earned a minimum of 48 semester hours or 72 quarter hours. **In states that require a 60 semester hour program, or 90 quarter hours for licensure for counselors, the program shall identify an additional 12 hours for those students desiring to qualify for licensure.**
- B. If equivalency provisions are used to meet the individual student requirement for graduation, the procedure and rationale for the equivalency provision shall be clearly documented and justified based on meeting the Section C Knowledge areas of the CORE standards. In no case may equivalency provisions result in a program with **less than 36 graduate semester or 54 quarter hours**, or be used for Section D.2 of these Standards.
- C. **The required curriculum of graduate study shall provide for obtaining essential knowledge, skills, and attitudes necessary to function effectively as a professional rehabilitation counselor, responding to the culture and rights of people with disabilities.**
- D. Course or unit syllabi must be made available, upon request by students, at the beginning of each new enrollment period and include, at a minimum:
- course/unit objectives;
 - content areas;
 - texts or required readings;
 - student evaluation criteria; and
 - **information on reasonable accommodation process.**
- E. The program shall provide ongoing opportunities throughout the course of study for interactive and collaborative experiences with individuals with disabilities in a variety of roles and settings.
- F. **The program should make available to applicants, students, faculty, and supervisors information on disability services and reasonable accommodation process.**
- G. Study units or courses would include, but are not limited to, the following knowledge domains and would provide for the following

related outcomes. The last part of Section C now includes 10 Knowledge/Outcome Domains. The **previous Standards included 7 curriculum areas** which follow:

1. Foundations of Rehabilitation Counseling
2. Counseling Services
3. Case Management
4. Vocational and Career Development
5. Assessment
6. Job Development and Placement
7. Research

The **new Standards (2004) include 10 Knowledge/Outcome Domains.**

- C.1 PROFESSIONAL IDENTITY**
- C.2 SOCIAL AND CULTURAL DIVERSITY**
- C.3 HUMAN GROWTH AND DEVELOPMENT**
- C.4 EMPLOYMENT AND CAREER DEVELOPMENT**
- C.5 COUNSELING AND CONSULTATION**
- C.6 GROUP WORK**
- C.7 ASSESSMENT**
- C.8 RESEARCH AND PROGRAM EVALUATION**
- C.9 MEDICAL, FUNCTIONAL, AND ENVIRONMENTAL ASPECTS OF DISABILITY**
- C.10 REHABILITATION SERVICES AND RESOURCES**

In the review of programs seeking re-accreditation or accreditation for the first time, CORE is most concerned with evidence that these new areas are addressed in the curriculum. Programs need to make clear where and how these areas are addressed within the academic courses of the required program. It should be noted that evidence should include more than just revised syllabi. The site visit and the responses for survey groups become important sources for this evidence.

Individuals may recall that a unique strength of the CORE accreditation process is the emphasis on outcomes versus specific courses with limiting titles and credit hours. Programs may address

outcomes and knowledge domains in different ways. The challenge for program faculty are providing data that demonstrates how this is accomplished.

ADDITIONAL CHANGES

The major changes in the Section D Standards involved the organization of the standards and sub-standards with all aspects of the practicum experience grouped together and all aspects of the internship grouped together. A few changes in the wording of the standards are also noted:

SECTION D: Clinical Experience

D.1 Students shall have a minimum of 100 hours of supervised rehabilitation counseling practicum with **at least 40 hours of direct service to persons with disabilities.** Practicum students should have experiences that increase their awareness and understanding of the differences in values, beliefs, and behaviors of individuals from diverse populations. This sensitivity will promote cultural competence, foster personal growth, and introduce students to counseling approaches and rehabilitation issues that affect service delivery.

D.1.4 Practicum experiences shall include an average of one (1) hour per week of individual **or 1½ hours per week of group (with no more than 10 students/group)** supervision by a program faculty member or qualified individual working in cooperation with a program faculty member.

