How to Become CAT-1 Accredited

Glossary:

- **AAC (Augmentative and Alternative Communication)**
  Methods used to support or replace spoken communication, including low-, mid- and high-tech communication systems.
- **AEA Number**
  The assessor number used within the EMS system.
- **AT (Assistive Technology)**
  Equipment, devices, or systems used to support participation and independence across different areas of life.
- **ATANZ (Assistive Technology Alliance New Zealand)**
  A national organisation supporting assistive technology professionals and providing oversight of CAT accreditation pathways.
- **CAT (Communication Assistive Technology)**
  An area of accreditation within EMS relating specifically to communication supports and AAC systems.
- **CAT-1 (Communication Assistive Technology Level 1)**
  Level 1 Communication Assistive Technology accreditation for clinicians working within defined scope and complexity criteria.
- **CAT-2 (Communication Assistive Technology Level 2)**
  Advanced Communication Assistive Technology accreditation involving more complex communication and access needs.
- **EMS (Equipment and Modification Services)**
  A funding and accreditation framework supporting equipment and modification services.
- **EMS Number**
  Same as the AEA number.
- **MDT (Multidisciplinary Team)**
  A group of professionals from different disciplines working collaboratively to support an individual's needs.
- **PD (Professional Development)**
  Formal or informal learning activities undertaken to maintain and develop professional knowledge and skills.
- **EMS Portal (Equipment and Modification Services Portal)**
  The online system used for assessor registration, training modules, and service-related processes.
- **Feature Matching**
  A process used to identify communication system features that best match an individual's strengths, needs, and environments.
- **Communication Partner**
  Individuals who regularly interact with the person using AAC, such as family members, teachers, support staff, or peers.
- **Emergent Communicator**
  A person who is at an early stage of communication development and may use a range of pre-symbolic or emerging symbolic communication methods.

- **Trial**
  A structured period of testing or exploring communication options before making recommendations.
- **Whānau**
  Family and wider support networks involved in the person's life.
- **Clinical Reasoning**
  The process clinicians use to gather information, analyse needs, and make evidence-informed decisions.
- **Implementation**
  Supporting successful use of AAC systems in everyday environments and routines.
- **Direct Access**
  Accessing a communication system directly using a body part, such as touching a screen with a finger, hand, or stylus, without requiring alternative access methods.
- **SETT Framework**
  A structured framework used to guide assistive technology assessment by considering the Student (or person), Environments, Tasks, and Tools.

1. Purpose of CAT-1 Accreditation

What CAT-1 accreditation is

CAT stands for Communication Assistive Technology. CAT Levels 1 and 2 are accreditation areas that assessors can obtain through Enable New Zealand to assess for services funded by Disability Support Services. Both sit under the Equipment and Modification Services (EMS) framework.

Assessors play an important role in helping disabled people access funded services by:

1. Assessing the person's needs
2. Checking the person is eligible for Disability Support Services funding
3. Working out the best solution to meet the person's needs

4. Applying to the relevant Ministry service provider (Accessable for Auckland and Northland, or Enable for the rest of the country) to fund or arrange the service for the person

Scope of practice of a CAT-1 clinician

A clinician with CAT-1 accreditation can assess people who fit the following description:

1. Their sole disability-related need is complex communication, or they are an emergent communicator; and
2. They may benefit from low- to mid-technology communication solutions, such as:
   a. Static display devices.
   b. Simple low- to mid-tech devices and switch-activated equipment used to support communication development and participation (e.g. BIGmack and PowerLink), where direct switch access is appropriate and complex access assessment is not required.
   c. Keyboard devices that do not require complex programming.
   d. Tablet devices where:

i. The person can use direct access (e.g. touch the tablet directly with a finger; no alternative access method is required).
ii. There are no complex environmental factors that may affect the use of the tablet.

Before a CAT-1 service request is submitted to the EMS provider, the report should be peer reviewed by a clinician who holds the same or higher CAT accreditation. TalkLink sign-off is no longer required.

