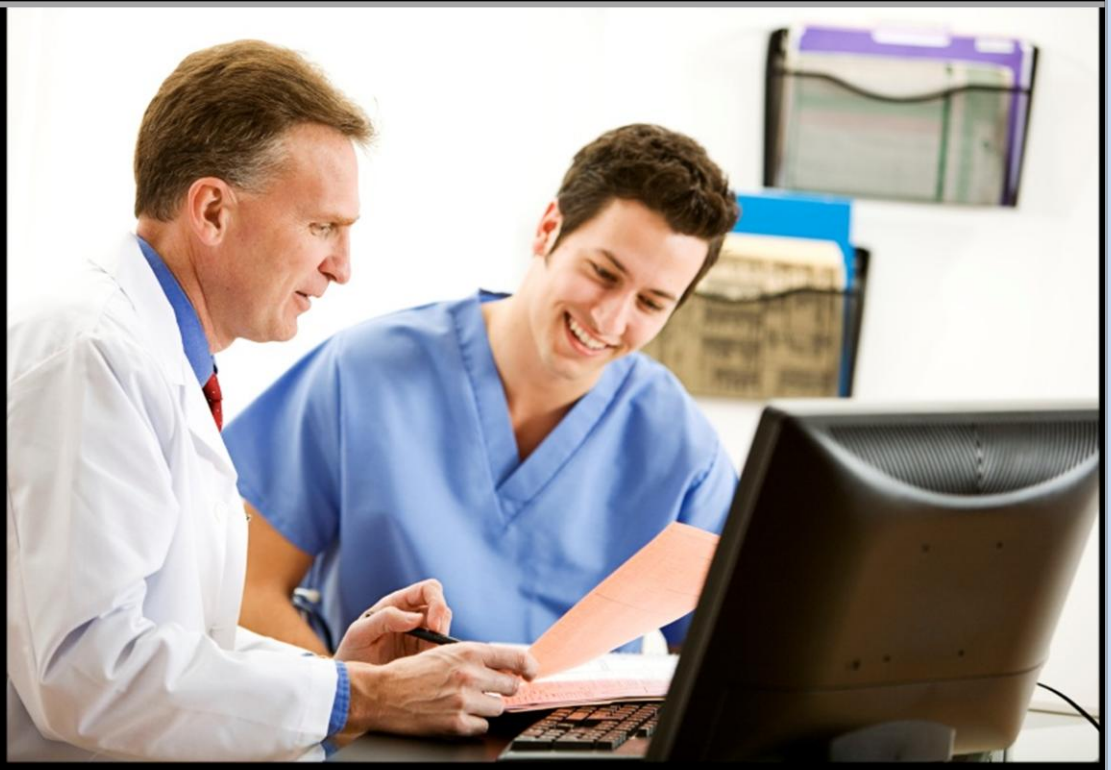
CoA-OMP

Commission on Accreditation of Ophthalmic Medical Programs

Standards and Guidelines
for Accreditation



Ophthalmic Medical Technician Training Programs

(For all levels of ophthalmic training programs)

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Introduction to CoA-OMP

The Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP) provides accreditation to ophthalmic medical technician educational training programs. These programs are conducted within a larger accredited educational institution. The Standards against which these programs are measured are developed by ophthalmic professionals and reflect what is necessary to be able to function successfully within the profession.

Accreditation emphasizes learning quality, responsibility, and improvement through a process of reflection and analysis. These Standards are to be used for the development, evaluation, and self-analysis of ophthalmic medical technician education and training programs, and are not directly correlated to the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) certification exam.

Accreditation applies only to institutions and programs; individuals cannot be accredited. Individuals can only be certified.

Standards

The Standards (formerly called Essentials) were initially adopted in June 1975 and revised in 1981, 1988, 1993, 2005, and 2011.

These Standards are to be used for the development, evaluation, and self-analysis of ophthalmic medical programs.

The Standards are the minimum requirements of quality used in assessing programs that prepare individuals to enter the ophthalmic medical technician profession. The extent to which a program complies with these Standards determines its accreditation status. The Standards constitute the minimum requirements to which an accredited program is held accountable, and are printed in regular typeface. Programs are only required to meet the Standards.

Guidelines

The Guidelines accompanying the Standards provide explanations intended to assist in interpreting the Standards and to provide recommendations on how to meet and/or exceed the Standards.

Objective

Standards are currently sponsored by the following organizations, each of which is represented on the Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP):

- Association of Technical Personnel in Ophthalmology (ATPO)
- Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO)
- Consortium of Ophthalmic Training Programs (COTP)

The sponsoring organizations cooperate to establish, maintain, and promote appropriate Standards of quality for educational programs for the ophthalmic medical technician, and to provide recognition for educational programs that meet or exceed the requirements outlined in the Standards.

The CoA-OMP Board of Directors, assisted by report reviewers and on-site review teams, evaluate a program's compliance with the Standards and Guidelines. Educational programs that meet or exceed the minimum requirements stated in the Standards are granted an accreditation status in four different levels, providing public recognition of such achievement.

The four ophthalmic medical technician training program levels:

1. Ophthalmic Non-Clinical Assistant Program (Entry Level)
2. Ophthalmic Clinical Assistant Program (Entry Level)
3. Ophthalmic Technician Program (Intermediate Level)
4. Ophthalmic Medical Technologist Program (Advanced Level)

List of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

Description of the Profession

The profession ophthalmic medical technician encompasses all levels of training and all levels of JCAHPO certification. The ophthalmic medical technician is the Standard Occupational Classification (SOC) listing for the profession. Ophthalmic medical technicians are skilled professionals, qualified by didactic and clinical ophthalmic training, who perform ophthalmic procedures under the direction or supervision of a licensed ophthalmologist who is responsible for the performance of the ophthalmic medical technician. Ophthalmic medical technicians render supportive services to the ophthalmologist. They are employed primarily by ophthalmologists, but may be employed by hospitals, clinics, or physician groups and are assigned to an ophthalmologist. The ophthalmic medical technician cannot replace the ophthalmologist in the decision-making process necessary to establish a diagnosis and a plan of treatment, but assist the physician by collecting data necessary to reach those decisions and by transmitting and executing the ophthalmologist's instructions.

The functions of the ophthalmic medical technician are to assist the ophthalmologist by performing delegable tasks. These tasks may include, collecting data, administering treatment, assisting in ophthalmic surgical procedures, and supervising patients as deemed appropriate according to training level and may be delegated by a supervising ophthalmologist as applicable by law.

The Accreditation Process

Accreditation is an ongoing process. Programs enter the process, and once they gain accreditation, must continue to maintain continuous self-study and improvement mechanisms. Accreditation ensures a quality education. In the medical fields, accreditation not only serves the students, but also the patients they will encounter later.