D.1.5 **When using distance education modalities, practicum supervision may be provided using a variety of methods such as video conferencing, teleconferencing, real time video contact, or others as appropriate.**

D.1.6 **In states that have specific practicum supervision requirements for counselor licensure, the program shall make the required supervision experiences consistent with the licensure requirements available to those students desiring to qualify for licensure.**

D.1.7 There shall be a progress review of all students enrolled in a practicum.

D.1.8 There shall be a written procedure for responding to students who do not demonstrate satisfactory practicum knowledge or clinical skills.

D.2 Students shall have supervised rehabilitation counseling internship activities that include a minimum of 600 hours of applied experience in an agency/program, **with at least 240 hours of direct service to individuals with disabilities.** Internship students should have experiences that increase their awareness and understanding of the differences in values, beliefs, and behaviors of individuals from diverse populations. This sensitivity will promote cultural competence, foster personal growth, and introduce students to counseling approaches and rehabilitation issues that affect service delivery.

D.2.3 For the internship, an on-site supervisor must be assigned to provide supervision throughout the internship experience.

D.3 Internship experiences shall include an average of one (1) hour per week of individual **or 1½ hours per week of group (with no more than 10 students/group)** supervision by a program faculty member or qualified individual working in cooperation with a program faculty member.

D.3.1 When using distance education modalities, supervision may be provided using a variety of methods such as video conferencing, teleconferencing, real time video contact, or others as appropriate.

D.3.2 In states that have specific supervision requirements for counselor licensure, the program shall make the required supervision experiences consistent with the state licensure requirements and available to those students desiring to qualify for licensure.

D.3.3 There shall be a progress review of all students enrolled in an internship.

D.3.4 There shall be a written procedure for responding to students who do not

demonstrate satisfactory internship knowledge or clinical skills.

SECTION E: Administration and Faculty

E.1.7 written evidence in university materials that specifies the transfer policy regarding graduate credit from other programs.

E.2.3 information on disability services and reasonable accommodation process disseminated and made available to applicants and students; and

E.2.4 prior to admission, information from the program shall be available Regarding the required access to technologies used in the program, their Expected technical competence, the program's curriculum design and timeframe in which courses are offered, the array of student services available from the institution, the learning expectations in the technology-based environment, and estimated time for program completion.

E.5 The qualifications of the full-time RCE Program faculty shall be appropriate to the program's objectives and to rehabilitation counseling in general in terms of:

E.5.6 faculty have been trained, mentored, and have available technical support in education methodologies:

provides training and support to participating instructors and students; assures the integrity of student work and faculty instruction; and facilitates the associated instructional and technical support relationships.

E.7 The ratio of full-time equivalent (FTE) students to (FTE) faculty should be no greater than 10:1. Programs should provide evidence of the institution's criteria/definition that is used for the calculation of FTE for students and faculty in the Self Study Document. For those programs not meeting this ratio, documentation shall be presented assuring that there is quality of educational outcomes and that student needs are met.

- E.8 The student-to-advisor ratio should be no greater than 20:1. For those programs not meeting this ratio, documentation shall be presented assuring appropriate student advising.
- E.9 The institution assures adequacy of technical resources, staffing, and technical assistance.
- E.10 Where applicable, the institution has policies pertaining to workload, compensation, and ownership of intellectual property resulting from distance education methodologies, and considers participation in such instruction for the evaluation of the faculty.

SECTION F: Program Support and Resources

- F.3 **The campus, its facilities, web sites, materials, media, etc., in compliance with state and federal laws, shall be accessible and usable by individuals with disabilities. Where barriers are present, the institution shall have a plan and time line for their remediation.** (previous standard has been expanded)
- F.4 **The program assures that university services are routinely available and are adequate from the standpoint of the student. These services may include: library, bookstore, technical, administrative, orientation, advising, counseling, or tutoring.**

*Note: The current CORE Accreditation Standards and glossary may be reviewed in the RCE Accreditation Manual which may be accessed on the CORE website. www.core-rehab.org

