



Candidate Handbook

ADED / CDRS

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Introduction

This *Candidate Handbook* provides information that is needed to apply for the Association for Driver Rehabilitation Specialists (ADED) Certified Driver Rehabilitation Specialists (CDRS) Examination, including eligibility requirements, examination policies, an examination content outline, and an examination application. Keep this handbook until after the examination is completed. Additional copies of this handbook may be obtained by calling 913/895-4600 or downloading a copy from www.goAMP.com.

About ADED

The Association for Driver Rehabilitation Specialists was established in 1977 to support professionals working in the field of driver education/driver training and transportation equipment modifications for persons with disabilities through education and information dissemination.

ADED is the primary professional organization in this specialized area. ADED stands ready to meet the professional needs of its members through educational conferences and research support as well as encouraging equipment development to maximize the transportation options for persons with disabilities.

The term Driver Rehabilitation Specialist (DRS) signifies one who “plans, develops, coordinates and implements driver rehabilitation services for individuals with disabilities.”

The purpose of the certification process is to protect the public by:

- A. providing measurement of a standard of current knowledge desirable for individuals practicing driver rehabilitation;
- B. encouraging individual growth and study, thereby promoting professionalism among driver rehabilitation specialists;
- C. formally recognizing driver rehabilitation specialists who fulfill the requirement for certification.

About the Testing Agency

Applied Measurement Professionals, Inc. (AMP) is the professional testing agency contracted by ADED to assist in the development, administration, scoring, score reporting, and analysis of the CDRS Examination. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of organizations similar to the ADED.

About the Examination

The CDRS Examination is designed to test a well-defined body of knowledge representative of professional practice. The content of the CDRS Examination has been defined by a national role-delineation study. The study involved

surveying practitioners in the field of driver rehabilitation to identify tasks that were performed routinely and considered important to competent practice. The examination has been developed through a combined effort of qualified subject-matter experts and testing professionals who have constructed the examination in accordance with the CDRS Examination content outline.

The CDRS Examination consists of 100 multiple-choice questions. Each question consists of a stem with four response alternatives (A, B, C, D), with one best or correct response. You will be permitted two hours to complete the examination. Those who meet the eligibility requirements and achieve a passing score will be awarded a certificate indicating that they have achieved credential status as a Driver Rehabilitation Specialist (DRS).

Eligibility Requirements

You may take the certification examination if you meet one of the education and/or experience requirements listed below. Please submit an official transcript and/or letter (see Required Documentation section) documenting your experience in the field of Driver Rehabilitation.

- A. An undergraduate degree or higher in a health related** area of study with 1 year full time experience in degree area of study and an additional 1 year full time experience in the field of Driver Rehabilitation.*
- B. Four year undergraduate degree*** or higher with a major or minor in Traffic Safety and/or a Driver and Traffic Safety Endorsement with 1 year full time experience in Traffic Safety and an additional 2 years of full time experience in the field of Driver Rehabilitation.*
- C. Two year degree in a health related** area of study with 1 year experience in degree area of study and an additional 3 years full time experience in the field of Driver Rehabilitation.*
- D. Five years of full time work experience in the field of Driver Rehabilitation.*

Full time means 32 hours per week.

* In the field of Driver Rehabilitation includes direct hands-on delivery of clinical (pre-driving evaluations) and/or behind the wheel evaluations and training with the client.

** Health related degrees include Occupational Therapy, Physical Therapy, Kinesiotherapy, Speech Therapy, Therapeutic Recreational Therapy, or other areas as approved by the Certification Committee.

*** Undergraduate degree areas of study include Social Work, Vocational Rehabilitation, Health and Physical Education, Counseling, Psychology, or other areas as approved by the Certification Committee.



Required Documentation

You must provide the documentation required by the eligibility route selected. Depending upon the route under which you apply, this may include:

- A. Official transcript(s) of course work from an accredited college or university. The transcript must state the degree requirements have been completed and list the date the degree was conferred.
- B. A letter from an employer(s) on official letterhead stating dates of employment and practical experience.