Confidentiality in the Accreditation Process

Meticulous efforts are made by all components of the review process to maintain confidentiality of information collected during the entire accreditation review, as well as the avoidance of conflict of interest. CoA-OMP holds as confidential the following documents and the information contained therein:

- Application for Accreditation
- Self-Study Report
- Site Visit Report
- Progress Report
- All correspondence related to the accreditation process between CoA-OMP and the programs

These materials are to be read and discussed only by members of the site visit team, CoA-OMP, and other authorized persons. At all stages of accreditation until CoA-OMP announces its decision, all persons connected with the process should keep strictly confidential the names of all applicant programs and all pending action. The site visit team returns all program materials to CoA-OMP immediately following the site visit.

Applying for Accreditation - New Programs

New programs applying for accreditation must be well established and have students in clinical rotations (ophthalmic non-clinical assistant programs must have students in classes).

Initial Approval - New Programs

Initial approval may be granted to new programs that have not yet completed the accreditation process before the first class of students graduate. Initial approval will grant the first graduating class eligibility to apply to take the JCAHPO certification exams. The two items that must be submitted to CoA-OMP for initial approval to be considered:

1. A detailed letter outlining the ophthalmic training program
2. The initial application fee

The Accreditation Review Process

The basic accreditation review process for both initial and continuing accreditation is presented in distinct steps for purpose of illustration.

1. The institution completes a self-study of its ophthalmic medical technician training program. The self-study template can be found at www.coa-omp.org.
2. The completed self-study and fee are submitted to the CoA-OMP office.
3. Within four weeks of receipt of self-study, staff will verify that all items requested are included within the self-study.
4. If the self-study is insufficient it may be returned to the program without a Board Member's review. If the self-study is partially acceptable but incomplete, staff will notify the program in writing specifying items and information missing and a deadline for submission.
5. If/When the self-study is complete; it is forwarded to a CoA-OMP Board Member Reviewer to determine the readiness of the program to be site-visited.
6. If the Board Reviewer finds the self-study to be incomplete and/or insufficient, he or she will direct staff to notify the program, in writing, specifying the items and information lacking and including a deadline for submission. If the program fails to respond to this request or the self-study is still incomplete and/or insufficient after the program’s response, the self-study will be returned to the program without review or recommendation to the Board and the application will no longer be considered active.

7. If the self-study is found to be sufficient the Board Reviewer will recommend a site visit or formal evaluation to take place.
    a. Prior to the scheduling of an on-site evaluation, the program must be advanced enough to have students assigned and attending clinical rotations.
8. *The Ophthalmic Non-Clinical Assistant Program does not require a site visit*, so the self-study is sent to two non-board reviewers who also evaluate the program and send their report to the CoA-OMP office. *(Skip to Step 11)*
9. Staff schedules a site visit.
10. A site visit is completed by an on-site team.
11. A findings letter is sent to the program for response to any potential citations found by the reviewers.
12. The program's response is received by the CoA-OMP office and forwarded to the Board Reviewer.
13. The Board Reviewer sends a recommendation to Staff.
14. Staff adds the program and recommendation to the next Board meeting agenda.
15. The full CoA-OMP Board of Directors discusses and votes on the program at the next CoA-OMP Board Meeting.
    a. Please note, the CoA-OMP Board of Directors meets twice per year to consider accreditation recommendations.
16. Program receives notification of accreditation action.
17. If the accreditation action is negative (denied, withheld, or tabled) the program is given the opportunity to request reconsideration.

Notes:

- It is not uncommon for this process to take up to or longer than six to eight months after all required and appropriately completed documents are received.
- The Board of Directors can opt to table a program instead of recommending a negative action, and request more information.
- Accreditation is awarded for three and five years.

Administrative Requirements for Maintaining Accreditation

Accredited programs are required to comply with administrative requirements for maintaining accreditation, which include:

1. Submitting the self-study report one year before the end of the period for which accreditation was awarded
2. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded (if applicable)
3. Paying CoA-OMP within a reasonable period of time as determined by CoA-OMP
4. Providing an Annual Report and Annual Fee on or before October 31

Annual Reports and Annual Fees

1. If a program submits an Annual Report and/or Annual Fee one (1) month late, that program will be assessed a $50 late fee and will be placed on Administrative Probation.
2. If a program submits an Annual Report and/or Annual Fee two (2) months late, that program will be assessed a $100 late fee, will be placed on Administrative Probation, and accreditation may be withdrawn.
3. Programs are not required to submit an annual report the same year a Self-Study is submitted.

Substantive Change

The sponsor must report substantive change(s) to CoA-OMP in a timely manner. Substantive changes include, but are not limited to the following:

1. Changes in the positions of the program director or medical director
    a. If either position remains vacant for 30 days, the program must send CoA-OMP a description of the actions taken to maintain the continuity and effectiveness of the program.
2. Accreditation status of the sponsor
3. Institution's mission or objectives if these will affect the program
4. Change in sponsorship
5. Addition of courses that represent a significant departure in content or in method of delivery
6. Change in degree or credential level

7. Substantial increase in clock or credit hours for successful completion of the program or in the length of the program.

Administering the Accreditation Process
The accreditation review process includes a site visit (excluding the Ophthalmic Non-Clinical Assistant Program). If the performance of a site visit team is unacceptable, the institution may request a second site visit.

Before CoA-OMP awards accreditation, the program under review is given an opportunity to review the findings and conclusions of the site visit team and to comment on the accuracy.

Administrative Probation
If a program fails to meet the administrative requirements for maintaining accreditation, it may be placed on Administrative Probation and accreditation may be withdrawn.

Probationary Accreditation
Prior to assigning Probationary Accreditation, CoA-OMP provides the sponsoring institution with an opportunity to respond and correct the cited deficiencies. CoA-OMP assignments of Probationary Accreditation are final and not eligible for further appeal. The maximum period for probation is up to two years. If cited deficiencies are not corrected within two years, accreditation is withdrawn.

Withholding or Withdrawing Accreditation
Prior to withholding or withdrawing accreditation, CoA-OMP provides the sponsoring institution with an opportunity to request reconsideration. CoA-OMP decisions to withhold or withdraw accreditation are final. A copy of the CoA-OMP Appeals Procedures for Accreditation Withheld or Withdrawn is included with the letter notifying the program of one of these actions. When accreditation is withdrawn, the sponsoring institution is provided with a clear statement of each deficiency.

Withdrawn or Withheld programs may begin the new accreditation process with a new self-study.

Inactive Programs
The sponsoring institution may request inactive status for a program that does not enroll students for a maximum of two-years. Inactive programs must pay annual fees to CoA-OMP. After being inactive for two years, the program will be considered discontinued and accreditation will be withdrawn.

