# Certified Orientation and Mobility (COMS)

# Scope of Practice1

Certified Orientation and Mobility Specialists (COMS) are skilled, qualified professionals who teach skills for independent travel to adults and children who have low vision or blindness. Many clients have additional disabilities including deafblindness, physical limitations, intellectual disability, mental health problems and social complexities. COMS stay current in their practice by recertifying every five years and are bound by a strong Code of Ethics.

A COMS completes a comprehensive assessment of a client’s travel skills and needs as a foundation for program design. This assessment includes interviews, a review of medical records, observation of skill performance in a range of settings, and evaluation of sensory abilities and their development, including any functional vision. Program planning also includes an evaluation of travel environments for their accessibility and sequencing suited to the individual client’s abilities. Throughout training, the COMS conducts ongoing assessments of the client’s development and performance and adjusts instruction accordingly.

Assessment, planning and learning activities must be adapted to fit the individual needs of each client, taking into account age, strengths and limitations, learning style and cultural background. For example, a COMS working with children will focus more on motor and concept development while a COMS working with older adults will be more mindful of fall prevention. Program plans are developed in consultation with the client, family, support network and/or legal representative, according to the individual needs and goals of each client.

A COMS provides training that empowers individuals with blindness or low vision to travel safely, efficiently, and as independently as possible in home, school and community environments. Individualized programs may include training in sensory development, skills and concepts for community travel, and the use of a variety of low vision, mobility, or orientation technologies. Conceptual development lays the foundation for all orientation and mobility instruction, and for some, begins with awareness and knowledge of body parts, planes and movements and progresses to understanding basic and complex spatial, directional, positional, distance, time and environmental concepts. Sensory awareness and perceptual training may address visual efficiency skills and development of auditory and tactile skills and is typically integrated with the use of the long cane or other mobility or low vision devices. Mobility skills instruction focuses on safe movement and may involve guide techniques, protective techniques, and the use of mobility devices, such as the long cane or adapted mobility devices. Safe street crossings and negotiation of stairs, elevators, escalators and revolving doors are all aspects of community mobility skills. Orientation skills instruction focuses on cognitive mapping and spatial updating skills and typically addresses route planning and travel as a pedestrian, with use of public buses and rail, paratransit systems, and ride-sharing and ride-hailing options. Development of orientation may involve training in the use of a variety of wayfinding technology, such as accessible GPS and mapping technologies. These instructional domains are highly interwoven and the COMS must conduct ongoing assessment of the client’s progress and performance in each area and adjust instruction accordingly.

COMS provide instruction in the following service areas, including but not limited to:

1. **Concept development:** body image, spatial relations, temporal, positional, directional, environmental and social.
2. **Sensory awareness and Perceptual Development:** visual, auditory, vestibular, kinesthetic, tactile, olfactory, haptic, and proprioception sensory information, and the interrelationships of these systems.
3. **Orientation:** identification of landmarks, spatial orientation methods, using environmental feedback, relative position, wayfinding, problem-solving, and echoidentification, route planning and reversal, and supporting guide dog teams.
4. **Mobility Systems and Techniques:** Human Guide technique, long canes, identification canes, adapted mobility devices, guide dogs, support canes, wheelchairs and motorized mobility scooters, bicycles, and public transportation systems (bus, rail systems, taxi, paratransit, ride-sharing, hired drivers, etc.).
5. **Blind and vision-assisted travel skills:** self-protection, systematic search patterns, self-familiarization, trailing, turns, landmarks/clues, orientation systems, long cane skills, readiness for a guide dog, visual efficiency during travel, managing glare and visual fatigue, use of assistive technologies.
6. **Street Crossing techniques:** visual and non-visual street crossing strategies, intersection types, traffic management systems (e.g., signs, lines, traffic lights, islands, roundabouts, channelized turn lane, Accessible Pedestrian Signals), traffic patterns, light cycles, veer correction, risk analysis, and use of low vision devices.
7. **Assistive and Access Technology:** low- and high-tech devices, mobility devices (long cane, Adapted Mobility Devices (AMD), low vision tools/devices, map-making and use (visual, tactual, and/or haptic), electronic travel aids, electronic orientation aids (GPS, wayfinding applications for mobile devices, and live-streaming/visual interpretation services.
8. **Environmental Access:** tools: 2D- and 3D-Maps (visual, tactual, haptic), 2D- and 3D-Graphics (visual, tactual, haptic), Signage (visual, tactual), Legislation: Accessibility Rights and Standards (e.g. Americans with Disabilities Act, Article 9 - Convention on the Rights of Persons with Disabilities (CRPD), etc.), public rights-of-ways, accommodations and modifications for learning/employment. Principles: social equity, universal design
9. **Self-Determination:** safety awareness, self-advocacy, soliciting/declining assistance, giving/receiving directions; advocacy and community education, informed choices

A COMS can be employed in public schools, hospitals, schools for the blind, low vision/blindness agencies, or work as private contractors. Programs typically take place in the types of travel environments in which a client will be travelling. Program sequencing generally proceeds from less to more complex environments, and the COMS’s support is gradually withdrawn as independent travel skills develop.