You will not be scheduled for an examination if appropriate documentation has not been received.

Statement of Nondiscrimination

ADED and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, sexual orientation, disability, or marital status.

2012 Examination Date and Application Deadline

The CDRS Examination is scheduled for the afternoon of July 31, 2012 at the Sheraton Kansas City Hotel at Crown Center in Kansas City, MO. The examination will be offered right after the conclusion of the 2012 ADED Conference. The CDRS Examination is not part of the ADED Conference. A separate application is required. The deadline for returning applications to AMP is June 19, 2012.

Examination Fees

The application processing fee is non-refundable. The examination fee is refundable if the applicant does not meet eligibility criteria.

Application Processing Fee	\$50
Examination Fee	\$400
Total Fees	\$450

Fees may be paid by credit card (MasterCard, VISA, American Express, or Discover), cashier's check, or money order (payable to AMP) in U.S. funds. **Do not submit company checks, personal checks, or cash.** All fees must be submitted with the application by the application deadline. Applications that are incomplete, mailed after the application deadline, or without the proper fee(s) will be returned to the applicant minus the \$50 application processing fee.

Declined credit cards are subject to a \$25 penalty. Repayment of a declined credit card and the penalty must be made with a cashier's check or money order. Applicants are not permitted to take the examination until all fees have been paid in full.

How to Apply

To apply for the CDRS Examination, complete the application included with this handbook and submit it with the required documentation and fee by the application deadline to:

AMP, CDRS Examination, 18000 W. 105th Street, Olathe, KS 66061-7543. FAXED APPLICATIONS ARE NOT ACCEPTED.

Calling AMP About Your Application

If you have not received acknowledgment correspondence from AMP within 10 business days following the application deadline, call AMP at (888) 519-9901. Do not contact ADED about your application. Only AMP should be contacted regarding application questions.

Payment is Nonrefundable

Refunds will not be granted to individuals requesting to withdraw from an examination after submitting an application. If you fail to appear for the examination on the scheduled date, you will forfeit the full examination fee. If you wish to take the examination at a future testing date, a new application and fee must be submitted.

Admission Letters

Approximately 10 business days before the examination date, AMP will mail all scheduled candidates an admission letter, indicating the exact address of the examination site. If you have not received an admission letter **one week** before the examination date, you should contact the AMP Examination Services Department by telephone at (888) 519-9901.

Admission to the Test Center

Proper identification is required to gain admission to the test center. You must present your admission letter and two forms of identification:

1. A current, permanent identification card issued by a governmental agency including your signature and photograph is required. Only an official passport, driver's license (not temporary), state or federally issued identification card, or military identification will be accepted. School or work identification will not be accepted.
2. A second form of identification including your name and signature (e.g., credit card) is required.

If your name is different from what appears on either form of identification, you must bring proof of your name change (e.g., marriage license, divorce decree, or court order). You will also be required to sign a registration roster prior to admission.

On the Examination Day

Report to the test center no later than 1:00 p.m. for check-in and seating of candidates. Distribution of examination materials and examination instructions will begin promptly at 1:30 p.m. **If you arrive after the seals on the examination books have been broken, you will not be admitted.**

The examination will be held only on the day and time scheduled.

1. You will have **2 hours** to complete the examination. Additional time will not be allowed. There are no scheduled breaks during the examination. You must receive permission from a test center proctor to leave the examination room while other candidates are testing.
2. You must bring your admission letter and appropriate identification.
3. Pencils will be provided.
4. You are advised to bring a watch to the test center and set it to correspond to the official time used by the proctor (no alarm watches please). For best results, pace yourself by periodically checking your progress. This will allow you to make any necessary adjustments.
5. Be sure to record an answer for each question, even if you are uncertain. You can mark questions you wish to reconsider in the examination booklet and return to them later. No credit will be given for answers recorded in the examination booklet. Avoid leaving any questions unanswered; this will maximize your chances of passing and prevent mismarking your answer sheet. It is better to guess than to leave a question unanswered.
6. Calculators are not permitted in the examination room. Examination questions are designed so that computations can be completed without a calculator within the time permitted.
7. No electronic devices are permitted in the examination room, including cellular phones, signaling devices such as pagers and alarms, or personal digital assistants (PDAs).
8. No books or other reference materials may be taken into the examination room.
9. No examination materials, documents, or memoranda of any sort may be taken from the examination room.
10. No questions concerning the content of the examination may be asked during the testing period. It is your responsibility to read the directions in the examination booklet and listen carefully to the instructions given by the proctor.