Accreditation Application Fees

Level	Fee
First Application (Non-Clinical Assistant)	$500.00
First Application (All Other Levels)	$850.00
Subsequent Applications (Non-Clinical Assistant)	$100.00
Subsequent Applications (All Other Levels)	$450.00
Site Visit Costs	Actual Cost
Late Payment Fee	$50.00

Annual Fees

Due on or before October 31

Number of Programs	Annual Fee
1 Program	$575.00
2 Programs	$725.00
3 Programs	$875.00

Introduction to the Standards and Guidelines

The Standards and Guidelines are the basis for accreditation of educational programs for the ophthalmic medical technician. The term “Standards” refers to the minimum requirement for accrediting ophthalmic training programs. All requirements an accredited program is held accountable to are in the Standards.

The accreditation process strives for high quality patient care by maintaining national and international educational Standards for ophthalmic medical technicians. The Standards have the following characteristics:

1. Standards are qualitative not quantitative. There are no arbitrary numerical indicators.
2. Standards are broad on purpose. They must apply to many different types of programs and institutions. It is the program’s responsibility to create a program that adheres to the Standards. There is no template for an accredited program.
3. Standards are expected to acknowledge and respect the basic right of institutions to be self-defining and self-determining.
4. Standards represent prescriptive rather than proscriptive requirements that are acceptable to the communities of interest that use the Standards.
5. Standards are designed to allow for quality, continuity, flexibility, and are not directly correlated to the JCAHPO certification exam.

Standard I. Sponsoring Institution	Guideline I. Sponsoring Institution
I.A. Individual Institution A sponsoring institution must meet at least one of the following criteria: 1. A postsecondary academic institution accredited by a national or state accrediting agency that is recognized by the U.S. Department of Education, or applicable authority, and is authorized under applicable law, or other acceptable authority, to provide a postsecondary program which awards a minimum of a certificate at the completion of the program. 2. A hospital, medical center, branch of the United States Armed Forces, or other government education or medical service, which meets the standards of a national or state accrediting agency that is recognized by the U.S. Department of Education, or applicable authority to offer postsecondary education. **I.B. Consortium** 1. A consortium sponsor is an entity consisting of two or more institutions that exist for the purpose of operating an education program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in Standard I.A. 2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority. **I.C. Responsibilities of Sponsor** The sponsoring institution assumes primary responsibility for students selection and admission processes, curriculum planning, development and distribution of admission criteria, election of course content, coordination of classroom teaching and supervised clinical practice, appointment of faculty, and granting the certificate or degree documenting satisfactory completion of the educational program.	**I.C. Responsibilities of Sponsor** ***If the program of instruction culminates in a degree, the degree should be of the same academic status as similar degrees given at the institution. Grades and credits should be identified and recorded on the students' transcripts maintained by the sponsoring institution.***

The sponsoring institution is also responsible for providing assurance that the clinical practice activities assigned to students are appropriate for the program. The sponsor must appoint sufficient faculty with the necessary qualifications to perform the functions identified in documented job descriptions and also ensure the program has adequate leadership and management. The program sponsor should establish policies to assess competence in teaching. Important criteria that must be considered include: (a) knowledge of subject matter; (b) ability to organize and present the subject; (c) a positive attitude towards students and teaching; and (d) participation in continuing education to improve instructional skills and maintain professional competence. The program sponsor must also issue a policy for faculty grievances. The sponsoring institution shall demonstrate encouragement of continuing professional growth to assure that program faculty and officials can fulfill their professional responsibilities.	
Standard II. Resources	**Guideline II. Resources**
II.A. Program Director	
II.A.1. Program Director Responsibilities The program director is responsible for the following: 1. Organization 2. Administration 3. Continuous review 4. Planning 5. Development 6. General effectiveness of the program	**II.A.1. Program Director Responsibilities** ***The program director should have time to fulfill administrative and any education instructional responsibilities. Administrative duties may include program management and record keeping; curriculum development and evaluation, student selection and counseling; participation in the budgetary process; participation in the development of printed materials related to the program; and clinical coordination.***
II.A.2. Program Director Qualifications The program director must demonstrate experience that is appropriate for the level of the program: assistant, technician, or medical technologist. The program director must be JCAHPO certified at or above the highest level offered by the program, or be a board eligible or board certified ophthalmologist.	**II.A.2. Program Director Qualifications** ***A program director of an ophthalmic clinical & non - clinical assistant program must be JCAHPO certified as a COA or higher; a program director of an ophthalmic technician program must be JCAHPO certified as a COT or higher; a program director of an ophthalmic medical technologist program must be JCAHPO***

	certified as a COMT. The program director may also be the medical director.
II.B. Medical Director **II.B.1. Medical Director Responsibilities** The medical director must approve courses and properly credentialed instructors covering: systemic diseases, eye diseases, pharmacology, and surgical procedures. The medical director of the program must provide competent direction or guidance and instruction (as appropriate) to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, offer correct, timely information, and meet professional standards of patient care.	**II.B.1. Medical Director Responsibilities** ***The medical director should require properly credentialed instructors, such as physicians or JCAHPO certified personnel at or above the level of the program, instruct the courses covering systemic diseases, eye diseases, pharmacology (pharmacist), and surgical procedures. Components of the course should show evidence of ophthalmological involvement in the instruction of systemic diseases, eye diseases, pharmacology, and surgical procedures courses (examples that may satisfy or accomplish the Standard include, but are not limited to, lectures, webinars, online courses, and videos presented by physicians).***
II.B.2. Medical Director Qualifications The medical director must be a board certified ophthalmologist.	**II.B.2. Medical Director Qualifications** ***The medical director should be certified by the American Board of Ophthalmology.***
II.C. Faculty and/or Instructional Staff **II.C.1. Faculty and/or Instructional Staff Responsibilities** In each location where a student is assigned for didactic or supervised practical instruction, there must be a qualified individual designated to provide that supervision and related frequent assessments of the student's progress in achieving acceptable program requirements.	**II.C.1. Faculty and/or Instructional Staff Responsibilities** ***Supervised Clinical Experience - Students are expected to perform ophthalmic procedures and direct patient care under the direction or supervision of a licensed ophthalmologist who is responsible for the performance of the ophthalmic medical technician. Students in clinical rotations should be directly supervised by another certified ophthalmic technician and an ophthalmologist should be present during all clinical rotations.***
I.C.2. Faculty and/or Instructional Staff Qualifications Instructors must possess appropriate education, credentials, training and experience for the course content they are teaching. The instructors must be knowledgeable in course content and effective in teaching their assigned subjects. The medical director	**II.C.2. Faculty and/or Instructional Staff Qualifications** ***Programs should require properly credentialed instructors, such as JCAHPO certified personnel at or above the level of the program or physicians, instruct the courses covering systemic diseases, eye diseases, pharmacology (pharmacist), and surgical procedures.***