The COMS will generally work on a one-to-one basis with clients but might work as part of an interdisciplinary teams and/or offer group programs. A COMS collaborates with other vision, allied health, and education professionals and social services to provide a comprehensive approach to the client’s needs.

A COMS advocates for increased accessibility of the general travel environment, and liaises with other professionals and the broader community. This advocacy often requires a knowledge of transportation systems in the local community and the ability to network with traffic engineers and city planners on urban travel design. The COMS may also offer or participate in workshops, seminars, published resources (handouts, brochures, newsletters, etc.), and other community-based events.

A COMS promotes safe and independent travel to help clients reach their goals for education, employment and full inclusion in family and community life.

# Certified Orientation and Mobility (COMS)

# Body of Knowledge

1. **Professional Information and Resources**
   1. basic laws and regulations that affect O&M services internationally (e.g., UN Convention on the Rights of Persons with Disabilities, UNICEF Convention on the Rights of the Child), nationally (e.g., disability legislation, insurance, pensions, building codes) and locally (e.g., school policies, council bylaws).
   2. resources for clients to obtain services, support, and/or information related to low vision/blindness.
   3. professional O&M resources including peer reviewed journals and grey literature, reliable websites, leading publishers, international and local conferences, and professional bodies.
   4. O&M research designs, approaches to knowledge, hallmarks of research quality, evidence-based practice, the role of O&M specialists in research, and the history of the O&M profession.
   5. roles of an O&M specialist (e.g., teacher, coach, service coordinator).
   6. ACVREP standards, documents and procedures supporting initial certification, ethical professional practice, professional development and recertification.
2. **Relevant Medical Information**
   1. anatomy and physiology of the visual system, the auditory system, the brain, sensory perception/integration and sensorimotor functioning.
   2. common eye conditions/etiologies and their treatment options with implications for clinical visual functions, the WHO International Statistical Classification of Diseases and Related Health Problems (ICD-10) coding and reimbursement for services, as well as functional vision for mobility.
   3. common hearing problems, treatment options and functional implications for communication and O&M performance.
   4. common physical mobility problems (e.g., affecting gait, posture, tone, coordination, initiative, stamina), their treatment options and functional implications for O&M performance.
   5. spatial cognition (mental mapping) and the functional implications of spatial dysfunction on O&M performance and life skills.
   6. common neurological conditions, congenital and acquired, that affect visual processing and executive function skills with functional implications for learning and O&M performance.
   7. common health problems that affect O&M performance (e.g., diabetes, dialysis, epilepsy, asthma, mental illness, home oxygen), impact of medications, management strategies, and basic procedures to respond appropriately to medical situations during O&M sessions.
   8. referral pathways to relevant health professionals and services.
3. **Teaching and Learning in O&M**
   1. basic learning theories (e.g., cognitive, behavioral, social, classical/operant conditioning, intelligences).
   2. teaching methods, including direct instruction, guided discovery, active exploration, scaffolding, and multi-tiered systems of support.
   3. O&M observational positions and their impact on learning, confidence and bystanders.
   4. how to integrate educational experiences, aligning objectives, teaching/learning activities and evaluation methods.
   5. media and materials used to support O&M learning.
   6. how to sequence complexity in environments, tasks and instructions to assess a client’s capacity and build confidence.
   7. how to gauge learning preferences and strategies to optimize client engagement.
4. **O&M Assessment**
   1. principles of person-centered practice (e.g., respectful, holistic, collaborative, egalitarian, and socially networked).
   2. roles of related professionals (e.g., assistive technology instructional specialists, educators, low vision specialists, occupational therapists, ophthalmologists, optometrists, physical therapists, psychologists, rehabilitation specialists).
   3. relevant assessment tools, materials, activities, and settings for different age groups and etiologies.
   4. interview skills to investigate person-centered practices, identifying strengths and challenges, barriers, immediate and long-term goals.
   5. functional O&M assessment skills to investigate sensory integration, environmental barriers, orientation and mobility skills, evaluating risk of falls, social/emotional hindrances, concepts/cognition, and medical/physical limitations.
   6. O&M service options including sensory efficiency training, concept development, mobility systems and transport options.
   7. additional/ongoing assessment strategies to investigate unique needs, monitor progress, determine the need to change learning strategies, O&M program goals or service providers, and determine when a client’s skill level is sufficient to graduate or move on.
5. **O&M Program Design and Delivery**
   1. sector-specific models of service delivery (e.g., medical, educational, social, health, access) and modes of service delivery (e.g., individual, group, itinerant, center-based, residential, intensive, consultancy, and technology-supported).
   2. caseload management skills: identifying priority clients; managing wait lists, time, travel and route scouting; methods of data collection, records and reporting; reflective practice and self-care.
   3. how to adjust O&M expectations and activities to a client’s age, goals and learning capacity.
6. **O&M-Related Concepts**