The proctor reserves the right to dismiss you from the examination for any of the following reasons:

- If your admission to the examination is unauthorized;
- If you create a disturbance, are abusive, or otherwise uncooperative;

- If you give or receive help, or are suspected of doing so;
- If you attempt to remove examination materials or notes from the examination room;
- If you display and/or use an electronic device (e.g., cellular phone, pager, PDA); and/or
- If you attempt to take the examination for someone else.

Questions About the Examination

You may not have access to the examination or to specific questions after the examination. You may comment on any examination question, the administration of the examination, or the test center facilities on your answer sheet during the testing period. Comments will be reviewed, but individual responses to comments will not be provided.

Inclement Weather

In the event of inclement weather or unforeseen emergencies on the day of an examination, ADED and AMP will determine whether circumstances warrant cancellation and rescheduling of an examination.

You may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that the test center is closed. Every attempt will be made to administer the examination as scheduled. However, should an examination be canceled, all scheduled candidates will receive notification regarding a rescheduled examination date or reapplication instructions.

Requests for Special Examination Accommodations

ADED and AMP comply with the Americans with Disabilities Act (ADA) and will ensure that individuals with disabilities are not deprived of the opportunity to take the examination solely because of a disability, as required and defined by the relevant provisions of the law. Special testing arrangements may be made for these individuals, provided that an appropriate request for accommodation is submitted to AMP by the application deadline and the request is approved. A Special Examination Accommodations form is included in this handbook. This form must be signed by an appropriate professional and submitted **with** the examination application.

Report of Results

You will be notified by mail within **six weeks** after taking the examination whether you have passed or failed. No results will be provided by telephone, electronic mail, or fax. Individual examination scores are released only to the individual candidate.



Recognition of Competency

Eligible candidates who pass the CDRS Examination will receive a certificate indicating they have achieved credential status as a Driver Rehabilitation Specialist (DRS). Certification is effective for 3 years beginning the 1st of January AFTER the successful completion of the examination, and ending on December 31st of the 3rd year.

Examination Scores

Examination scores are reported as scaled scores. A scaled score is statistically derived from the raw score (the number of correctly answered questions). Your total scaled score determines whether you pass or fail; it is reported as a value between 0 and 99.

Scaled scores are reported because different forms (or versions) of the examination may vary in difficulty. As new forms of the examination are introduced each year, a certain number of questions are replaced. These changes may cause one form of the examination to be slightly easier or more difficult than another form. To adjust for these differences in difficulty, a procedure called “equating” is used. The goal of equating is to ensure fairness to all candidates.

In the equating process, the minimum raw score required to equal the scaled passing score is statistically derived or equated. For example, if the examination is more difficult than the previous form of the examination, then the minimum raw score required to pass will be slightly lower than the original raw passing score. If the examination is easier than the previous form of the examination, then the minimum raw score will be higher. Equating helps ensure the scaled passing score represents the same level of competence no matter which form of the examination a candidate has taken.

Duplicate Score Reports

Requests for duplicate score reports must be made in writing to AMP within one year of the examination date. Your request must include your name, Social Security number, mailing address, examination date, test center location, and signature. The fee for a duplicate score report is \$25; include a cashier's check or money order made payable to AMP for this amount with your request.