must approve instructors covering systemic diseases, eye diseases, pharmacology, and surgical procedures. **II.C.3. Number of Faculty and/or Instructional Staff** There must be sufficient faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competencies needed for entry to the profession. **II.D. Clerical and Support Staff** Adequate clerical and other support must be available.	***Documentation of the properly credentialed instructors should be provided. Components of the course should show evidence of ophthalmological involvement in the instruction of systemic diseases, eye diseases, pharmacology, and surgical procedures courses (examples that may satisfy or accomplish the Standard include, but are not limited to, lectures, webinars, online courses, and videos presented by physicians).***
II.E. Professional Development Programs must demonstrate encouragement of continuous professional growth to assure that program faculty and officials can fulfill their professional responsibilities. **II.F. Financial Resources** Financial resources to operate an educational program must be ensured to fulfill obligations to current and enrolled students. **II.G. Learning and Physical Resources** **II.G.1. Facilities** Adequate classrooms, laboratories, clinical and other facilities, and administrative offices must be provided for students, program staff, and faculty. **II.G.2. Equipment and Supplies** Appropriate and sufficient equipment, instructional aides, supplies, and storage space must be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. **II.H. Learning Resources**	**II.E. Professional Development** ***Programs should have a written policy that ensures the opportunity for professional growth in maintaining and upgrading their professional and instructional abilities.*** **II.F. Financial Resources** ***The sponsor should provide reasonable assurance that financial resources will meet the program's commitment to students. Annual documentation of the program's financial resources should be maintained. Maintenance of complete records of the program's budget allocations and expenditures is encouraged.*** **II.G.2. Equipment and Supplies** ***Appropriate and sufficient computer hardware and software, audiovisual resources, models, reference materials, and clinical specimens, must be provided as required by the types of student learning experiences.***

II.H.1. Library Students must have ready access in time and location to an adequate supply of current books, journals, periodicals, electronic media, and other reference materials related to the curriculum. **II.H.2. Instructional Aids** Appropriate and sufficient computer hardware and software, audiovisual resources, models, reference materials, and clinical specimens, must be provided as required by the types of student learning experiences.	
II.I. Affiliation Agreements In programs in which academic and clinical didactic and supervised practice are provided by two or more institutions, responsibilities for program administration, instruction, supervision, and other functions of the sponsoring institution and each affiliate must be clearly documented as a formal affiliation agreement or memorandum of understanding.	**II.I. Affiliation Agreements** ***Affiliation agreements between sponsoring institutions and its affiliates should be reviewed periodically to evaluate its viability of the student's education.***
Standard III. Students	**Guideline III. Students**
III.A. Admission Policies and Procedures Admission of students, including advanced placement, must be made in accordance with clearly defined and published practices of the institution. Any specific academic and technical standards required for admission to the program must also be clearly defined, published, and readily accessible to prospective students and the public. If the program admits students on the basis of ability to benefit, then it must employ appropriate methods, such as a preadmission test or evaluation, for determining that such students are in fact capable of benefiting from the training or education offered. Policies regarding advanced placement, transfer of credit, and credit for experiential learning must be readily accessible to prospective students. Requirements for previous education or work experience must also be provided and readily accessible.	**III.A. Admission Policies and Procedures** ***An admissions committee including the program and medical directors should make selections of students. Candidates for admission at the technician level should have a minimum requirement of a high school diploma or should have passed a standard equivalency test or college entrance exam. Candidates seeking admission at the technologist level should have at least 55 college semester credits (90 college quarter credits) or its equivalent.***

III.B. Evaluation of Students Criteria for successful completion of each segment of the curriculum and for graduation must be given in advance to each student. Evaluation methods must include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components. They must be employed frequently enough to provide students and program officials with timely indications documentation of the students' progress and academic standing and to serve as a reliable indicator of the effectiveness of course design and instruction. **III.C. Health** The program officials must establish a procedure for determining that the applicants' or students' health will permit them to meet the written technical standards of the program. Students must be informed and have access to the health care services provided by the institution. **III.D. Guidance** Guidance must be available to assist students in understanding course content and in observing program policies and practices, and to provide counseling or referral for problems that may interfere with the students' progress through the program.	
Standard IV. Operational Policies	**Guideline IV. Operational Policies**
IV.A. Fair Practices **IV.A.1. Program Advertising** Announcements and advertising must accurately reflect the program. **IV.A.2. Statement of Nondiscrimination** Student and faculty recruitment and student admission and faculty employment practices must be nondiscriminatory with respect to race, color, creed, sex, age, disabling conditions (handicaps), and national origin.	**IV.A.1. Program Advertising** ***Catalogs and brochures describing the program should adequately reflect the prerequisite, co-requisites, and curriculum. Care should be taken not to mislead the student concerning the educational program, job placement, certification eligibility, or income expectations.***

IV.A.3. Academic Credit and Costs Academic credit and costs to the student must be accurately stated, published, and made known to all applicants. **IV.A.4. Student and Faculty Grievance** The program or sponsoring institution shall have a defined and published policy and procedure for processing student and faculty grievances. **IV.A.5. Student Withdrawal** Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants. **IV.A.6. Student Employment** Institutional polices and processes by which students may perform service work while enrolled in the program must be published and made known to all concerned in order to avoid practices in which students are substituted for regular staff. Students may not take the responsibility, or the place, of qualified staff. However, after demonstrating proficiency, if institutional policy permits, students may be allowed to undertake certain defined activities with appropriate supervision and direction. Students may not receive payment for work counted as a clinical competency. Students may be employed in the field of study outside regular educational hours, provided the work does not interfere with regular academic responsibilities, does not cause a perceived or real conflict of interest, and does not take advantage of, or abuse, the student. The work must be non-compulsory, paid, and subject to standard employee policies. **IV.A.7. Health and Safety** The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.	

IV.B. Student Records Satisfactory records must be maintained, in a retrievable format, for student admission, attendance, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsoring institution in a safe and accessible location.	
Standard V. Program Evaluation	**Guideline V. Program Evaluation**
V.A. Program Evaluation The program must have a continuing system for reviewing the effectiveness of the educational program, especially as measured by student achievement, and must prepare timely self-study reports to aid the staff, the sponsoring institution, and the accrediting agency in assessing program qualities and needs.	
V.B. Outcomes Programs must routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the educational program. This must be accomplished through a variety of methods: surveys of current and former students, student competence in externship, follow-up studies of graduate employment, and through or by credentialing examination performance. In addition, opinions from graduates and employers about the adequacy of the program in preparing them for employment must be sought.	**V.B. Outcomes** ***Program evaluation methods should emphasize gathering and analyzing data on the effectiveness of the program. This may be accomplished through a variety of methods: surveys of current and former students, student competence in externship, follow-up studies of graduate employment, and credentialing examination performance. In addition, opinions from graduates and employers about the adequacy of the program in preparing them for employment should be sought. Program personnel should gather information from as many sources as possible, because a single source of data cannot be expected to provide conclusive findings.***
V.C. Results of Ongoing Program Evaluation The results of ongoing program evaluation must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically use the information obtained in its evaluation to foster student achievement with respect to the certificate or degree offered.	