   1. the impact of low vision, blindness and specific vision conditions on concept development and effective mobility throughout a person’s lifetime.
   2. relationships between body, environmental and spatial concepts, and incidental and purposeful movement; strategies to assess these concepts and facilitate their development.
   3. executive functions and concepts that support O&M-related life skills (e.g., planning, organization, labeling, problem-solving, time management, money, decision-making).
7. **Orientation Skills and Strategies**
   1. techniques for systematic exploration of novel environments using chosen frames of reference.
   2. strategies for orientation using spatial cognition – mental mapping and spatial updating of environmental features.
   3. strategies for navigation using non-spatial methods, including personal orientation systems and devices, their purposes, advantages, disadvantages, and guidelines for selection (e.g., primary and secondary aids, GPS devices, AIRA).
   4. strategies for route recovery, including planning alternative routes, problem-solving skills, hypothesis testing, seeking assistance, and drop off lessons in familiar and unfamiliar environments.
   5. strategies for orienting guide dog handlers to new environments.
8. **Mobility Skills and Strategies** 
   1. mechanics of efficient pedestrian mobility.
   2. personal mobility limitations and non-ambulant mobility, including use of wheeled mobility aids.
   3. human guide techniques and strategies for accompanied travel.
   4. strategies for identifying risks; strategies to manage and promote physical and social safety (e.g., prevention, protective skills, self-defense, seeking assistance).
   5. personal mobility systems and devices, their purposes, advantages, disadvantages, and guidelines for selection.
   6. long cane skills with differentiated instruction and rationale for teaching skills.
   7. independent travel skills for blind mobility (e.g., trailing, turns, alignment, block travel) and strategies for vision-assisted travel (e.g., glare management, adapting to lighting changes, selective viewing to reduce visual fatigue).
   8. preparation and readiness for guide dog mobility.
   9. strategies for route planning (e.g., selecting destinations, sourcing information, managing time and fatigue), wayfinding in familiar and unfamiliar places, and self-monitoring skills and progress.
   10. traffic skills including intersection types, traffic patterns, traffic management systems, and crossing routines.
   11. transport options (e.g., bus, rail, tram, taxi, ride-share services, ferry, plane), planning tools and transport access skills.
   12. strategies for travel in diverse environments (e.g., rural areas, airports, malls, stores, gas stations) and adverse weather conditions.
9. **Use of Senses**
   1. principles of vision development as they apply to low vision/blindness, visual learning, visual efficiency, sensory priorities and sensory integration.
   2. visual skills which optimize O&M performance (e.g., eccentric viewing, scanning, tracking, tracing), develop visual efficiency and manage visual fatigue.
   3. auditory skills which optimize O&M performance (e.g., alignment, targeting, echoidentification, Doppler effect).
   4. kinesthetic and proprioceptive skills which optimize O&M performance.
   5. alternative and augmentative communication, literacy formats (e.g., large print, electronic/accessible text, pictures, braille, audio, tactile graphics) and assistive devices (e.g., magnifiers, monocular telescopes, smart technologies, visual and non-visual GPS, communication books) to manage O&M-related information.
10. **Clients with Multiple Disabilities**
    1. factors affecting clients who are deafblind, including assessment, communication systems, interpreters, environmental barriers, travel systems and learning strategies.
    2. effects of multiple impairments on O&M performance and aspirations (e.g., sensory, physical, cognitive, communication, social, psychological, pain).
    3. assessment tools, educational strategies and service models for clients with complex needs or challenging circumstances.
    4. the role of an O&M Specialist in a multidisciplinary team for clients who have complex needs or challenging circumstances (e.g., sharing expertise, identifying burden of care and need for respite, selecting persons to support a client’s O&M program goals).
11. **Diverse Clients**
    1. aspects of human learning, development and aging across the lifespan, and significant points of transition.
    2. factors that shape individuality and identity (e.g., family of origin, gender, personality, abilities, interests, living conditions, circumstances) and influence a client’s travel choices, person-centered practice and dignity.
    3. cultural differences as they relate to O&M instruction, including beliefs about low vision, blindness, disability and independence, socioeconomic status, religious beliefs, ethnicity, cultural practices, language and use of interpreters.
    4. life-skills associated with different ages and roles, and the incidental mobility that underpins and connects these skills.
12. **Environmental Access, Assessments and Modifications**
    1. physical, sensory, informational and social barriers to access in different contexts.
    2. principles of universal design and social equity for all ages, abilities and identities.
    3. methods for environmental assessment, making recommendations and reporting.
    4. how to be an advocate on behalf of an individual client, and for people with low vision/blindness in general.
    5. skills for clients’ self-advocacy and self-determination, and how to build those skills in others.
13. **Psychosocial Aspects of Blindness and Low Vision**
    1. ways to foster healthy relationships and social skills during O&M programs.
    2. impact of congenital vs adventitious vision conditions on psychosocial functioning and self-efficacy
    3. grief and adjustment to vision loss; relevant strategies and resources.
    4. ways to effect positive social change and inclusion of people with low vision/blindness, including community education and use of media.