If you are not sure whether an application is CAT-1 or CAT-2, email admin@atanz.org.nz.

Relationship between CAT-1 and other AT accreditation pathways

Assistive Technology (AT) is a broad term that refers to equipment, devices, or systems used to support participation and independence across many areas of life. This can include communication systems, mobility equipment, seating and positioning, vision and hearing supports, and environmental controls.

CAT sits within the wider Assistive Technology system and specifically focuses on communication supports across the whole of life and across environments. CAT-1 accreditation is therefore not accreditation in all Assistive Technology; it is a credential for clinicians assessing and recommending communication-related technology and AAC solutions within the EMS framework.

If support is primarily for curriculum access, it should be assessed through the relevant funder (for example, the Ministry of Education or ACC, where applicable), rather than through the CAT-1 EMS pathway.

2. Who Can Apply?

Eligible professions

- Speech-language therapists
- Occupational therapists

Prerequisites

- Professional registration/current practising certificate
- ATANZ membership requirements
- Employer support (if applicable, for example, professional development leave and sponsored training)

Clinical experience before applying

- Prior AAC/AT experience is not required. New graduates may also pursue CAT-1 accreditation where they meet the formal eligibility and supervision requirements.

- Previous exposure to AAC/AT assessment, multidisciplinary work, or supporting people with complex communication needs may be helpful during the learning process, but is not a prerequisite.

3. Understanding the CAT-1 Role

What CAT-1 clinicians are expected to do

CAT-1 clinicians are expected to assess an individual's communication strengths, needs, and goals across all environments and within a whole-of-life context to determine whether communication assistive technology may support participation and communication outcomes. This involves gathering information through assessment, observation, collaboration with communication partners, and consideration of factors such as environments, daily activities, and access needs.

CAT-1 clinicians are also expected to use clinical reasoning to identify and recommend appropriate communication supports and AAC solutions. This may include considering different access methods, feature matching communication systems to the individual's needs, supporting trials where appropriate, and using evidence-informed and person-centred decision-making throughout the process.

In addition, CAT-1 clinicians are expected to document assessment findings, recommendations, and rationale clearly; support relevant funding or service processes where required; and work collaboratively with clients, whānau, educators, support staff, and multidisciplinary team members. Ongoing monitoring, communication partner support, and contribution to successful implementation across everyday environments may also form part of the clinician's role.

What CAT-1 does NOT cover

CAT-1 accreditation has defined boundaries of practice and does not cover all areas of communication assistive technology assessment or all levels of clinical complexity. Clinicians are expected to recognise situations that fall outside their scope, including cases requiring more advanced assessment, specialised knowledge, or complex decision-making. In these situations, consultation, supervision, or referral to a CAT-2 clinician or other appropriate specialist may be required.

4. Steps to Becoming CAT-1 Accredited

Step 1: Review eligibility requirements

- Review CAT-1 accreditation requirements and prerequisites.
- Refer to the "Who Can Apply?" section above.

Step 2: Find a supervisor

You can find a supervisor through:

- ATANZ Professional Supervision: https://www.atanz.org.nz/professionals/professional-supervision
- TalkLink: https://talklink.org.nz/assessors
- Your workplace or EMS/CAT network

Once a supervisor has been identified, discuss expectations, supervision structure, learning goals, likely timeframe, what is included in the supervision package, and any associated costs. Supervision fees and the amount of time required vary between supervisors.

Step 3: Create an EMS account and complete online learning modules

- Create an EMS account via: https://www.disabilityfunding.co.nz/ems-assessor-registration-framework/my-account
- Complete the EMS core modules and CAT modules in the EMS Portal. The online modules do not generate certificates, so separate certificates or screenshots are not required as evidence.

Step 4: Gain supervised clinical experience

Every supervisor works slightly differently, and the process below is intended as a general guide rather than a strict requirement. Supervision may vary depending on a clinician's previous experience, workplace setting, learning needs, and the supervision package being used.

