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RESEARCH ARTICLES

An Update to the Federal Rules of Evidence vs. Professional Certifications: The Real Basis for Establishing Admissible Testimony in Life Care Planning

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This serves as an updated review of the Federal Rules of Evidence, certifications prevalent to life care planning, and accreditation standards in consideration of credibility and admissibility of an expert witness in federal court. There are currently 11 certifications relevant to life care planning and two accrediting bodies for such certifications. This paper addresses each of the certifications along with accreditations standards and considers why so many exist within the scope of the subspecialty practice of life care planning. Further, what qualifies an expert in federal testimony is explored and the answer is offered to be the totality of education, experience, training, knowledge and skills, in which the certifications assist with verification of within the Federal Rules of Evidence.

This is an update to the article, Rules of Evidence vs. Professional Certifications: The Real Basis for Establishing Admissible Testimony by Rehabilitation Counselors and Case Managers (Field et al., 2007). It is not the purpose of this article to simply restate the contents of the original publication, but to offer updated information on the Rules of Evidence, certifications and accreditation standards as applied to the specialty practice of life care planning.

At the time the original article was published, there were seven certifications prevalent to the specialty practice of life care planning to include American Board of Vocational Experts (ABVE), Certified Case Manager (CCM), Certified Disability Management Specialist (CDMS), Certified Life Care Planner (CLCP®), Certified Nurse Life Care Planner (CNLCP), Certified Rehabilitation Counselor (CRC), and Certified Vocational Evaluator (CVE). There are now 11 certifications to include six of the certifications in the original publication; ABVE, CCM, CDMS, CLCP®, CNLCP, CRC; and five new certifications; Canadian Certified Life Care Planner (CCLCP®), Certified Health Professional Life Care Planner (CHLCP), Certified Physician Life Care Planner (CPLCP™), International Certified Cost of Care Professional (ICCCP), and Life Care Planner-

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Certified (LCP-C). Additionally, since the original article was published a second accrediting body, ANSI National Accreditation Board (ANAB) has emerged.

In the practice of expert work, what grants credibility as an expert? As argued in Field et al. (2007) what really establishes credible testimony in federal court are the Federal Rules of Evidence (FRE). The FRE determines the credible admissibility (Choppa et al., 2004) of an expert's testimony, not any one certification or combination of certifications on their own merit. As cited in the original publication, the most relevant and defining rule is FRE 702, which updated and adopted December 1, 2023:

> A witness who is qualified as an expert by knowledge, skill, experience, training, or education may testify in the form of an opinion or otherwise if the proponent demonstrates to the court that it is more likely than not that:
>
> (a) the expert's scientific, technical, or other specialized knowledge will help the trier of fact to understand the evidence or to determine a fact in issue;
>
> (b) the testimony is based on sufficient facts or data;
>
> (c) the testimony is the product of reliable principles and methods; and
>
> (d) the expert's opinion reflects a reliable application of the principles and methods to the facts of the case (28 USC App Fed R Evid Rule 702.).

FRE 702 identifies the elements of knowledge, skills, experience, training, and education as qualifications of someone who may be deemed a qualified expert. It is the totality of these items that qualifies an expert. For this reason, certifications play a key role in verifying basic education, experience, training, knowledge and skills required of a qualified expert, but they are not the sole determinant in and of themselves.

During the process of becoming qualified as an expert in a legal case involving a life care plan, usually there is an interim when an attorney, in a deposition or trial, will review the qualifications or "credentials" of the witness (Weed & Johnson, 2006). On occasion, an attorney may stipulate that the expert's resume' is accurate and complete within the areas stated in FRE 702, and move on to the expert's testimony. However, this may not always be the case. In a recent deposition of an expert in a case still pending and waiting for trial, the life care planning expert was questioned at length about her credentials (*Hamilton v. Amondson*, 2022). During a two-hour deposition, the expert was questioned about her credentials for 56 minutes, and of the 93 pages of the deposition, 50 pages addressed those credentials; only 43 pages were given to an examination of her testimony and opinion. This instance illustrates, how attention is given to the issue

of credentials of the expert. A significant motive for the 2023 FRE 702 amendment is to ensure that the judge, in their gatekeeping duties, simply does not allow an examination of an expert's credentials alone to be sufficient for admissibility. Larazus (2022) has advanced the observation that even with FRE 702 "common judicial misapplication result[s] in excessive deferrals to the jury . . . a significant abdication of gatekeeping responsibility" (p. 3). Johnson et al. (2022, p. 19) stated, "in addition to a routine review of an expert's credentials, now the gatekeeper would be required to evaluate the reliability and preponderance of the expert's evidence (i.e., methodology) prior to offering testimony in court." An expert proffering life care planning opinions may establish their credibility as an expert witness through not only a certification (which assists in establishing education, experience, skills, and knowledge) but also by way of methodology and how they have applied their skills and specialized knowledge in each case.

