OFFICE OF PROFESSIONAL REGULATION
VERMONT SECRETARY OF STATE
89 Main Street, 3rd Floor, Montpelier, VT 05620
802-828-1505 | sos.vermont.gov/opr

Application for Preliminary Sunrise Review Assessment

1. Profession/Occupation Seeking Regulation _____

2. Person/Organization Submitting Application

   Name _____

   Organization _____

   Address _____

   Phone/Email _____

3. Vermont Society/Association (Attach copies of Standards of Practice and Code of Ethics)
   Name _____

   Contact Person _____

   Address _____

   Phone/Email _____

4. National Society/Association (Attach copies of Standards of Practice and Code of Ethics)
   Name _____

   Contact Person _____

   Address _____

   Phone/Email _____

5. Does the National Organization have a license or certification process? (If YES, attach supporting documentation.) YES NO

6. List other states currently regulating this profession/occupation. For each state attach copies of the laws and rules.

_____

_____

_____

7. Define the services provided by this profession/occupation. What is the Scope of Practice? (If space provided is insufficient, attach additional sheets as needed.)

_____

_____

_____

_____

_____

8. What harm or danger to the health, safety, or welfare of the public can be demonstrated if the practice of this profession/occupation were to remain unregulated? Note: The potential for harm must be recognizable and not remote of speculative. (If space provided is insufficient, attach additional sheets as needed.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

9. What benefit can the public reasonably expect if this profession/occupation is regulated and how would it be measured? (If space provided is insufficient, attach additional sheets as needed.)

_____

_____

_____

_____

_____

_____

_____

10. Why isn't the public protected from unprofessional practitioners through means other than regulation? (For example, criminal penalties, consumer fraud laws, small claims court, civil litigation, etc.? (If space provided is insufficient, attach additional sheets as needed.)

_____

_____

_____

_____

_____

_____

11. Are you seeking: **Licensure Certification Registration** (See 26 V.S.A. § 3101 a. Definition) Circle one.

12. What other regulated professions/occupations perform similar services to those of this profession/occupation?

_____

_____

_____

_____

13. How will the program distinguish between or among respective scopes of practice? (If space provided is insufficient, attach additional sheets as needed.)

_____

_____

_____

_____

_____

_____

14. How many practitioners of this profession/occupation do you estimate are practicing in Vermont? _____

15. Estimate the percentage of the practitioners practicing in the following settings.
Independents _____ Clinics _____ Hospitals _____ Other _____

16. Is formal education required? (If “Yes”, complete below.) YES NO
Education Requirements

_____

Where may this education be obtained?

_____

17. Is supervised experience required in addition to, or instead of, formal education? (If “Yes”, complete below.) YES NO
Experience Required

_____

Where may this experience be obtained?

_____

18. Is there a national examination? (If “Yes”, complete below.) YES NO

    Name of National Examination Agency _____

    Address of National Examination Agency

    _____

19. Does this professional/occupation need continuing education? (If “Yes”, complete below.) (If space provided is insufficient, attach additional sheets as needed.)

    YES NO

    _____

    _____

    _____

    _____

    _____

20. Based on the criteria you proposed as a requirement to become licensed/certified/registered, estimate how many of the current practitioners will qualify? _____

21. What transitional provisions/” grandfather provisions” do you propose for current practitioners to obtain licensure/certification/registration? (When space provided is insufficient, attach additional sheets as needed.)

    _____

    _____

    _____

    _____

    _____

    _____

22. Attach copies of any proposed legislative bill(s) related to this request.

23. Attach a list of all interested persons or groups in favor of, or opposed to, this request. Have they been consulted?

24. Attach statistical data on disciplinary actions for this profession/occupation in other states.

25. What is the applicant seeking to gain through regulation of the occupational group? What benefit does regulation bring to members of this occupational group?

Review: Administrative Rules for Procedures for Preliminary Sunrise Review Assessments Email questions and comments about these pages to:

Jennifer Colin, Director
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402
Jennifer.Colin@vermont.gov