Future Directions for CORE: An Online Opinion Survey

Prepared by Marvin Kuehn, Executive Director of CORE

Background

In July, 2004, CORE developed and endorsed a strategic plan for the future. During the spring 2005 several concerns were discussed by the Executive Committee of CORE and it was felt that obtaining feedback on several questions would be helpful. To

obtain input quickly it was decided an on-line survey should be developed and emailed to a large number of rehabilitation professionals. A survey was developed and sent on May 5, 2005, to CORE-accredited programs (program coordinators), faculty/coordinators of undergraduate RSE programs, and all members of CORE and the Commission. Program coordinators were encouraged to invite colleagues and doctoral students to also respond. The survey sought to gather additional information regarding the issues and priorities identified in the strategic plan of CORE as well as opinions about program growth and the future of CORE.

We recognized that the month of May was a terrible time to request opinions due to end-of-year activities, but it was felt input was needed immediately due to decisions which have to be made within the next few weeks regarding implementation of new accreditation standards and in preparation for discussion at the annual meeting of CORE in July. The following summarizes responses to some of the main questions included on the survey.

Responses

Surveys were sent to 169 individual email addresses. 122 completed surveys were received. Some of the surveys were from individuals not included in the list of 169 individuals. The summary includes responses received by May 20, 2005.

Summary

Responses to a few questions that seemed most relevant are provided in the following list:

1. Of the 169 responses, 46% represented CORE program coordinators, 21% represented faculty in undergraduate programs, 16% represented faculty in doctoral programs, 18% represented students in master's or doctoral programs.
2. When asked about what credentials respondents hold, 90% indicated the CRC while 31% indicated LPC or LCPC.
3. 63% of the respondents indicated there is a CACREP program(s) at their institution.
4. Of the institutions that have both CORE and CACREP programs, 40% indicate they are not in the same academic unit.

5. Of the individuals who responded who have a bachelors level rehabilitation program at their institution, 56% indicated their program was not listed on the registry or they were “not sure” if they were on the registry.
6. On the question of which rehabilitation education degree programs CORE should accredit, 55% indicated undergraduate programs, 96% indicated master’s programs, and 63% indicated doctoral programs.
7. When asked if accreditation of undergraduate programs should be considered a priority of CORE, 44% said yes, 33% said no, and 23% said not sure.
8. When asked if accreditation of doctoral programs should be considered a priority of CORE, 51% said yes, 33% said no, and 14% said not sure.
9. On the question of whether rehabilitation counseling is a separate distinct profession or is a specialty area within the counseling profession, 30% said a distinct profession while 70% said it is a specialty area within the counseling profession.
10. 90% of respondents support the definition of a rehabilitation counselor that has been printed and is available from many sources: “A rehabilitation counselor is a counselor who possesses the specialized knowledge, skills, and attitudes needed to collaborate in a professional relationship with persons with disabilities to achieve their personal, social, psychological, and vocational goals.”
11. 86% of the respondents believe that CORE should continue its effort to collaborate and network with CACREP for the mutual benefit of our respective organizations.
12. Respondents were evenly divided on the question, “do you believe that it would be beneficial for CORE to be part of one accrediting organization for all counselor preparation programs...?”-- 50% said yes, 22% said no, and 27% said not sure.
13. 77% of respondents believe CORE should select board members from both national rehabilitation professional organizations and at-large applicants. 7% support nominees from national rehabilitation professional organizations only.
14. What seemed very interesting was the large number of comments to the last two questions

and the last two open comment statements of the survey. Opinions and perspectives support the belief that everyone does not see the issues in the same way. CORE may see value in supporting additional efforts to discuss some of the issues identified.

The Committee on Undergraduate Education (CUE)
David Perry, Ph.D., CRC, Chair of CUE

The Committee on Undergraduate Education (CUE) has had a busy and productive year. The CUE met formally on four occasions: in Tucson in February, in Memphis in June, in Chicago in July, and in Washington in October. Each time we have benefited from the input and involvement of other undergraduate rehabilitation educators. The issue of accreditation of undergraduate rehab programs has continued to dominate our discussion, along with the potential impact of a CORE/CACREP merger.