Requests for Handscoring

Candidates who do not pass the examination may request a manual verification of the computer scoring. Requests for manual scoring must be submitted to AMP in writing with a \$15 handscoring fee (cashier's check or money order made payable to AMP) within 100 days following the examination

date. The request must include your name, Social Security number, mailing address, examination date, test center location, signature, and a copy of your score report. Upon receipt of the handscoring request and appropriate fee, the candidate's answer sheet will be inspected and manually scored. This process takes approximately 30 days.

Candidates close to passing are discouraged from a handscore request. The testing agency routinely samples examinations of candidates who score near passing to ensure correct reporting of results. These examinations are automatically handscored before results are mailed as a quality control measure. Thus, it is unlikely any examination results will change from “fail” to “pass” after a requested handscore.

Re-Examination

The CDRS Examination may be taken as often as desired on filing a new application and fee. There is no limit to the number of times the examination may be repeated.

General Examination Preparation

To begin your preparation in an informed and organized manner, you should review the CDRS detailed content outline that follows. The content of the examination is directly linked to a job analysis that identifies the activities performed by Driver Rehabilitation Specialists. Each question on the examination is linked to this outline, and is categorized according to the level of complexity, or the cognitive level that you would likely use to respond.

Cognitive Complexity

- Recall: The ability to recall or recognize specific information is required.
- Application: The ability to comprehend, relate or apply knowledge to new or changing situations is required.
- Analysis: The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required.

Examination Content

The content of this examination was developed from the 2010 Driver Rehabilitation Specialist Job Analysis Study. The study was a detailed analysis of the tasks that are important to the job of Driver Rehabilitation Specialist. The resulting outline is presented here.

Driver Rehabilitation Specialist Detailed Content Outline	Cognitive Level			Total
	Recall	Application	Analysis	
Test items may be linked to tasks and cognitive levels indicated with open cells.				
I. PROGRAM ORGANIZATION	2	5	3	10
A. Conduct Program Administration	1	3	1	5
1. Develop and maintain protocols for				
a. referral/scheduling procedures			X	
b. assessment services (e.g., clinical, behind-the-wheel)			X	
c. training and education (e.g., develop course content)			X	
d. documentation (e.g., reports, prescriptions, follow-up services)			X	
e. assessment equipment/tools (procurement, maintenance, safety, etc.)			X	
f. functional inspection (vehicle, equipment, client performance, etc.)			X	
2. Identify standards, regulations, recommended practices, and guidelines from state/provincial, national, and international entities				
a. licensing regulations (e.g., business, facility, individual)		X	X	
b. adaptive driving equipment/vehicle modification		X	X	
c. professional standards and credentials		X	X	
d. government regulations (state/provincial and federal)			X	
3. Provide education about driver rehabilitation services to clients, families, physicians, insurance companies, etc.				
B. Collect, Organize, and Evaluate Referral Information Including	1	2	2	5
1. Confirm medical consent for driver rehabilitation services			X	
2. Medical information from client's representatives to determine eligibility for driving assessment (e.g., diagnosis, seizure history, medications and effects, visual deficits)				
3. Driving history (e.g., license status, collisions, violations)			X	
4. Funding and reimbursement eligibility			X	
5. Personal vehicle and/or equipment information			X	
II. CLIENT ASSESSMENT	6	25	19	50
A. Perform Clinical Assessment	3	15	5	23
1. Select assessments, tools, and vehicles				
2. Develop quick rapport with client and other involved parties			X	
3. Interview client and other involved parties to complete and verify				
a. medical history (e.g., medications, pain, etc.)			X	
b. driving history			X	
c. social support			X	
d. communication status (hearing, comprehension, and speech)			X	
4. Determine current and future needs for client driving with respect to				
a. medical diagnosis				
b. mobility aid use				
c. environment (e.g., terrain, location, climate)				
d. vehicular needs and preferences				
5. Perform physical/functional assessment including				
a. range of motion, muscle strength, muscle tone, endurance			X	
b. coordination			X	
c. sensation			X	
d. reaction time			X	
e. static and dynamic balance			X	
f. ambulation/transfer, mobility aids, and orthotic devices			X	
g. seating considerations				