# Certified Orientation and Mobility (COMS)

# Applied Clinical Competencies

1. **Communication and professional relationships**  
   Candidate is able to establish and maintain effective written and verbal communications and professional relationships with students, families, colleagues, and supervisors, including individuals from diverse cultural and linguistic backgrounds.
2. **O&M assessment**   
   Candidate is able to plan and conduct individualized comprehensive O&M assessments, in consultation with client and support network.
   1. Synthesize the findings in a professionally written report, and communicate results with client, support network, and professional team, as appropriate.
   2. Conducting on-going assessments to monitor progress and assess the effectiveness of teaching practices.
3. **Instructional planning**  
   Candidate is able to plan for individualized O&M instruction through the:
   1. review and interpretation of relevant records and reports;
   2. use of O&M assessment data to guide instructional planning;
   3. development and sequencing of individual lessons based on client input, abilities, needs, and goals;
   4. selection and preview of potential training areas (e.g., home, school, work, and/or community);
   5. design and/or procurement of instructional materials and appropriate devices (with appropriate medical consultation regarding optical devices);
   6. familiarization of self with new devices and technology in preparation for lessons;
   7. provision of accurate information regarding options for orientation and mobility systems (e.g., long cane, guide dog, electronic travel devices and wayfinding technology) to client and support network so that the client can make informed choices regarding the most appropriate options;
   8. collaboration with client, support network, and related professionals to develop appropriate goals and behavioral objectives and aid in the exploration of additional supports.
4. **Instruction**  
   Candidate is able to effectively teach and reinforce the following elements of O&M instruction across a range of environments (such as indoor, residential, and business):
   1. Concepts related to independent movement and orientation (such as body, laterality, directionality, positional, spatial, environmental, and time-distance).
   2. Mobility techniques, including, but not limited to, use of basic mobility skills, long white cane skills, adapted mobility devices and electronic travel aids and strategies for route travel, street crossings, and the use of public and other transportation systems.
   3. Orientation skills, including, but not limited to, use of cognitive mapping and spatial updating processes; landmarks; cardinal directions; self-familiarization strategies and community familiarization; address system; independent information gathering and problem solving; route planning; maps and wayfinding technology.
   4. Use of residual/functional vision in maintaining safe and independent movement and orientation (such as functional use of optical and non-optical devices, use of visual skills, and incorporating vision use with cane or other mobility systems).
   5. Use of remaining senses (other than vision) in maintaining safe and independent movement and orientation (such as the use of auditory skills (e.g., localizing and discriminating sound, using reflected sound, physical alignment with sound), tactile recognition (e.g., environmental surfaces), proprioceptive and kinesthetic awareness).
   6. Collaboration with the client, (e.g. provides opportunities for the evaluation of the lesson and encouraging feedback from the client).
   7. Uses a variety of instructional strategies appropriate to client needs and lesson goal (e.g., task analysis, guided/structured discovery, scaffolding, effective questioning).
5. **Monitoring and safety**   
   Candidate is able to effectively monitor orientation and mobility skills, recognize potentially dangerous situations, and intervene as appropriate to promote and maximize client safety.
6. **Facilitating independence**   
   Candidate is able to facilitate client self-determination and independence through facilitating use of self-advocacy and problem-solving abilities.
7. **Professionalism**   
   Candidate demonstrates professional conduct consistent with the Code of Ethics for Certified Orientation & Mobility Specialists, finds and accesses appropriate resources, keeps on-time scheduling, and follows and maintains appropriate record keeping and reporting procedures.