Common areas covered during supervision may include selecting a suitable case, completing the SETT framework and sharing it with your supervisor, planning and completing assessments and trials, goal setting, report writing, communication partner training, implementation, understanding the CAT framework, exploring different AAC options, and preparing the relevant funding/service application.

The number of supervised cases varies. Some supervision packages may include two cases for learning and competency development, while another supervisor may be able to sign off after one suitable case. Confirm the expected pathway with your supervisor at the beginning. Before presenting a case in supervision as a case study, obtain consent from the person being assessed. Ensure they understand that the CAT report and funding application may be read by people outside your organisation as part of the supervision, peer review, accreditation, and funding processes.

Step 5: Complete the supervised case, funding application and supervisor sign-off

Complete the supervised CAT-1 case and submit the relevant application to the appropriate funder/service provider as part of the process. For CAT-1 accreditation itself, the key documents are the completed SETT and CAT report, together with supervisor sign-off. Your supervisor may ask you to complete additional reflections, case notes, learning activities, or supporting evidence as part of supervision, but these are not necessarily documents that need to be submitted for CAT-1 accreditation. The CAT report should be peer reviewed by a clinician with the same or higher CAT accreditation before the service request is submitted.

5. Frequently Asked Questions

Can I become CAT-1 if I work in private practice?

Yes. CAT-1 accreditation is not restricted to a particular workplace setting. Clinicians working in private practice, schools, hospitals, community services, or disability services may pursue CAT-1 accreditation, provided they meet eligibility and supervision requirements.

How long does accreditation usually take?

The timeframe varies depending on access to a suitable case, supervision arrangements, previous AAC experience, and how quickly the supervised assessment and funding process can progress. Around 6–12 months is a common timeframe, although some clinicians may take more or less time.

Can workplace supervision count?

Workplace supervision may count if the supervisor meets CAT supervision requirements and AAC/CAT is explicitly discussed as part of the supervision. Confirm that the supervision structure aligns with current CAT expectations and provides opportunities to review the SETT, assessment, report, and funding process.

How much does CAT-1 supervision cost?

Supervision costs vary depending on the supervisor, the supervision model or package, and the amount of time needed for case discussion, review and sign-off. If you are paying for supervision yourself, clarify the fee structure, what is included, and the expected pathway at the outset. Many clinicians prefer an efficient pathway, but the pace will still depend on access to an appropriate case and readiness for sign-off.

Do I need experience with all AAC systems?

No. Clinicians are not expected to have experience with every AAC system or device. The focus is on clinical reasoning and feature matching. However, clinicians should develop an understanding of a range of AAC systems and options so that recommendations are not biased toward only the systems they already know.

Can I apply if I work part-time?

Yes. Clinicians working part-time can still complete CAT-1 accreditation. The process may take longer depending on clinical opportunities and supervision availability.

Does a trial need to be successful to count towards CAT-1 accreditation?

Ideally, a trial will lead to a successful recommendation and implementation outcome; however, an unsuccessful trial does not necessarily prevent a case from contributing to CAT-

1 accreditation. Clinical reasoning and reflection are important parts of the process, and identifying that an option is unsuitable can provide valuable learning. A case may still contribute if sufficient clinical evidence is available and the supervisor is satisfied that the relevant competencies and learning objectives have been demonstrated. If the initial case study does not result in a successful CAT-1 application, additional supervision may be needed to support the clinician to understand and complete the funding process on a subsequent assessment. This may involve additional supervision costs, depending on the supervisor's policy.