Certifications

The first relevant certification program to emerge in 1974 was the Certified Rehabilitation Counselor certification; it was developed by the Commission on Rehabilitation Counselor Certification (CRCC). Being the first, this certification filled a void in the field of rehabilitation counseling and a need to create standards of practice for rehabilitation counselors. This certification program provided a reference for the necessary skills, training and education for rehabilitation counselors. This certification set a precedent for future certifications by including requirements for minimum education, minimum experience, passing of an examination, completing continuing education requirements, and providing a code of ethics/standards of practice.

Throughout the 1950's into the early 1970's, rehabilitation counseling was a relatively new field and emerged from adjacent professions such as psychology, social work, mental health, physical, and occupational therapies to assist individuals with disabilities. Since its emergence, the CRC program expanded to include specializations in vocational counseling to include vocational evaluation, job placement services, coordination of care, case management, and psychometric testing. The CRC has since broadened further to include provisions of life care planning to the rehabilitation counselor scope of practice. These added specializations enhanced and broadened services offered to those with disabilities.

In the 1980's and 1990's there was an emergence of additional certifications to include CDMS- formerly Certified Insurance Rehabilitation Specialist (CIRS), ABVE, CCM, CLCP®, and the CNLCP. These emerging certifications represented a point of view that further specialization was warranted. Since 2000, there have been five additional certifications created. It should be noted that each certification has varying education and experience requirements, different examination requirement and continuing education requirements, along with their own code of ethics and standards of practice.

Table 1. Summary of Certifications held by Life Care Planners on Selected Variables Presented Alphabetically

	Independent Accreditation	Year Est.	Minimum Education Required	Minimum Experience Required	Code of Ethics Standards of Practice	Exam Required	CEUs Required	Non Profit
ABVE	No	1980	Yes	Yes	Yes	Yes	Yes	Yes
CCLCP	Yes	2005	Yes	Yes	Yes	Yes	Yes	No
CCM	Yes	1993	Yes	Yes	Yes	Yes	Yes	Yes
CDMS	Yes	1984	Yes	Yes	Yes	Yes	Yes	Yes
CHLCP	No	2023	Yes	Yes	Yes	Yes	Yes	Yes
CLCP®	Yes	1996	Yes	Yes	Yes	Yes	Yes	No
CNLCP	No	1999	Yes	Yes	Yes	Yes	Yes	Yes
CPLCP	No	2014	Yes	Yes	Yes	Yes	Yes	Yes
CRC	Yes	1975	Yes	Yes	Yes	Yes	Yes	Yes
ICCCP	No	2024	Yes	Yes	Yes	Yes	Yes	Yes
LCP-C	No	2021	Yes	Yes	Yes	Yes	Yes	Yes

At this time, there are 11 certifications relevant to the specialty practice of life care planning. Each certification listed above has been researched on the following descriptive variables: Inception year, financial (i.e., for profit vs. non-profit) status, accreditation, eligibility, examination, continuing education requirements and code of ethics/standards of practice. This information is outlined in Table 1 (above).

The most notable observation is that six of the currently available certifications are not independently accredited by NCCA or ANAB including ABVE, CHLCP, CNLCP, CPLCP™, CVE, ICCCP, and LCP-C. While some may not be large enough to meet the criteria, others have been denied independent accreditation. There appears to be no differences on the remaining variables between the eleven, other than profit versus non-profit status. The CCLCP® and CLCP® certifications are the only for-profit certifications and are owned by the International Commission on Health Care Certifications (ICHCC). While ICHCC certifications were among those that had been denied independent accreditation by NCCA in the past, they were granted ANAB accreditation in 2024.

Descriptions of Certification Programs

The following descriptive paragraphs were drawn from the websites of each certification. The reader is encouraged to review all information of each certification by visiting their respective websites provided below.