	Cognitive Level			Total
	Recall	Application	Analysis	
Test items may be linked to tasks and cognitive levels indicated with open cells.				
6. Perform visual and visual-perceptual assessments including				
a. visual acuity, night vision, glare vision/recovery, contrast sensitivity			X	
b. stereopsis and depth perception			X	
c. color perception			X	
d. ocular motor skills (visual pursuits and saccades)			X	
e. visual field and scanning			X	
f. figure/ground, spatial relations, form constancy, visual memory, visual closure, visual discrimination				
g. visual information processing				
7. Perform cognitive assessment through evaluation and observation of				
a. memory				
b. attention (e.g., sustained, selective, divided, and alternating)				
c. reasoning and insight				
d. judgment and decision making				
e. self-regulation of behavior				
f. planning and sequencing				
8. Compile results of clinical assessments, and communicate results with involved parties (e.g., client, family, medical team, third-party payors, driver rehabilitation specialists)				
9. Refer client as appropriate to				
a. licensing agency for proper credentialing				
b. wheelchair seating clinic				
c. vision clinic/specialist				
d. therapeutic intervention to improve candidacy				
e. on-road evaluation				
B. Perform In-Vehicle Assessment	3	10	14	27
1. Select driving environment and route to achieve evaluation goal				
2. Customize vehicle and adaptive equipment for evaluation (e.g., primary and secondary controls)				
3. Observe pre-driving tasks				
a. entry and exit skills			X	
b. loading of mobility aid(s)			X	
c. orient individual to vehicle and equipment			X	
d. driving position and posture			X	
e. pre-driving checks (e.g., seat adjustment, mirrors, seat belt)			X	
f. pre-operational tasks (e.g., ignition, parking brake, gear selector, temperature control)			X	
4. Perform behind-the-wheel evaluation under various roadway and traffic conditions including				
a. physical skills				
1. braking, acceleration, and steering/turning				
2. ability to operate secondary controls in motion (e.g., turn signals, wipers/washers, horn, dimmer, cruise control)				
3. vehicle maneuvers/control				
4. dynamic trunk stability and endurance				
b. visual skills				
1. scanning environment				
2. identification (e.g., signs, signals, road markings)				
3. mirror use				
4. lead time				

	Cognitive Level			Total
	Recall	Application	Analysis	
Test items may be linked to tasks and cognitive levels indicated with open cells.				
5. stopping distance				
6. gap acceptance (following distance, turning, lane changes)				
7. lane integrity/position				
c. cognitive/behavioral skills				
1. following directions and instructions				
2. memory				
3. attention and concentration				
4. processing speed				
5. planning and sequencing				
6. time and space management				
7. communication (e.g., turn signals, horn, lights)				
8. judgment, decision making, reasoning, and insight				
9. self-regulation of behavior				
10. topographical orientation				
5. Perform a vehicle assessment for client as passenger only, including				
a. seating considerations (e.g., height, chair width, overall length, supports, safety, etc.)				
b. vehicles appropriate for modification/adaptation				
c. ingress/egress				
d. mobility aid loading and storage				
e. wheelchair securement with occupant restraint				
f. wheelchair securement (unoccupied)				
g. consideration of special needs (e.g., caregiver abilities, family considerations, client medical needs, etc.)				
III. RESULTS INTERPRETATION AND PLAN IMPLEMENTATION	4	13	23	40
A. Interpret Assessment Results	2	8	15	25
1. Record and integrate test results and observations				
2. Discuss results with client and other involved parties				
3. Make recommendations and plan for implementation				
4. Write reports for involved parties that meet client needs (e.g., third party funding sources, driver licensing agencies, insurance companies, driver educator, vehicle modifier, referring physician)				
5. Develop preliminary recommendations for vehicle selection, adaptive driving equipment, and vehicle modifications				
6. Discuss alternative forms of personal transportation				
7. Recommend counseling and support			X	
B. Plan and Implement Recommendations	2	5	8	15
1. Implement recommendations including				
a. extended driver evaluation				
b. classroom driver education and training (e.g., driver improvement courses, simulator training)				
c. behind-the-wheel driver education and training				
d. monitor progress and work with other professionals to optimize performance				
e. resolve licensing issues (e.g., road test, license restrictions)			X	
f. document final prescription for vehicle modification/adaptive equipment				
2. Conduct follow-up services, including				
a. vehicle modification/adaptation check, client fitting, and follow-up training				
b. familiarize family members/care givers with vehicle and equipment operation				
Totals	12	43	45	100