6. Helpful Resources

Core References

- **ATANZ – Communication Assistive Technology Accreditation (CAT)**
  Overview of CAT accreditation pathways, CAT-1 and CAT-2 information, and professional requirements.
  https://www.atanz.org.nz/professionals/communication-assistive-technology-accreditation-cat
- **Enable New Zealand – Communication Assistive Technology Level 1**
  CAT-1 accreditation requirements, supervision expectations, and recredentialing information.
  https://www.enable.co.nz/ems-assessors/get-accreditations/explore-accreditations/communication-assistive-technology/communication-assistive-technology-level-1
- **Ministry of Education – Assistive Technology**
  Overview of Assistive Technology (AT) and how AT supports participation in education settings.
  https://www.education.govt.nz/school/student-support/special-education/assistive-technology
- **EMS Assessor Accreditation Framework**
  Framework outlining accreditation principles, assessor competencies, and standards.
  https://www.disabilitysupport.govt.nz/assets/Assessor-Accreditation-Framework-1.pdf

Process and Workflow Resources

- **Accessable – Becoming an Assessor**
  Information about EMS assessor registration and pathways.
  https://www.accessable.co.nz/becoming-an-assessor/
- **EMS Portal Guide**
  Guide for using the EMS Portal and assessor processes.
  https://www.disabilitysupport.govt.nz/assets/Getting-Started-with-the-EMS-Portal1.pdf
- **Equipment Manual**
  Funding principles, assessor responsibilities, and equipment processes.
  https://www.whaikaha.govt.nz/assets/EMS-Service-Provider-Documents/Equipment-manual-V2.pdf

Supervision and Professional Development Resources

- **ATANZ Professional Supervision Information**
  Information related to supervision and professional support processes.
  https://www.atanz.org.nz/
- **TalkLink – Assessor Support and Training**
  Resources and training opportunities for CAT assessors.
  https://talklink.org.nz/assessors

Appendices

Appendix A: Example Timeline

The timeline below is intended as an example only. Individual timelines may vary depending on previous AAC experience, supervision arrangements, workplace opportunities, and access to suitable cases.

Timeframe	Suggested Activities
Month 1	Review CAT-1 eligibility and requirements. Identify a suitable supervisor first and discuss supervision structure, likely timeframe, sign-off expectations, and costs.
Month 1–2	Create an EMS account. Complete the EMS core modules and CAT modules in the EMS Portal.
Month 2–4	Begin supervised clinical learning. Select a suitable case, complete the SETT framework and share it with your supervisor. Plan assessment and trial activities.
Month 3–6	Complete assessment and trial activities, develop recommendations, and draft the CAT report. Arrange peer review by a clinician with the same or higher CAT accreditation.
Month 4–9	Submit the relevant service/funding application to the appropriate funder/provider and follow the outcome. Support implementation and communication partners as appropriate.
Month 6–12	Complete any additional learning or casework requested by your supervisor. Finalise the SETT and report, obtain supervisor sign-off, and submit the CAT-1 accreditation application.
As needed	If your supervisor or supervision package requires an additional case, complete this as part of the learning process. The number of cases required for sign-off can vary.

Appendix B: Suggested Learning and Accreditation Tracker

This tracker is intended to support supervision and learning; it is not a list of documents that must all be submitted for CAT-1 accreditation. The key accreditation documents are the completed SETT and CAT report, together with supervisor sign-off. Supervisors may request additional evidence or learning activities as part of their supervision process.

Area	Suggested record/check	Done	Supervisor Comments
EMS core and CAT modules completed	Completion recorded in the EMS Portal (no certificate required)		
SETT completed	Completed SETT shared with supervisor		
Consent for case study confirmed	Consent obtained before case presentation; person informed that the report/application may be read outside the organisation		
CAT framework and scope understood	Supervision discussion/reflection, if requested		
Assessment and trial process completed	Case notes/trial documentation, if requested		
CAT report completed	CAT report		
Peer review completed	Report reviewed by clinician with the same or higher CAT accreditation		
Funding/service application submitted	Application/submission record through the relevant funder/provider		
Implementation/communication partner support	Session notes/resources, if requested		
Range of AAC options explored	Supervision/PD/device exploration, if requested		
MDT and whānau collaboration	Case documentation, if requested		
Additional case completed	Only if required by the supervisor or supervision package		
Supervisor sign-off completed	Supervisor confirmation/sign-off		
CAT-1 accreditation submission ready	SETT, CAT report, and required supervisor sign-off		