American Board of Vocational Experts (ABVE)

The American Board of Vocational Experts focuses on promoting forensic vocational experts through enhancing competency with their credentialing, education & training, and research and cooperative relationships standards. They strive for the highest standards of forensic competency, integrity, accountability, education, career enhancement, and public & private research impacting the professional of forensic vocational analysis and psychometric testing.

More information can be found at: https://www.abve.net

Certified Case Manager (CCM)

The Commission for Case Manager Certification was established in 1993 after a concern was identified in the varied training and backgrounds of people who identified as case managers. There was concern that incompetent practice could harm patients and/or the emerging profession. It was determined that case managers would oversee their credentialing process rather than a regulatory authority. Today they strive to advocate, promote, and advance consumer protection, quality case management practice, ethical standards, and scientific knowledge development and dissemination.

More information can be found at: https://ccmcertification.org/#

Certified Disability Management Specialist (CDMS)

The Certified Disability Management Specialist credential promotes "getting employees back to well, back to work and back to life." This certification confirms knowledge and skills required to analyze workplace health, safety risk, prevention, and ways to alleviate the impact of disability.

More information can be found at: https://www.cdms.org/

Certified Physician Life Care Planner (CPLCP™)

The Certified Physician Life Care Planner certification is a certification for physicians who are board certified in physical medicine and rehabilitation. This certification strides to certify physician life care planners who adhere to the highest-level medical and rehabilitative methodological standards.

More information can be found at: https://cplcp.org/default.aspx

Certified Rehabilitation Counselor (CRC)

The Certified Rehabilitation Counselor certification serves to unite the profession of rehabilitation counseling by providing a credential ensuring excellence in working with individuals with disabilities. This certification provides assurance of graduate level training and skills to work with individuals with disabilities to achieve their social, personal, psychological, career, and independent living goals.

More information can be found at: https://crccertification.com/

International Certified Cost of Care Professional (ICCCP) & ICCCP (F-Fellow)

The International Certified Cost of Care Professionals certification, including a fellowship credential, certifies cost of care professionals in their ability to make recommendations pertaining to current and future care needs, and the related costs to individuals with disabilities. This certification was established in 2024 and is the newest of the certifications relevant to life care planning.

More information can be found at: https://cvrp.net/icccpf-accepting-applications/?lang=usa

International Commission on Health Care Certifications (ICHCC) - Canadian Certified Life Care Planner (CCLCP®) and Certified Life Care Planner (CLCP®)

The International Commission on Health Care Certifications (ICHCC) was originally established as the Commission on Disability Examiner Certification (CDEC) in 1994. The CDEC expanded over eight years and in the spring of 2002 updated their name to the ICHCC. Today they offer two certifications for life care planners; Certified Life Care Planner (CLCP®) and Canadian Certified Life Care Planner (CCLCP®), both of which were recently granted ANAB accreditation in 2024. The ICHCC offers these certifications with the purpose of measuring an applicant's working knowledge required when working with an individual with catastrophic disabilities, including knowledge of relevant medical system (Canadian for CCLCP®), associated disabilities, and treatment/maintenance protocol.

More information can be found at: https://www.ichcc.org/

Life Care Planner- Certified (LCP-C)

The Life Care Planner- Certified certification was developed with the mission of certifying and training medical, healthcare, and rehabilitation professionals as qualified life care planning professionals.

More information can be found at: https://www.lifecareplanningcertification.com

Universal Life Care Planner Certification Board (ULCPCB)- Certified Nurse Life Care Planner (CNLCP) and Certified Health Professional Life Care Planner (CHLCP)

The Universal Life Care Planner Certification Board (ULCPCB™), formerly known as the Certified Nurse Life Care Planner Certification Board, currently offers two life care planning certifications: Certified Nurse Life Care Planner (CNLCP) and Certified Health Professional Life Care Planner (CHLCP). Their certifications indicate that an individual has met requirements for knowledge, experience, skills, and clinic judgment within the life care planning specialty. They strive to validate proficiency in these areas and affirm expertise beyond basic licensure.