Standard VI. Curriculum	Guideline VI. Curriculum
VI.A. Description of the Program	**VI.A. Description of the Program**
Faculty and students must be provided with a clearly written description of the program and its content including learning goals, course objectives, supervised clinical practice assignments, and competencies required for graduation. The combined total of didactic and clinical student involvement in the program must not exceed 40 hours per week.	***These courses should be designed to enable the graduate to assist the ophthalmologist in the provision of health care to eye patients by performing the duties and tasks stated in the "Description of the Profession."***
VI.B. Program Design	***The curriculum should provide opportunities for students to apply theory to practice through correlated and supervised instruction in clinical practice areas. The concept of clinical instruction should give evidence that the basic scientific principles and concepts selected for learning experiences have been identified and incorporated into the curriculum. Activities should include field assignments, case studies, and similar educational designs to enhance the application of previous and ongoing learning.***
Programs may include a combination of didactic and distance learning. The clinical experience is required for all program levels except the non-clinical assistant level.	
VI.B.1 Didactic Learning	
Instruction is delivered in an oral lecture format.	
VI.B.2 Didactic and Clinical Learning	**VI.B.2 Didactic and Clinical Learning**
An oral lecture format is used along with a supervised clinical experience	***Supervised Clinical Experience- Students are expected to perform ophthalmic procedures and direct patient care under the direction or supervision of a licensed ophthalmologist who is responsible for the performance of the ophthalmic medical technician. Students in clinical rotations should be directly supervised by another certified ophthalmic technician and an ophthalmologist should be present during all clinical rotations.***
VI.B.3 Distance Education	
Instruction offered through a distance learning format is subject to the same requirements as instruction offered in a seated format.	
VI.C. Instruction must follow a plan which documents:	
VI.C.1. Curriculum Sequencing	
Appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instruction materials, classroom presentations, discussions, demonstrations, and supervised practice.	
VI.C.2. Course Syllabi	**VI.C.2. Course Syllabi**
Clearly written course syllabi that describes learning objectives and competencies to be achieved for both	***Supervised Clinical Experience- Students are expected to perform ophthalmic procedures and direct patient***

didactic and supervised clinical education components.	***care under the direction or supervision of a licensed ophthalmologist who is responsible for the performance of the ophthalmic medical technician. Students in clinical rotations should be directly supervised by another certified ophthalmic technician and an ophthalmologist should be present during all clinical rotations.***
VI.C.3. Documented Evaluation Frequent, documented evaluation of the student is required to assess their acquisition of knowledge, problem-solving skills, psychomotor, behavioral, and clinical competencies.	**VI.C.3. Documented Evaluation** ***Guidelines might include a statement that the sponsoring institution may present learning experiences through time frames and methods appropriate to its mission and objectives; a desirable approximate length for the program, informing the sponsoring institution that the credential it chooses to award should be consistent with awards given for similar programs; guidance regarding the retention of records of curricula, course syllabi, evaluation procedures, clinical education content and schedules.***
VI.D. Common Didactic Curriculum for the Ophthalmic Non-Clinical Assistant Program, Ophthalmic Clinical Assistant Program, Ophthalmic Technician Program, and Ophthalmic Medical Technologist Program The curriculum must include, or have as prerequisites, appropriate background course material. This requirement includes, but is not related to, the following subject areas for the ophthalmic non-clinical assistant, the ophthalmic clinical assistant, the ophthalmic technician, and the ophthalmic medical technologist programs (that do not necessarily imply individual courses). It also includes: 1. General Psychology 2. Communications 3. Basic Math and Pre-Algebra	

VI.D.1. Curriculum for Non-Clinical & Clinical Assistant Programs	VI.D.2. Curriculum for the Technician Program	VI.D.3. Curriculum for the Medical Technologist Program
Introduction to Ophthalmology 1. Clinic and Personnel Functions 2. Medical Ethics, Regulatory, and Legal Issues 3. Communication Skills, Patient Education, and Ophthalmic Counseling 4. Ophthalmic Patient Services and Relations 5. Community Health Eye Care 6. Safety 7. Administrative Duties 8. Medical Terminology 9. General and Ocular Anatomy and Physiology 10. Pharmacology 11. Microbiology 12. History Taking **Basic Skills** 13. Cardiopulmonary Resuscitation 14. Vital Signs 15. Visual Assessment 16. Visual Fields 17. Pupillary Assessment 18. Lensometry 19. Keratometry 20. Tonometry 21. Supplementary Tests 22. Clinical Equipment and Supplies Maintenance 23. Examination of the Eye and Face **Intermediate Skills** 24. Clinical Optics 25. Biometry 26. Eye Diseases 27. Systemic Diseases **Advanced Skills** 28. Low Vision 29. Surgical Procedures 30. Refractometry, Retinoscopy, and Refinement 31. Contact Lenses 32. Spectacle Skills	**Introduction to Ophthalmology** 1. Clinic and Personnel Functions 2. Medical Ethics, Regulatory, and Legal Issues 3. Communication Skills, Patient Education, and Ophthalmic Counseling 4. Ophthalmic Patient Services and Relations 5. Community Health Eye Care 6. Safety 7. Administrative Duties 8. Medical Terminology 9. General and Ocular Anatomy and Physiology 10. Pharmacology 11. Microbiology 12. History Taking **Basic Skills** 13. Cardiopulmonary Resuscitation 14. Vital Signs 15. Visual Assessment 16. Visual Fields 17. Pupillary Assessment 18. Lensometry 19. Keratometry 20. Tonometry 21. Supplementary Tests 22. Clinical Equipment and Supplies Maintenance 23. Examination of the Eye and Face **Intermediate Skills** 24. Clinical Optics 25. Biometry 26. Eye Diseases 27. Systemic Diseases **Advanced Skills** 28. Low Vision 29. Surgical Procedures 30. Refractometry, Retinoscopy, and Refinement 31. Contact Lenses 32. Spectacle Skills 33. Ocular Motility - Advanced 34. Supplementary Tests - Advanced 35. Ophthalmic Imaging 36. General Psychology 37. Special Diagnostic Testing	**Introduction to Ophthalmology** 1. Clinic and Personnel Functions 2. Medical Ethics, Regulatory, and Legal Issues 3. Communication Skills, Patient Education, and Ophthalmic Counseling 4. Ophthalmic Patient Services and Relations 5. Community Health Eye Care 6. Safety 7. Administrative Duties 8. Medical Terminology 9. General and Ocular Anatomy and Physiology 10. Pharmacology 11. Microbiology 12. History Taking **Basic Skills** 13. Cardiopulmonary Resuscitation 14. Vital Signs 15. Visual Assessment 16. Visual Fields 17. Pupillary Assessment 18. Lensometry 19. Keratometry 20. Tonometry 21. Supplementary Tests 22. Clinical Equipment and Supplies Maintenance 23. Examination of the Eye and Face **Intermediate Skills** 24. Clinical Optics 25. Biometry 26. Eye Disease 27. Systemic Diseases **Advanced Skills** 28. Low Vision 29. Surgical Procedures 30. Refractometry, Retinoscopy, and Refinement 31. Contact Lenses 32. Spectacle Skills 33. Ocular Motility - Advanced 34. Supplementary Tests - Advanced 35. Ophthalmic Imaging 36. General Psychology 37. Special Diagnostic Testing 38. Supervision and Training Support 39. Electrophysiology 40. Physiological Optics 41. Abnormalities of Binocular Vision

