Introduction
The aging population has resulted in an increased demand for older driver rehabilitation services (McGuire & Schold Davis, 2012). The goal of driver rehabilitation (DR) is to help an individual continue to drive as long as it is safely possible (Carr, et al, 2010, Macdonald, et al, 2006), via evaluation resulting in driving strategies, adaptive driving equipment, or vehicle modification. A thorough assessment is performed, which includes both in-clinic test of physical, vision, spatial and cognitive skills, followed by an on-road assessment in a vehicle that is equipped with an instructor’s brake and mirror, as well as other types of adaptive driving equipment, e.g. steering knobs, left foot accelerator pedal, hand controls, etc. If indicated, training is provided in the use of the adaptive equipment or in driving strategies designed to assist the driver in compensating for their limitations. If it is determined that the driver is unsafe, and equipment or driving strategies would be ineffective, the driver is directed to alternative methods of transportation. The objective is to enable the individual to continue to travel to important destinations as a driver or as a passenger, in a safe manner. The results of comprehensive driver rehabilitation evaluations can be valuable to driver licensing agencies in determining fitness to drive (Lococo and Staplin, 2005)

Statement of the Problem
A recent survey of DR programs (Betz, et al, 2014) located 379 programs across the country, and compared the number of programs in each state with the estimated number of senior drivers. The study concluded that, given the identified number of DR programs and the older driver population, each program could anticipate serving a median of 64,000 adults. Although not every older adult needs driver rehabilitation, there is a clear need for extensive expansion of DR services to meet the surge of senior drivers.

Provision of Driver Rehabilitation Services
Just as the process for acquiring and maintaining a driver’s license differs from state to state, the process to provide driver rehabilitation services also have many variations (Lane et al, 2014, Kalina TD & Green EL, 2006). In some states, driver rehabilitation programs are developed without any formal connection to the state driver licensing agency. In other states, driver rehabilitation programs are required to become licensed as professional driving schools.
In the states where this is required, the process to become licensed as a driving school may specify the type of insurance, space, staffing and vehicles, require periodic license renewal and may perform inspections of the facility to ensure that these requirements are met.

Some hospitals who are considering starting a driving program may see the driving school regulations as a deterrent. The driving school regulations were not developed for DR programs. From the licensing agency perspective, these regulations are designed to ensure qualified service provision and to protect the consumer.

Researching regulations in each state is essential, as some states do not have this licensing requirement for driver rehabilitation programs, or have created an exemption for this service.

Understanding that the driving evaluation may influence the status of a driver’s licensing, DR programs must appreciate and take into account the variations in reporting.

Another variation is the communication between the driver rehabilitation specialist (DRS) and the driver licensing agency’s Medical Advisory Board (MAB). Some states will accept reports directly from the DRS, and have frequent communication as part of the medical review process. The DRS obtains written consent from the driver to send the report to the state motor vehicle agency. Other states only accept reports from physicians, so the DRS sends their reports to the referring doctor or to the patient/client, and may never have direct communication with the licensing agency.

As a joint project with the American Occupational Therapy Association (AOTA) and the Association for Driver Rehabilitation Specialists (ADED), funded by the National Highway Traffic Safety Administration (NHTSA), driver rehabilitation service providers across the country were contacted to learn the variations in service provision. The future aspect of the project would be to contact the government licensing agencies to record the legal requirements or exemptions for each state. The long term goal would be to record this information on-line as a resource for persons who are interested in starting driver rehabilitation programs or becoming driver rehabilitation specialists.

**Methodology**

The contact information for practicing DRSs was identified using the lists from the ADED and AOTA websites. A recent article (Lane, et al, 2014) describes the scope of DR program services. This survey covered basic, low tech and high tech DR services. The DRS was contacted via email and/or telephone contact.
The following questions were posed:

1. Are driver rehab programs required to be licensed as professional driving schools in your state?
   1a. If yes, is the licensing handled by the Department of Motor Vehicles?
   1b. What is the name of the DMV department or unit?
   1c. If the answer to 1b is no, what is the agency that provides licensing?

2. Is there a difference in licensing for serving novice vs experienced drivers?

3. Can you send DR reports directly to the DMV?
   3a. If not, to whom do you send your reports?

4. Will your state DMV accept driving reports from anyone, or from specific individuals: doctors, CDRSs etc.?

The responses were obtained via email and/or a direct phone call, and were entered into a table. See Appendix.

Results
Note that the responses are from practicing DRSs, and so reflect the DRS’s understanding of their state’s requirements and regulations. In two states, conflicting information was gathered from various DR programs regarding their states’ requirements.

Responses were received from 34 states and the District of Columbia. Two states (Delaware, Wyoming) do not have any DR programs in their state. In Delaware, services are provided by DR programs in neighboring states.