More information can be found at: https://ulcpcb.org/

Accreditation

Definitions

Accreditation: "...the process by which a credentialing or educational program is evaluated against defined standards by a third party. When in compliance with these standards, it is awarded recognition." (Institute for Credentialing Excellence, n.d.-b)

"Accreditation denotes both a status and process. As a status it denotes conformity to a specific standard as set forth by an accrediting agency and as a process it shows a commitment to continuous improvement." (https://anab.ansi.org/about-anab/faq/)

Certification: A process, often voluntary, by which individuals are evaluated against predetermined standards for knowledge, skills, or competencies. Participants who demonstrate that they meet the standards by successfully completing the assessment process are granted a time-limited credential. To retain the credential, certificants must maintain continued competence. Whereas the focus of an assessment-based certificate program is on education/training, the focus of professional/personnel certification is on the assessment of participants. Additionally, the certification process requires the assessment to be independent of both a specific class, course, or other education/training program and any provider of classes, courses, or programs.

Licensure: An official process, administered by a state-level authority that is required by law in order for an individual to practice a regulated profession.

Federal Rules of Evidence: Rules developed for the governance of expert testimony in federal courts.

National Commission for Certifying Agencies (NCCA)

Three of the five accredited certification relevant to life care planning have been independently accredited by the National Commission for Certifying Agencies, these include CCM, CDMS and CRC. The NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE), formerly known as the National Organization for Competency Assurance (NOCA). The stated mission of the National Commission for Certifying Agencies (NCCA), the major accrediting body in the country is to "help ensure the health, welfare, and safety of the public through the accreditation of certification programs/organizations that assess professional competence. The NCCA uses a peer review process to:

- Establish accreditation standards;
- Evaluate compliance with these standards;
- Recognize programs that demonstrate compliance;
- Monitor and enforce continued compliance; and,
- Serve as a resource on quality certification." (Institute for Credentialing Excellence, n.d.-a).

NCCA has provided the following values of accreditation:

- "Enables credentialing organizations to demonstrate to profession it represents, and to general public its certificants serve, that their program has met the stringent standards set by the credentialing community

> • Enhances a program's credibility and legitimacy by providing impartial, third party oversight of a conformity assessment system
>
> • Provides organizations with a way to answer the question "who reviewed your certificate/certification program?", a question often posed by members of an occupation, employers, and sometimes, the courts" (Institute for Credentialing Excellence, n.d.-b)

NCCA has developed standards which assist organizations in the development of their respective certification programs. There are currently 315 NCCA accredited programs from more than 130 organizations (Institute for Credentialing Excellence, n.d.-a), including CCM, CDMS, and CRC as noted above.

As organizations prepare for ICE/NCCA accreditation of their certification programs, compliance is required, with full documentation, of the 23 standards. This has been updated since the time the original article was written at which time there were 21 standards. To follow is an overview of the current standards.

- Standard 1: The purpose of the certification program must be to recognize each individual who meets established criteria. These criteria must uphold standards for practice in a profession, occupation, role, or specialty area.
- Standard 2: The certification program must be structured and governed in ways that are appropriate and effective for the profession, occupation, role, or specialty area; that ensure stakeholder representation; and that ensure autonomy in decision-making over all essential certification activities.
- Standard 3: Appropriate separation must exist between certification and any education or training functions to avoid conflicts of interest and to protect the integrity of the certification program.
- Standard 4: The certification organization must have sufficient financial resources to conduct ongoing, effective and sustainable certification and recertification activities.
- Standard 5: The certification program must ensure that all certification program activities are conducted by qualified personnel.
- Standard 6: The certification program must make certification information that concerns existing and prospective certificants publicly available.

- Standard 7: The certification program must establish, enforce, and periodically review certification policies and procedures related to certification and challenges to certification decisions.
- Standard 8: The certification program must award certification only after the knowledge and/or skill of the individual candidate has been evaluated and determined to be acceptable.
- Standard 9: The certification program must have a records management and retention policy for all certification-related records.
- Standard 10: The certification program must have policies and procedures that cover all personnel involved in the certification program for the access, maintenance, and release of privileged and confidential examination and candidate information.
- Standard 11: The certification program must demonstrate that policies and procedures are established and applied to avoid conflicts of interest for all personnel involved in certification decisions or examination development, implementation, maintenance, delivery, and revision.
- Standard 12: The certification program must establish, apply, and periodically review policies and procedures for the secure retention of candidate and examination information.
- Standard 13: The certification program must use panels of qualified subject-matter experts (SMEs) to participate in job analysis, item development, standard setting, scoring, and other examination-related activities.
- Standard 14: The certification program must have a study that defines and analyzes descriptions of job-related elements linked to the purpose of the credential.
- Standard 15: The certification program must establish specifications that describe what the examination is intended to measure as well as the design of the examination and requirements for its standardization and use, consistent with the stated objectives of the certification program.
- Standard 16: Certification examinations must be developed according to established specifications and sound psychometric principles and practices.

