



State of Vermont  
Office of the Secretary of State

Office of Professional Regulation  
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Montpelier, VT 05620-3402

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James C. Condos, Secretary of State  
Christopher D. Winters, Deputy Secretary  
Colin R. Benjamin, Director

## APPLICATION FOR PRELIMINARY SUNRISE REVIEW ASSESSMENT

### 1. Profession/Occupation seeking regulation:

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### 2. Person/Organization submitting application:

Name:	
Organization:	
Address: Street/City/State/Zip	

Phone:		Cell Phone:	
Fax:		E-Mail:	

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

Name:	
Contact Person:	
Address: Street/City/State/Zip	

Phone:		Cell Phone:	
Fax:		E-Mail:	

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

<b>Name:</b>	
<b>Contact Person:</b>	
<b>Address: Street/City/State/Zip</b>	

<b>Phone:</b>		<b>Cell Phone:</b>	
<b>Fax:</b>		<b>E-Mail:</b>	

<b>5. Does the National Organization have a license or certification process? If "Yes", attach supporting documentation.</b>	YES	NO
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**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.)*

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**11. Are you seeking:**

Licensure                      Certification    Registration

*(See 26 V.S.A. § 3101 a. Definition)*

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


**12. b. How will the program distinguish between or among respective scopes of practice?**

*(If space provided is insufficient, attach additional sheets as needed.)*

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<b>13. How many practitioners of this profession/occupation do you estimate are practicing in Vermont?</b>	
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**14. Estimate the percentage of the practitioners practicing in the following settings.**

Independent	Clinics	Hospitals	Other

<b>15. Is formal education required? (If "Yes", complete below.)</b>	Yes	No
<b>Education Requirements</b>		
<b>Where may this education be obtained?</b>		

<b>16. Is supervised experience required in addition to, or instead of, formal education?</b> <i>(If "Yes", complete below.)</i>		Yes	No
<b>Education Requirements</b>			
<b>Where may this experience be obtained?</b>			
<b>17. Is there a National examination?</b> <i>(If "Yes", complete below.)</i>		Yes	No

Name and address of examination agency

<b>Name of Agency</b>	
<b>Street</b>	
<b>City/State/Zip</b>	

<b>18. Does this professional/occupation need continuing education?</b> <i>(If "Yes", complete below.)</i> <i>(If space provided is insufficient, attach additional sheets as needed.)</i>		Yes	No

<b>19. Based on the criteria you proposed as a requirement to become licensed/certified/registered, estimate how many of the current practitioners will qualify?</b>	
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**20. 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.)*

21. Attach copies of any proposed legislative bill(s) related to this request.
  
22. Attach a list of all interested persons or groups in favor of, or opposed to, this request. Have they been consulted?
  
23. Include any statistical data on disciplinary actions for this profession/occupation in other states.
  
24. What is the applicant seeking to gain through regulation of the occupational group? What benefit does regulation bring to members of this occupational group?

**Go to: Administrative Rules for Procedures for Preliminary Sunrise Review Assessments**

**Email questions and comments about these pages to:**

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