Assessment/Training Services
Thirteen states require that the DR service be licensed as driving schools to provide services (evaluation/training) to any driver (experienced or novice).

Ten states do not require that the DRS service be licensed as a driving school to serve either experienced or novice drivers. One state (Georgia) has created an exemption for DR services and does not require the DR programs to become licensed as a professional driving school.

Seven states do not require driving school licensing if the DR service is serving only experienced drivers, but do require licensing if the DRS serves novice drivers or, in the case of Illinois, drivers under the age of 18.

Five states require driving school licensing if the DRS is providing training, for either experienced or novice drivers. As a result, some DR programs provide only clinical and on-road evaluation services, and refer the driver to a nearby, comprehensive licensed driving program for training services.
Two states (Alabama, Indiana) **require** that the OT/DRS have a degree in **education** to qualify for training as a Driving Instructor. The OT/DRS can provide evaluations only.

One state (Ohio) **provides/requires specialized training** for the DRS to evaluate or train drivers with disabilities. The state driver licensing agency provides the training.

Two states permit the DRS to provide only the clinical (Idaho) or the clinical/on-road assessment (Connecticut), and the state/county DMV provides the remainder of the service (on-road testing and/or training).

**Licensing Agencies**

The process of licensing in most states is handled by the Department of Motor Vehicles (DMV) or Motor Vehicle Administration (MVA). Other agencies include: Dept of Consumer and Regulatory Affairs, the Office of the Secretary of State, Dept of Education, or Dept of Revenue.

**Reporting Practices**

Most state DMVs will accept driver rehab reports from the DRS.

The DMVs from 2 states (New Hampshire, Virginia) will only accept reports from a CDRS or SCDCM, not a DRS.

The DMVs from 5 states (Alabama, California, Minnesota, Nevada, and Washington) will not accept reports from a CDRS or DRS, only from a **physician**.

**Discussion**

The process of becoming licensed as a driving school is often handled by the same agency that issues and regulates a driving license. However, some states delegate the responsibility to another agency, such as the department of education. A hospital or therapist who is interested in developing a driver rehabilitation program may have considerable difficulty locating the correct agency to approach, or may receive incomplete or conflicting information regarding the rules and regulations that govern the DR service.

A typical process for the development of a driving school requires such features as classroom space, textbooks, a designated phone number, bonding, and insurance. The vehicles must pass yearly inspections, have required signage, and be replaced after a designated number of model years. The instructors must complete training, undergo health and criminal background checks and renew their licenses at designated intervals. The program is subject to unannounced inspections to insure compliance with the regulations.

The regulations for driving schools are designed to provide training to novice drivers, and so include the requirements for such items as textbooks and classroom space. Many DR programs serve only experienced drivers, and so are required to meet requirements that are not relevant to the services provided.
The regulations for a driving school ensure a level of competency, reliability and consistency of service provision. The advantages of the driving instructor license is the instructor training that is provided to the DRS, which can increase their skills in maintaining control of the vehicle via the instructor’s brake, training vehicle maneuvers, explaining traffic laws, and establishes a communication line between the DR program and the driver licensing agency.

A number of state DMVs will not accept reports from the DRS, but instead rely on the physician’s report. In these situations, there is a disconnection of communication between the DRS and the DMV. In states that have an on-going communication between the DR services providers and the driver licensing agency, the DRS is able to write clearer, more effective reports and the staff of the DMV medical review department becomes knowledgeable regarding the assessment methods and recommendations of the DRS.

Next Steps
The information gathered in this survey was based on the knowledge of practicing driver rehabilitation specialists around the country. Input from the licensing agencies is needed, to learn the rules and regulations that govern the provision of driver rehabilitation and its fit within the driver education services of each state. The following are suggested survey questions for the various agencies that handle driver education services:

Are driver rehabilitation programs required to become licensed as driving schools in your state?

Is there a difference in licensing or certification to serve novice vs. experienced drivers? To provide evaluation vs. training services?

Is specialized training required to become an instructor:
- to serve experienced drivers?
- to serve novice drivers?
- to serve persons with disabilities?

What are the requirements for a facility to become a licensed professional driving school?

Will the Medical Review Unit or Medical Advisory Board accept reports and recommendations from a driver rehabilitation specialist?

Summary
The rules and regulations, or lack thereof, that apply to the provision of driver rehabilitation services are as varied as the rules and regulations of the state licensing agencies themselves. It is apparent that the number of driver rehabilitation specialists must expand to serve the growing needs of the older driver population, and the removal of barriers and inconsistencies between the DR program and the driver licensing agencies would further facilitate this process.
References

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