- Standard 17: A certification program must establish a passing standard that relates performance on the examination to the level of proficiency required for certification. In addition, the program must use psychometrically defensible methods to help ensure that candidates are held to the same performance standard.
- Standard 18: The certification program must adhere to its policies and procedures for each method of examination administration. Policies and procedures must safeguard the confidentiality and integrity of examination content, address security at every stage of the process, and ensure that all candidates take the examination under comparable conditions.
- Standard 19: The certification program must employ and document sound psychometric procedures for scoring, interpreting, and reporting examination results.
- Standard 20: The certification program must evaluate items and examination forms to ensure that scores are sufficiently reliable for the decisions that are intended.
- Standard 21: The certification program must require periodic recertification.
- Standard 22: The certification program must have a quality-assurance program that provides for the consistent application and periodic review of policies and procedures.
- Standard 23: The certification program must demonstrate continued compliance to maintain accreditation. (National Commission for Certifying Agencies, 2021).

This information is relevant and important in understanding the standards certifications must meet in order to become accredited. The fact that there are only three of the 11 certifications relevant to life care planning that have been able to meet these standards goes to show how difficult it is to active and how impressive it is when awarded.

ANSI National Accreditation Board (ANAB)

A second accrediting body relevant to life care planning is the American National Standards Institute (ANSI) National Accreditation Board (ANAB). Established in 1989 as the Registrar Accreditation Board (RAB) under the American Society for Quality (ASQ), RAB and ANSI agreed to run the American National Accreditation Program in 1991. In 2005, ANSI-RAB became a legal entity known as ANSI-ASQ National Accreditation Board. In 2018 ANSI acquired full interest and it was renamed ANSI National

Accreditation Board (ANAB). The ANSI National Accreditation Board (ANAB) has accredited more than 3,000 organizations making it the largest accreditation body in the western hemisphere (ANSI National Accreditation Board, n.d.-a). ANAB has 11 accreditation programs: biobanking, inspection bodies, management systems, proficiency test providers, property and evidence control unit, validation and verification, forensic service providers, laboratory, personnel credentialing, products, processes & services, and reference materials producers. In addition, ANAB supports other non-specified industries by providing accreditation to: laboratories, inspection bodies, Sampling organizations, proficiency testing providers, product certifiers, certification bodies, and personnel certifiers. ANAB provides accreditation in the following industries: aerospace, agriculture & forestry, cannabis, energy, food, feed, & pharmaceutical, construction/raw materials, information technology (IT), environmental, health & safety, criminal Justice, medical and other industries. They accredit a vast array of organizations and programs, including the CLCP® and CCLCP® as of 2024.

Similar to NCCA, ANAB also has standards that apply to different industries. The standards seen to be the most relevant to life care planning and our associated certifications include:

> ISO/IEC 17024: 2012 Conformity Assessment – general requirements for bodies operating certification of persons
>
> ISO/IEC 17024:2012 contains principles and requirements for a body certifying persons against specific requirements, and includes the development and maintenance of a certification scheme for persons.
>
> ISO/IEC 17024:2012 has been developed with the objective of achieving and promoting a globally accepted benchmark for organizations operating certification of persons. Certification for persons is one means of providing assurance that the certified person meets the requirements of the certification scheme. Confidence in the respective certification schemes for persons is achieved by means of a globally accepted process of assessment and periodic re-assessments of the competence of certified persons. (ANSI National Accreditation Board, n.d.-b).

This is another example of the stringent requirements certifications face when seeking accreditation and may explain why less then half of the certifications relevant to life care planning have been independently accredited.

Why Are There Still So Many Certifications held by Life Care Planners?