# Certified Orientation and Mobility (COMS)

# Code of Ethics

**Preamble**

Certified Orientation and Mobility (O&M) Specialists (COMS) recognize the significant role that independent movement plays in the overall growth and functioning of individuals with visual impairment. The COMS dedicate themselves to help individuals receive the services they need, to which they are entitled, and to attain the maximum level of independence commensurate to their unique strengths, needs, abilities, goals, and preferences. A COMS develops and utilizes specialized knowledge to accomplish this goal while collaborating with other professionals. The possession of specialized knowledge obligates the COMS to protect the rights of the individuals served. The Code of Ethics provides guidance for ethical practice but is not intended to serve as an exhaustive list of every possible ethical or unethical behavior. The COMS is responsible for identifying and implementing a sound decision-making model involving professional discussions with appropriate parties when questions arise regarding ethical practices that are difficult to answer alone. To assure the public of the COMS' awareness and commitment to this obligation, the specialist commits to the Code of Ethics for COMS, henceforth referred to as the Code.

Certified Orientation and Mobility Specialists pledge themselves to maintaining integrity, excellence, and accountability as it relates to their commitment to the client, the community, the profession, colleagues and other professionals, and professional employment practices. The following principles and associated standards of conduct guide this commitment.

**Principle 1: The COMS will value the worth, dignity, and self-determination of each individual.**

* 1. The COMS will respect the rights of the client, family, support network and/or legal representative to participate in decisions regarding the instructional program.
  2. The COMS will collaborate with the client served to identify their needs and to make decisions about intervention that are in the best interest of the client and relevant others.
  3. The COMS will exemplify conduct that does not discriminate or knowingly engage in behavior that is harassing or demeaning based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or on any other basis prohibited by law.

**Principle 2: The COMS will respect the privacy, right to consent, and confidentiality of the client.**

1. The COMS will obtain full informed, documented permission from the client or legal representative before releasing information to a requesting agency or individual.
2. The COMS will ensure all client information obtained through or stored in any medium (e.g., hard copy, audio-visual, electronic, digital) remains confidential, unless authorized to divulge this information by the client and/or legal representative, required by law or institutional policies, or because withholding such information would endanger the well-being of the client or the public.
3. The COMS will ask the consent of the client served, or when applicable their family, support network or legal representative, before inviting others to observe a lesson or arranging to have the individual photographed or recorded.
4. The COMS, who is conducting research, will follow research ethics board procedures relevant to their jurisdiction and seek informed consent, including making clear the plan for maintaining confidentiality and the right of the participant to withdraw.

**Principle 3: The COMS will be accountable for exercising sound professional judgements.**

1. The COMS will adequately assess the needs and current capability of the individual client.
2. The COMS will make reasonable attempt to obtain, evaluative, and conduct a review of records relevant to the O&M assessment prior to instruction.
3. The COMS will identify and address interfering conditions and take reasonable precautionary actions.
4. The COMS will seek the advice and counsel of colleagues whenever such consultation is in the best interest of the client and does not jeopardize confidentiality.
5. The COMS will collect appropriate data to monitor client progress and determine outcomes of service.
6. The COMS will make all reports objective and will present only data relevant to the purposes of the evaluation and instruction. When appropriate, the specialist will share information with the client and/or the family and/or legal representative.
7. When planning or using alternative or new methods for instruction (e.g. remote supervision, role release, group instruction), the COMS will consider the safety and the best interest of the client, impact on team members, ethical implications of the method based on ACVREP standards, consultation with relevant professionals and jurisdiction regulations.
8. The COMS will evaluate the strength of evidence and applicability of content from professional development before integrating it into practice.