Guideline for Supervised Clinical Experience for the Ophthalmic Non-Clinical Assistant Program, Ophthalmic Clinical Assistant Program, Ophthalmic Technician Program, and Ophthalmic Medical Technologist Program

Supervised Clinical Experience for the Ophthalmic Non-Clinical and Clinical Assistant Programs	Supervised Clinical Experience for the Ophthalmic Technician Program	Supervised Clinical Experience for the Ophthalmic Medical Technologist Program
The Ophthalmic Non-Clinical Assistant Program does not require supervised clinical experience. For the Ophthalmic Clinical Assistant Program, in addition to the 80-hour minimum of course work the program should include a minimum of 480 hours of full-time, ophthalmologist and certified technician supervised clinical experience.	For the Ophthalmic Technician Program, in addition to the minimum coursework the program should include a minimum of 960 hours of full-time, ophthalmologist and certified technician-supervised clinical experience.	For the Ophthalmic Medical Technologist Program, in addition to the minimum coursework the program should include a minimum of 1,920 hours of full-time, ophthalmologist and certified technician supervised clinical experience.

Guidelines for Curriculum Performance Objectives

These objectives are an overview, encompassing all four levels of training programs and are not level-dependent nor directly correlated to the JCAHPO certification exam. Specific performance objectives should be tailored to the level of the program. These are recommended performance objectives that a student should understand that they may be required to perform once employed in the field. Content may be included in didactic and/or clinical instruction.

Introduction to Ophthalmology

1. Clinic and Personnel Functions

- Describe the professionals who make up the eye care team
- Identify the general responsibilities of OMP
- Define the various levels of training and certification levels for Ophthalmic Medical Technicians.
    1. Certified Ophthalmic Assistant (COA), Entry Level
    2. Certified Ophthalmic Technician (COT), Intermediate Level
    3. Certified Ophthalmic Medical Technologist (COMT), Advanced Level
- Identify available ophthalmic services
- Identify the scope of practice, training and education of members of the eye care team
- Identify continuing education and professional development opportunities for OMP

2. Medical Ethics, Regulatory, and Legal Issues

- Specify procedures for ensuring the confidentiality of health information
- Describe government and institutional rules and regulations for patient confidentiality and safety
- Describe law/policies for the control, use, and release of health information including corrective lenses and contact lens prescriptions
- State the ethical and legal Standards for the profession
- Demonstrate effective documentation skills (e.g., coding, scribing/charting/reporting)
- Describe the informed consent process
- Identify professional consequences of performing unprofessionally

3. Communication Skills, Patient Education, and Ophthalmic Counseling

- Communicate effectively in the work place
- Identify and provide care needs of diverse populations (cultural, gender, age, etc.)
- Demonstrate effective interpersonal relationship skills
- Recognize and refer to ophthalmologist, clinic administrator, or OMT supervisor to address patient dissatisfaction.
- Instruct and educate patients on ocular/systemic diseases, medications, tests, procedures, results, and treatments
- Counsel and provide patient education on ophthalmic conditions, prevention, compliance, and acceptance
- Explain the effects prior to administering eye drops
- Demonstrate empathy for the patient

4. Ophthalmic Patient Services and Relations (Triage)

- Demonstrate how to properly greet patients
- Assist patients and accompanying individuals with special needs (e.g., visually and hearing challenged)
- Identify procedures to be followed for appropriate patient referrals
- Apply and remove eye dressings and shields
- Identify available patient counseling and assistance for medication reimbursement programs in the community
- Demonstrate ability to properly document patient phone calls
- Demonstrate ability to complete legal forms for patient benefits (motor vehicle, government)
- Effectively communicate with patients regarding their spectacle needs
- Explain and care for ocular prosthetics, contact lenses and spectacles and other devices
- Elicit chief complaint or symptoms
- Classify symptoms according to severity
- Demonstrate ability to triage phone calls

- Understand emergency response procedures for acute ophthalmic drug reactions and emergencies (e.g., chemical burns)

5. Community Health Eye Care

- Identify the major global and local causes of reversible and irreversible blindness and vision loss
- Define vision impairment and blindness as described by government and the World Health Organization
- Identify local resources (health, education and rehabilitation) available to assist visually impaired patients
- Describe a team approach to eye care
- Describe basic features of community eye care programs (e.g., cataract, surgical)
- Develop and deliver health education information within the local community
- Identify government, non-government, and community-based strategies and programs to improve utilization of eye care services

6. Safety

- Define hazardous and bio-hazardous waste
- Describe acceptable methods for waste disposal
- Describe and follow universal precautions and infection control measures
- Maintain clinical asepsis
- Dispense medications correctly
- Implement Government or Institutional Safety and Regulatory programs, if applicable

7. Administrative Duties

- Identify various methods of prescription transmission
- Coordinate patient flow
- Answer phones
- Demonstrate the ability to manage patient records
- Schedule appointments
- Demonstrate ability to schedule appropriate tests as ordered by the physician

8. Medical Terminology

- Spell, define, and use medical terms correctly
- Identify acceptable abbreviations (specifically related to clinic practice)
- Use a medical dictionary

9. General and Ocular Anatomy and Physiology

- Describe the basic functions and processes of each body system:
  - Respiratory system
  - Cardiovascular system
  - Endocrine system
  - Nervous system
- Describe the structure and function of the following:
  - Orbit
  - Extra ocular muscles
  - Lids
  - Lacrimal system and tears
  - Conjunctiva
  - Cornea and sclera
  - Anterior chamber and angle
  - Aqueous humor
  - Lens
  - Uvea
  - Retina and vitreous
  - Optic nerve
  - Circulation of the eye (ocular blood supply)
  - Visual pathway
  - Cranial nerves III, IV, V, VI, and VII
  - Describe the physiology of color vision

10. Pharmacology

- Describe the advantages and disadvantages of various methods of drug delivery, including drops, ointments, sustained-release medications, injectable medications, and systemic medications
- Describe the components of a medical prescription
- Describe and demonstrate the correct method of instilling drops and ointments
- Describe the indications, contraindications, and potential side effects of:
  - mydriatics and cycloplegics
  - glaucoma medications
  - anti-infective agents, including anti-bacterial, anti-viral, anti-fungal, and anti-parasitic
  - allergy medications

- steroids
- non-steroidal, anti-inflammatory drugs
- ocular lubricants
- osmotic
- anesthetics
- diagnostic agents
- nutritional supplements
- anti-neovascular drugs