According to a survey conducted by CUE earlier this year, 86% of undergraduate program directors support a move toward undergraduate accreditation. Many reasons have been suggested for this support: enhanced quality and credibility of our programs, greater competitiveness of our graduates, and improved readiness for graduate education. Perhaps the most compelling reason for undergraduate accreditation, however, is that it will encourage all of us to think more broadly in designing curricula that serve the varied needs of our profession and the people we serve.

A great deal of work will have to be done before an undergraduate accreditation process can be established. CUE, with the help of a number of highly qualified and energetic undergraduate educators, has recently initiated a number of studies that are designed to move us toward accreditation. Work groups are involved in role and function studies, defining scope of practice, clarifying undergraduate identification issues, developing a code of ethics, and developing accreditation standards.

One of the important issues that demand our attention is the idea of a continuum of rehabilitation

education from the undergraduate to the doctoral level. Dr. Maki, in his President's Report, indicates that while a decision on the continuum of programs to be embodied in a new accrediting body has not yet been made, it will be a consideration in developing the merger plan. If we are truly concerned about the quality of services provided to persons with disabilities, we are forced to acknowledge that these services occur at many different levels in a wide variety of settings. Of course, many of these services are best provided by professionals with master's degrees in rehabilitation counseling. However, in reality, most of the direct service to people with disabilities in North America and around the world is provided by people with associate or bachelor's degrees.

There are a total of 56 undergraduate rehabilitation and disability studies programs in the United States. We should also remember that most of the training of rehabilitation professionals in other countries occurs at the bachelor's level. Currently there are 24 programs that are part of CUEs Undergraduate Registry. Approximately half of these programs are in departments that also have graduate-level rehabilitation counseling programs. There are many faculty members who teach at both levels.

Those of us that teach in undergraduate rehabilitation programs know from experience that there is a tremendous job market for our graduates. They are in demand because of their skills in working with persons with disabilities and their knowledge of the rehabilitation process. While many of our students go on to graduate programs in rehabilitation counseling or other related rehabilitation masters programs, many are finding challenging and rewarding careers in a wide variety of community rehabilitation settings.

How would a CORE/CACREP merger affect undergraduate accreditation? That is one of the issues that is still up for debate. In reviewing the CACREP website, I came across an interesting statement that seems to indicate that undergraduate accreditation has little relevance to CACREP. In the FAQs section, the following question is posed: "What should I get my undergraduate degree in?" Their answer: "Most people interested in counseling have undergraduate degrees in

psychology, sociology, or education. It doesn't matter what your undergraduate major is in, however, some counseling programs might require that you take a few psychology courses" (see www.cacrep.org). Those of us who teach in undergraduate rehabilitation programs believe that what we offer to the broader field of rehabilitation and to persons with disabilities is much more significant than a vague, broadly focused bachelor's degree.

Members of CUE continually hear from our constituents that the field of rehabilitation and disability studies is much broader than rehabilitation counseling. This does not take anything away from the value and importance of rehabilitation counseling. In fact, most undergraduate educators in our programs have rehabilitation counseling master's degrees and are CRCs. As important as counseling is, however, many believe that it is a mistake to narrow the field to that single area.

It is my hope that if a CORE/CACREP merger occurs, undergraduate rehabilitation programs will continue to be recognized and supported by all members of the rehabilitation community. If this does not occur, accreditation will be explored with other related accrediting bodies. But what would that say about the broader field of rehabilitation? Much has been written about a lack of a strong identity within the field. I would suggest that rehabilitation would have a stronger identity if we had a well-developed career ladder (or career ramp) that flowed smoothly from initial disability training programs, to community college training, to bachelor's programs, through master's programs, and on to doctoral programs.

Obviously, this is not a new idea or concept. Consider what happens in the fields of Nursing, Physical Therapy, Occupational Therapy, Social Work, Teacher Education, and Human Services. All of these fields have one accrediting body that accredits at the bachelor's and master's levels. Some also accredit programs at the doctoral level as well.