As noted earlier in this article, emerging certifications have represented a point of view that further specialization was warranted. Life care planning is a transdisciplinary specialty practice. Each primary discipline brings to the process of life care planning standards that must be adhered to by the individual professional, and these standards remain applicable while the life care planner engages in life care planning activities. Each professional works within their own scope of practice, standards of practice, and regulatory requirements that ensure accountability, provide direction, and describe the mandated responsibilities of their field (International Academy of Life Care Planners, Life Care Planning Section of the International Association of Rehabilitation Professionals, 2022). It is within this context that we begin to understand the varying certifications applicable to a wide range of professionals who perform life care planning.

In current times, certifications have become an expectation of the professional, used to verify what the certification itself verifies (i.e. education, experiences, knowledge of certain subject areas, ongoing education.) This conveys that the professional is "allegedly competent" (Field et al., 2007, p. 13) in the areas they market themselves to be, which provides the clientele with confidence in the life care planner's ability to provide services.

As stated in the original publication,

> With all of the emphasis on certifications, it must be remembered that the certifications do not define the essential role of the rehabilitation counselor/case manager. The certification that a professional receives, from whatever quarter, is a credential, and is but one element in establishing the credibility of the professional's qualifications to perform as a rehabilitation counselor/case manager and offer opinion and testimony in hearings, depositions and trials (Field et al., 2007, p. 13).

In other words, certification alone does not automatically grant the professional credibility in the various arenas, including life care planning. It is the combination of certification(s), education, experience, specialized knowledge, skills, training, professional affiliations, publications, etc. that might grant someone credibility in a role such as offering life care planning opinions and testimony.

If that is the case, why do we need so many certifications? As noted in the original publication, an obvious reason might be overspecialization, "turf" wars, or simply feeling the need to justify abilities with specialized certifications. These reasons, if not others, might lead professionals to feel the need to hold several certifications to justify their abilities and skills sets in different areas. This leads to increased money and time commitments with high membership fees, cost and time for continued education, etc. for professionals holding several certifications. When looking specifically at the

subspecialty practice of life care planning, there are mixed opinions regarding certifications that exist in both life care planning specific certifications and certifications such as ABVE, CRC, and CCM that include life care planning services in their scope of practice, but not as the sole specialty for which the certification covers.

Additional Thoughts

Professionals in the subspecialty practice of life care planning are left asking the question of which certification should I hold? Do I need to hold more than one certification? How do I choose a certification based on my chosen area of work? Is the lack of independent accreditation of some certifications a concern? Is for-profit status appropriate for a professional certification? In reviewing the original recommendations from the article in 2007 it is observed that contrary to consolidation, in fact, more certifications have emerged. It is still observed that there seems to be both an overlap with certain certifications and at the same time a lack of unification amongst certifications. Inclusivity and cooperation would be necessary for unification to occur at any level.

As it stands, information pertaining to non-profit/ for profit status, governance, budget, and status of independent accreditation (i.e., those certifications that have not been independently accredited), continues to not readily be available on each of the certifications' websites. The public and the practitioners have the right to this information and it should be readily available and accessible.

As stated in the Field et al. (2007, p. 15), "there must be an acknowledgment that a certification held by any professional is but one item comprising their credentials". In a larger context, the Federal Rule of Evidence 702 should be the overall guiding principle, or umbrella, in the presentation of one's knowledge, skills and abilities for the role of the life care planner providing expert testimony. As discussed above, the FRE 702 considers education, specialized training, knowledge, skill and experience as determining factors in establishing one's credibility as an expert. This comes back to the issue of credibility, what qualifies a professional as an expert? The FRE 702 lays it out perfectly, and although many of these items include training, knowledge, skill, and experience that are also required of certifications, it is not certification(s) alone that qualifies the expert.

Jean-Jacques Rousseau stated,

> Now that there are, and can be, no longer any exclusive national religion, we should tolerate all creeds which show tolerance to others, so long as their dogmas contain nothing at variance with the duties of the citizen . . . such dogma is good only where the government is theocratic" (Jean-Jacques Rousseau, 1792/1948, p. 439).

Dr. Timothy Field added relevant inspiration to this quote by eloquently substituting certification, standards of practice, rehabilitation professional and certifying and accrediting agencies to national religion, creeds, dogmas, citizens and government, giving us all food for thought.

> Now that there are, and can be, no longer any exclusive national religion [certification], we should tolerate all creeds [certifications] which show tolerance to others, so long as their dogmas [standards of practice] contain nothing at variance with the duties of the citizen [rehabilitation professional] . . . such dogma is good only where the government [certifying & accrediting agencies] is theocratic.

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