11. Microbiology

- Define the types of microorganisms: bacterium, virus, fungus, protozoan
- Explain common pathways of disease transmission
- Assist in the collection of conjunctival and corneal specimens
- Describe and follow universal precautions and infection control measures to maintain clinical asepsis

12. History Taking

- Elicit and record the chief complaint/reason for visit
- Elicit and record the history of the present eye problem or concern
- Elicit and record medical and surgical history
- Elicit and record family history
- Elicit and record social history
- Elicit and record the review of physical systems

Basic Skills

13. Cardiopulmonary Resuscitation

- Implement emergency procedures and administer first aid, including cardiopulmonary resuscitation
- Maintain control of emergency situations
- Provide reassurance and support

14. Vital Signs

- Measure and record vital signs (i.e., blood pressure, pulse, and respiration rate)
- Perform cardiopulmonary resuscitation (CPR) procedures

15. Visual Assessment

- Test and record visual acuity appropriately for patients with all levels of acuity (e.g., count fingers, hand motion, light perception, no light perception)
- Test and record visual acuity using a distance visual acuity chart
- Test and record visual acuity on preliterate, illiterate, non-verbal, or foreign language patients
- Test and record visual acuity using the pinhole occluder
- Test and record visual acuity using Allen figures or picture tests
- Test and record visual acuity for low vision patients
- Test and record near vision
- Use conversion tables to record visual acuity (e.g., Snellen chart, LogMar or metric systems)

16. Visual Fields

- Test and record using a Amsler Grid
- Test and record using the Goldmann perimeter
- Calibrate the Goldmann perimeter
- Determine proper correction for the visual field test
- Test and record using the Automated perimeter
- Perform and record Confrontation fields

17. Pupillary Assessment

- Measure, compare, and evaluate pupil function
  - Direct and consensual response
- Identify relative afferent pupillary defect using the swinging-light test

18. Lensometry

- Neutralize and record spectacle lenses using automated and manual lens meters
- Describe spectacle prescription components

19. Keratometry

- Perform automated and manual keratometry
- Record keratometry readings

20. Tonometry

- Define and measure intraocular pressure
- Clean and disinfect tonometers

21. Supplementary Tests – Basic

- Assess and record anterior chamber depth (pen light)
- Perform and record color vision
- Perform and record pachymetry
- Perform and record Schirmer tests

- Perform and record Amsler Grid
- Perform and record confrontation field test

22. Clinical Equipment and Supplies Maintenance

- Change batteries/bulbs in ophthalmic instruments
- Maintain and calibrate ophthalmic equipment per manufacturer's recommendation
- Maintain emergency equipment
- Clean lenses and prisms
- Order and maintain medical supplies inventory
- Order and maintain patient education materials inventory
- Maintain clinical equipment and supplies
- Maintain ophthalmic theatre equipment

23. Examination of the Eye and Face

- Perform the external examination
  - Demonstrate use of the penlight
  - Demonstrate use of slit lamp

Intermediate Skills

24. Clinical Optics

- Identify refractive errors: hyperopia, myopia, astigmatism, presbyopia
- Describe accommodation and its relation to age
- Describe the difference between cycloplegic and manifest refraction
- Explain the difference between subjective and objective refractometry

25. Biometry

- Measure and record axial length (A-Scan biometry and Optical Coherence Biometer)
  - Describe contact and immersion techniques
- Calculate and record intraocular lens (IOL) power

26. Eye Diseases

- Differentiate between inflammation and infection
- Describe frequently encountered eye conditions involving:
  - Lids
  - Conjunctiva
  - Cornea
  - Lens
  - Uvea
  - Vitreous
  - Retina
  - Orbit
  - Trauma
  - Extra ocular muscles
  - Optic nerve
  - Cranial nerves
  - Visual pathway
- Identify the various types of glaucoma

27. Systemic Diseases

- Describe the ocular manifestations of the following systemic diseases:
  - Nutritional deficiencies
  - Diabetes mellitus
  - Thyroid disease
  - Auto immune/inflammatory disease
  - Infectious disease (e.g., HIV/AIDS, tuberculosis)
  - Cardiovascular disease
  - Neurologic disorders
  - Cancer (primary and metastatic)

Advanced Skills

28. Low Vision

- Define low vision
- Measure visual acuity of a low vision patient
- Calculate approximate magnification needed to read a target acuity level
- Describe the advantages and disadvantages of different low vision devices
- Instruct patient in uses of low vision devices (optical and non-optical)

29. Surgical Assisting

Minor

- Clean, sterilize, and prepare instruments for minor office surgical procedures
- Assist the physician with office-based minor surgical procedures
- Set up and assist in non-refractive laser surgery (argon, YAG, etc.)
- Maintain clinical asepsis and universal precautions

Major

- Apply proper sterile technique procedures to ensure safety/security
- Maintain surgical asepsis and universal precautions
- Maintain surgical instruments/equipment

30. Refractometry, Retinoscopy, and Refinement

- Measure refractive error with an automated refractor
- Perform and record retinoscopy
- Refine refractive error (sphere and cylinder) using phoropter or trial lenses in +/- cylinder
- Use refractometry techniques: fogging, duo chrome, binocular balance
- Measure vertex distance
- Perform and record transposition
- Calculate and record spherical equivalence
- Determine near add (bifocal, trifocals, multifocal)

31. Contact Lenses

- Instruct the patient on the insertion and removal of lenses
- Explain contact lens types and wearing schedules
- Explain care systems
- Explain the need for scheduled follow-up visits
- Explain contraindications, symptoms, and the fitting
- Perform contact lens fitting

32. Spectacle Skills

- Explain the different lens materials and their advantages and disadvantages
- Explain single vision lenses
- Explain bifocals and progressive add lenses
- Explain requirements for safety lenses
- Counsel patients regarding frame selection and care of glasses
- Perform proper spectacle fitting
- Measure interpupillary distance

33. Ocular Motility

- Perform and record versions and ductions
- Distinguish between phoria and tropia
- Define motility prefixes: eso and exo, hyper and hypo
- Perform and record cover and uncover tests in correct sequence and hypo
- Perform and record the Krimsky and Hirschberg tests

34. Supplementary Tests – Advanced

- Perform and record stereoacuity testing
- Perform and record glare testing (e.g., BAT)
- Perform and record potential acuity (PAM)
- Perform and record automated perimetry
- Perform and record manual perimetry
- Identify the indications of use for the direct ophthalmoscopy, indirect ophthalmoscopy, and slit lamp lenses

35. Ophthalmic Imaging

- Label photos with patient identification
- Perform external photography
- Perform and record corneal topography
- Perform and record fundus photography
- Perform and record scanning computer ophthalmic diagnostic imaging (optical coherence tomography [OCT], GDx, HRT)
- Perform external slit lamp photography

36. General Psychology

- Listen and observe, respond to verbal and non-verbal communication, demonstrate courtesy and tact
- Effectively interact with others
- Project a positive image of the profession
- Keep personnel biases from interfering with performance of duties

37. Special Diagnostic Testing

- Describe the appropriate application of various tests and procedures
- Standardize Equipment
- Recognize any deviation from normal test results
- Describe procedures for collecting, labeling, preserving, staining, and culturing of specimens from patients with ocular problems
- Assist with obtaining specimens for culture and staining from patients with ocular problems
- Give appropriate instructions to patients

38. Supervision and Training Support

- Explain the importance of self-monitoring of personal professional development
- Describe quality assurance processes/monitor clinical outcomes
- Describe the responsibilities for the supervision of technical staff

39. Electrophysiology

- Explain the principles of electrophysiological tests
- Prepare patient and equipment for electrophysiological tests
- Identify indications of use of electrophysiological tests

40. Physiological Optics

- Explain the principles of binocular vision and perform advanced color vision tests.