Sample Questions

1. Visual acuity will indicate the
 - A. diagnosis of a client's visual loss.
 - B. distribution of eye pathology.
 - C. distance in feet a person can see objects of a known size.
 - D. adequacy of visual function.
2. A client with a right above-knee amputation has returned to driving before being evaluated and is crossing over with the left foot to operate the factory accelerator. A left foot accelerator should be recommended for this client for all of the following reasons EXCEPT
 - A. the position of the prosthesis.
 - B. proper body alignment.
 - C. improved endurance.
 - D. improved foot placement on pedals.
3. A driver must be able to operate all of the following while the vehicle is in motion EXCEPT
 - A. wipers.
 - B. horn.
 - C. temperature control.
 - D. high/low beams.
4. During a check out of a client's newly modified van for a wheelchair driver with the driver in position, it is crucial for a driver rehabilitation specialist (DRS) to confirm that the
 1. wheelchair is secured into the power lockdown.
 2. client's upper torso is restrained.
 3. safety restraints meet Federal Motor Vehicle Safety Standards.
 4. client has a valid driver's license
 - A. 1, 2, and 3 only
 - B. 1, 2, and 4 only
 - C. 1, 3, and 4 only
 - D. 2, 3, and 4 only
5. A disabled driver has license restrictions requiring equipment. If the driver attempts to drive a vehicle without the required adaptive devices, it would be a violation of which of the following?
 - A. financial responsibility
 - B. implied consent
 - C. license
 - D. title
6. The ideal method for a driver rehabilitation specialist (DRS) to train a client with adaptive equipment is to provide instruction
 - A. in the client's vehicle on the highway.
 - B. in a vehicle provided by the educator, in a limited environment.
 - C. on a simulator provided by the educator.
 - D. on a driving range in the client's vehicle.
7. Three weeks post CVA, a client demonstrates the following driving behaviors during an evaluation:
 Drifts left when exposed to moderate levels of distraction. Attempts left turn from center lane. Left rear wheel hits curb when turning left into one way street.

 Which recommendation should the Driver Rehabilitation Specialist (DRS) make to the client?
 - A. Drive only to and from work.
 - B. Return in three months for re-evaluation.
 - C. Practice with a family member.
 - D. Drive only on familiar roads.
8. The BEST time to schedule a client with multiple sclerosis for a behind the wheel evaluation is
 - A. morning.
 - B. afternoon.
 - C. dusk.
 - D. night.
9. When evaluating a client's ability to load a scooter into the trunk of a car, all of the following are important to consider EXCEPT the ability to
 - A. remove the seat of the scooter and load it into the interior of the car.
 - B. operate a powered loading device while standing.
 - C. ambulate safely between the rear of the car and the door.
 - D. lift the scooter battery.
10. Which of the following equipment would BEST assess visual acuity?
 - A. Optec 2000
 - B. glare recovery with night vision
 - C. Porto-Clinic glare
 - D. contrast sensitivity screen