If undergraduate programs have to leave CORE to become accredited, what does that say about our lack of unity and shared vision? As we continue to

proclaim our commitment to the long-term betterment of persons with disabilities, I would encourage us to consider what is best for the broader field of rehabilitation and disability studies. If we really care about consumers, we need to demonstrate that concern by ensuring that rehabilitation services, at all levels of practice, are provided by appropriately trained rehabilitation professionals.

CORE FACTS

OFFICERS: Dennis R. Maki, Ph.D., *President*;
Charlene Dwyer, Ph.D. *Vice President*; Linda Shaw,
Secretary; Bill Courtney, Esq., *Treasurer*

HISTORY: The Council on Rehabilitation Education (CORE) was formed in June 1971 and incorporated as a not-for-profit organization in Washington, DC, in 1972. CORE has since reincorporated in the State of Illinois. In 1975, CORE was recognized by COPA, and was subsequently recognized by CORPA. CORE is now recognized by the Council for Higher Education Accreditation (CHEA).

MISSION: The mission of CORE is the accreditation of RCE Programs in order to promote the effective delivery of rehabilitation services to individuals with disabilities by promoting and fostering continuing review and improvement of master's degree level RCE Programs. CORE's accreditation process promotes program self-improvement rather than outside censure. A concomitant purpose of the process is to meet the personnel needs of both public and private rehabilitation agencies by providing graduates who have the skills, knowledge, and attitudes necessary to provide rehabilitation counseling services to individuals with physical, mental, and/or emotional disabilities.

COMPOSITION: CORE is composed of representatives from each of five national professional organizations that are concerned with rehabilitation counseling: the National Rehabilitation Counseling Association (NRCA), the American Rehabilitation Counseling Association (ARCA), the National Council on Rehabilitation Education (NCRE), the Council of State Administrators of Vocational Rehabilitation (CSAVR), and the National Council of State Agencies for the Blind (NCSAB). CORE also has two public members: one who represents the consumer public and one who represents the public at large. In addition to the granting of program recognition, CORE serves as a forum for the evaluation of accreditation policies and

practices as well as the effectiveness of accreditation efforts.

CONSULTATION SERVICES: Institutions interested in establishing, reorganizing or expanding an RCE Program can obtain program development consultation services from CORE. Information regarding the service can be obtained from the Executive Director of CORE.

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Marvin D. Kuehn, Ed.D., CRC, Executive Director

Sue Denys, CORE Administrative Assistant

David B. Peterson, Ph.D., CRC, Newsletter Editor

CORE Master's Programs in Rehabilitation Counselor Education

2005-06 Academic Year

Candidate for Accreditation: Granted to programs in the early stages of development or implementation, up to the point of graduating ten (10) students. This recognition provides evidence that a program complies with those standards applicable at the program's stage of development. Programs accredited at the candidate level are noted with an asterisk.

Accreditation: Granted to programs that have been fully operational long enough to allow for the objective assessment of the professional performance of graduates. This recognition provides evidence that a program complies with all standards and is deemed able to maintain that level of compliance through the duration of the recognition.

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CORE RECOGNITION UPDATE	PROGRAMS UNDER REVIEW
<p>CORE recognized the following RCE programs at its annual meeting, held in July, 2005</p> <p>Assumption College Emporia State University George Washington University Langston University Michigan State University Northeastern Illinois University* Northern Illinois University Salve Regina University* San Francisco State University University of Arizona University of Kentucky University of Maryland Eastern Shore University of Puerto Rico University of Tennessee University of Wisconsin-Stout Winston-Salem State University*</p>	<p>CORE programs undergoing review in 2005-06:</p> <p>Arkansas State University Central Connecticut State University* Florida Atlantic University* Minnesota State University-Mankato North Carolina A&T State University* Stephen F. Austin State University Texas Tech University Thomas University University of Alabama at Birmingham University of Arkansas-Fayetteville University of Massachusetts at Boston University of Southern Maine University of Texas Southwestern Medical Center Wilberforce University*</p>
<p>*Candidate for Accreditation</p>	