**Principle 4: The COMS will promote organizational and business practices that benefit clients and society.**

1. The COMS will ensure appropriate instructional design and implementation of lessons occur without undue consideration of personal comfort or convenience.
2. The COMS will be responsible for O&M services to individuals when any portion of the service is assigned to O&M students, interns or other stakeholders under his or her supervision.
3. The COMS supervising interns will provide adequate direct supervision to ensure intern skill development and client well-being, with decreasing supervision occurring when the COMS concludes an intern achieves clinical competency.
4. The COMS will advocate for the rights of all individuals with visual impairments to receive appropriate services.
5. The COMS will not train any person to be an O&M Specialist outside of a recognized university preparation program or government-approved training program.
6. The COMS who is responsible for education and professional preparation programs will take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences for students enrolled in such programs, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program.
7. The COMS will decline position of employment where ethical principles of O&M practice are knowingly compromised or abandoned, unless the position is accepted with the intention of amending or modifying the questionable practices and providing that he or she does not participate in the behavior which violates the Code.
8. The COMS will only accept direct remuneration for professional instruction from a client who is also entitled to instruction through an agency or school, if the client is fully informed of the services available and elects to contract privately with the specialist.
9. The COMS will not engage in commercial activities that result in a conflict of interest between these activities and professional objectives with the client.
10. The COMS will report suspected or known negligence, illegal, or unethical behavior in the practice of the profession to appropriate authorities, in accordance with ACVREP Standards.

**Principle 5: The COMS will maintain integrity in their relationships with clients, colleagues, other professionals, and the community.**

1. With the client's consent, the COMS will endeavour to provide those involved in the individual’s life with sufficient knowledge, instruction, training and experiences relative to O&M to secure their support in facilitating the goals of the client.
2. The COMS will work to develop and be actively involved with Professional Learning Communities and Communities of Practice to nurture transdisciplinary teaming and collaboration.
3. The COMS will endeavor to establish and maintain a trusting relationship with the client and maintain ethical standards of behavior. Any prior and/or present conflicts of interest will be managed through full disclosure and provision of services by another COMS. If another COMS is not available, the nature of the conflict/relationship will be made known to the COMS’ supervisor(s) or contracting authority for orientation and mobility services for the client’s protection and to avoid the appearance of impropriety.
4. The COMS will maintain good will in all activities relating to their client and will not tolerate or engage in any activity that results in the exploitation of the client. Exaggeration, sensationalism, superficiality, and other misleading activities must be avoided.
5. The COMS will endeavor to disseminate information to service providers involved with the client as it relates to O&M knowledge, instruction, and experiences so as to facilitate the goals of the client, provided such information does not jeopardize client confidentiality.
6. The COMS will graciously refuse gifts and/or gratuities leading to or influencing a conflict of interest.
7. The COMS will seek harmonious relations with other professionals, support people, and service providers including those chosen by the client. This includes, with the client’s or legal representative’s individual's consent, discussion regarding the benefits to be obtained from O&M services and the free exchange of ideas regarding the welfare of the client served.
8. In such situations where team decisions are made, the COMS will contribute information from his or her own particular perspective and will abide by the team decision unless the team decision requires that he or she act in violation of the Code of Ethics.

**Principle 6: The COMS will provide comprehensive, accurate, and objective information when representing the profession.**

1. The COMS will provide information regarding the various types of O&M devices and strategies, and will explore with the client which devices and strategies will best meet the specific assessed needs of the client. The COMS will not dispense or supply O&M equipment unless it is in the best interest of the client.
2. The COMS will contribute to community education by using formal and informal opportunities to describe the nature and delivery of O&M services, and to indicate how the community can support the self-determination of people with blindness or low vision.
3. The COMS will interpret and use the writing and research of others with integrity when making presentations, writing, or conducting research. This includes being familiar with and giving appropriate recognition to previous work on the topic, and giving appropriate level of credit through joint authorship or acknowledgement to those contributing significantly to research or concept development.
4. The COMS reviewing material submitted for presentation, publication, grant, or research proposal will respect and guard the confidentiality of and the proprietary rights in such information of those who submitted it.
5. The COMS will ensure the honest and accurate reporting of the nature of the service provided, credentials, fees, and charges.

**Principle 7: The COMS will enhance their expertise through lifelong learning and refinement of knowledge, skills, abilities, and professional behaviors.**

1. The COMS will reflect on interactions with individuals and other stakeholders to determine areas for further learning and self-improvement, and seek feedback on their own performance from colleagues and mentors in the field.
2. The COMS will make efforts to share their knowledge and expertise with others in the field, interns, and other professionals as a means of contributing to the lifelong learning of colleagues in the profession.