11. A 20 year-old who is paraplegic has a compact vehicle with limited space. Which of the following controls would take the least amount of space when operated in the acceleration mode?
 - A. push right angle
 - B. push-pull
 - C. push brake, twist acceleration
 - D. left accelerator pedal
12. Which of the following is inappropriate when attempting a left lane change?
 - A. scanning rear-view mirror and left side-view mirror
 - B. applying the left indicator and applying the brake hard
 - C. checking the blind spot over the left shoulder
 - D. gradually guiding the vehicle into the left lane
13. A 43 year-old patient presents with a diagnosis of cerebral palsy. All of the following are likely EXCEPT
 - A. driving may improve with time.
 - B. visual planning may improve.
 - C. eye/hand coordination may be impaired.
 - D. excess tone may decrease.
14. When beginning behind the wheel training for a new driver, which of the following should be done first?
 - A. straight line driving
 - B. left and right turns
 - C. backing up and stopping
 - D. parallel parking
15. A driver with a mechanical hand control is driving a vehicle equipped with antilock brakes. The proper way to brake in a sudden stop emergency is to
 - A. pump the brake.
 - B. apply the brake hard and do not let up.
 - C. brake lightly.
 - D. apply the brake hard and release it.

ANSWERS

- | | | |
|------|-------|-------|
| 1. C | 6. B | 11. C |
| 2. D | 7. B | 12. B |
| 3. C | 8. A | 13. D |
| 4. A | 9. D | 14. A |
| 5. C | 10. A | 15. B |

For more study resources visit the ADED website, www.aded.net and click the certification tab.



CDRS Examination Application

To apply for the CDRS Examination, complete this form and return it with the examination fee payable to: **AMP, CDRS Examination, 18000 W. 105th Street, Olathe, KS 66061-7543. Applications are due at AMP no later than June 19, 2012.**

For further information, you may call AMP's Candidate Support Center at (888) 519-9901.

PERSONAL INFORMATION (please print using black or blue ink)

Social Security Number: _____ Date of Birth: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

E-mail Address: _____

Eligibility Requirements

I meet the following eligibility requirement (please check ONE box):

- ☐ An undergraduate degree or higher in a health related area of study with 1 year full time experience in degree area of study and an additional 1 year full time experience in the field of Driver Rehabilitation.* (Official transcripts and a letter documenting your experience are required.)
- ☐ Four year undergraduate degree or higher with a major or minor in Traffic Safety and/or a Driver and Traffic Safety Endorsement with 1 year full time experience in Traffic Safety and an additional 2 years of full time experience in the field of Driver Rehabilitation.* (Official transcripts and a letter documenting your experience are required.)
- ☐ Two year degree in a health related area of study with 1 year experience in degree area of study and an additional 3 years full time experience in the field of Driver Rehabilitation.* (Official transcripts and a letter documenting your experience are required.)
- ☐ Five years of full time work experience in the field of Driver Rehabilitation.* (A letter documenting your experience is required.)

Application Status: ☐ I am applying as a new candidate.
☐ I am applying as a reapplicant.

Examination Fee

Application Processing Fee \$50 + Examination Fee \$400 = **Total Fees \$450**

Payment may be made by credit card, cashier's check or money order made payable to AMP. No company checks, personal checks or cash will be accepted.

If payment is made by credit card, complete the following:

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

I agree to pay above amount according to card issuer agreement.

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Special Examination Accommodations

☐ I am including a Special Accommodations Request (Complete the form included in this handbook.)

Signature (Sign and date in ink the statement below.)

I certify that I agree to abide by regulations contained in this Handbook. I believe that I comply with all admission policies for the CDRS Examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided.

Signature: _____ Date: _____



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your examination accommodations can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodations will be treated with strict confidentiality.

Candidate Information

Social Security # _____ – _____ – _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City

State

Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- ☐ Reader
- ☐ Extended examination time (time and a half)
- ☐ Reduced distraction environment
- ☐ Other special accommodations (Please specify.)

Comments: _____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

Return this form with your examination application and fee to:
Examination Services Department, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, Fax (913) 895-4650.
If you have questions, call AMP at (888) 519-9901.



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Candidate Name Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License # (if applicable): _____

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Examination Services Department, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, Fax (913) 895-4650.
If you have questions, call AMP at (888) 519-9901.