41. Abnormalities of Binocular Vision

- Identify indications for motility testing based on patient symptoms
- Perform advanced ocular motility tests
- Test for abnormal binocular vision

Supervised Clinical Experience - is defined as time and experience achieved in a formal clinic setting where students perform tasks on actual patients. Clinical experience must be under the supervision of an ophthalmologist as well under the direct supervision of a JCAHPO-certified assistant/technician/technologist while performing clinical rotations.

Skillfully and accurately perform the clinical diagnostic tests and patient services in conformation with the didactic curriculum

- Relate tactfully and sympathetically to patients
- Consistently demonstrate reliability, self-discipline, cooperativeness, and professional deportment and demeanor in clinical activities
- Demonstrate proficiency in both written and spoken communication

Classroom Training and Classroom Lab Settings
Classroom "Lab" experience is defined as a training program's lab setting where students perform tasks on other students. Classroom labs are intended to assist the program's evaluation of the strengths and needs of students. Classroom labs should help to guide instruction and measure progress with a final goal of achievement of tasks and procedures. Classroom labs do not qualify for "clinical experience".

Glossary

Accreditation – Is a process of voluntary, non-government self-regulation that recognizes educational institutions and/or programs that have been found to meet or exceed established Standards of quality.

Accreditation Review Process – Begins with the submission of an application, fee, and a self-study and ends with an accreditation action made by the CoA-OMP Board of Directors.

Administrative Probation – A program is placed on administrative probation when it fails to comply with the administrative requirements defined by CoA-OMP.

1. Failure to submit a self-study report on time
2. Failure to complete an annual report
3. Failure to pay necessary fees or invoices

Annual Reports – CoA-OMP requires annual reports be submitted by all accredited programs in order to comply with an administrative requirement of the Standards and to maintain accreditation. Annual reports are due on or before October 31.

Board Member Reviewer – Member of the CoA-OMP Board of Directors assigned to review a program throughout the accreditation process.

Certification – The process by which the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) recognizes individuals who have attained predetermined competency levels through standardized testing for ophthalmic medical technician professions.

Clinical affiliate – The terms clinical education, directed clinical experience, field-work, and practicum refer to the planned learning experiences assigned as an integral part of or complement to didactic courses. Clinical education is designed to provide initial and basic experiences in direct observation and then in participation in selected practical activities, under the supervision of qualified, competent personnel (see definition of supervised clinical experience for further clarification). The clinical portion of a structured educational program is usually specifically related to prior or ongoing didactic education.

Classroom Training and Classroom Lab Settings - Classroom "Lab" experience is defined as a training program's lab setting where students perform tasks on other students. Classroom labs are intended to assist the program's evaluation of the strengths and needs of students. Classroom labs should help to guide instruction and measure progress with a final goal of achievement of tasks and procedures. Classroom labs do not qualify for "clinical experience".

Complaint – A formal letter of grievance written and signed by an individual in reference to a program's compliance with the Standards. Is fully investigated by the Board and can result in probation.

Continuing Accreditation – Granted to a program when it is reevaluated at specified intervals. Is awarded for a maximum period of five years.

Distance Education – A form of education where some or all regularly scheduled classroom time (in a traditional educational program) is replaced by required activities completed and managed online.

Inactive Status – May be granted to a program upon request, for up to two years. Inactive status is not renewable. Students may not be accepted into the program while it is inactive. If, at the end of two years, the program wishes to remain inactive, it may choose to withdraw accreditation. If no response is received from the program, CoA-OMP will withdraw accreditation. Program fees must be paid while a program is inactive.

Independent Study – A specialized instructional program for students to explore an area of interest and learning in great detail on their own.

Initial Accreditation – First status of accreditation granted to a program that has demonstrated substantial compliance with the Standards. Is awarded for a maximum period of three years.

Medical Director – The medical director must be a board certified ophthalmologist. The medical director of the program must provide competent direction or guidance and instruction (as appropriate) to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, offer correct,

timely information, and meet professional standards of patient care.

Online Education – A form of education that focuses on teaching methods and technology with the aim of delivering knowledge to students who are located remotely. Online education must offer two-way communication between teacher and learner and fall under the oversight of an educational institution.

Probation – Temporary status of accreditation granted when a program does not continue to meet accreditation Standards but should be able to meet them within the specified time.

Program Director – The person responsible for the organization, administration, periodic review, continues development and general effectiveness of a program.

Reconsideration – Any program that receives a negative accreditation recommendation can request reconsideration prior to the action being taken. To request reconsideration, the program has 10 days from the date of the letter notifying it of the negative recommendation to express intent to file a response.

Self-Study Report – The self-study is a formal process during which an educational program critically examines its structure and substance, judges the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements.

Site Visit – Required during a comprehensive review for the clinical ophthalmic assistant, ophthalmic technician, and ophthalmic medical technologist programs. Day-and-a-half visit to the program by a CoA-OMP site visit team to evaluate how accurately the self-study reflects the status of the program and to answer any additional questions that arise.

Site Visit Findings Letter – Is a letter sent to the program showing the findings of the site visit. The letter contains:

- factual findings including citation of areas of strength
- identification of weaknesses and suggestions for improving the program
- specific Standards must be cited in noncompliance identification of Standard deficiencies necessitating action.

Site Visit Team – Comprised of two CoA-OMP-approved site visitors, one ophthalmologist and one certified ophthalmic medical technician.

Sponsoring Institution – Is the academic institution where the training program is conducted.

Supervised Clinical Experience - Students are expected to perform ophthalmic procedures and direct patient care under the direction or supervision of a licensed ophthalmologist who is responsible for the performance of the ophthalmic medical technician. Students in clinical rotations should be directly supervised by another certified ophthalmic technician and an ophthalmologist should be present during all clinical rotations.

Withhold of Accreditation/Approval – Accreditation may be withheld from a program seeking Initial Accreditation if it does not comply with the Standards.

Withdrawal of Accreditation (Voluntary) – Is granted when the sponsoring institution requests that its program no longer be accredited by CoA-OMP.

Withdrawal of Accreditation (Involuntary) – Accreditation may be withdrawn from an accredited program if it is not in compliance with the Standards.