



Clinical Documentation for CMS Rule

This form serves as documentation that my Ophthalmic Medical Assisting and Scribe Staff are JCAHPO certified and JCAHPO has attested to their achievement of the knowledge and skills.

_____ (Employee Name) is employed by
 _____ (Physician/Practice Name). HE/SHE is JCAHPO certified as
 and has demonstrated successful completion of examination on the knowledge and skill as follows:

- _____ Certified Ophthalmic Assistant (COA[®])
- _____ Certified Ophthalmic Technician (COT[®])
- _____ Certified Ophthalmic Medical Technologist (COMT[®])
- _____ Ophthalmic Scribe Certified (OSC[®])

A copy of my employee's certificate of JCAHPO Certification is attached.

As the employer, I attest that my employee who is JCAHPO certified performs the following Ophthalmic Medical Assisting or Scribe duties.

COA, COT, and COMT Certification Content Knowledge & Skills	Select All That Apply	Current Tasks Performed
History Taking		
Pupillary Assessment		
Contact Lenses		
Equipment Maintenance and Repair		
Lensometry		
Keratometry		
Medical Ethics, Legal, and Regulatory Issues		
Microbiology		
Pharmacology		
Ocular Motility		
Assisting in Surgical Procedures		
Ophthalmic Patient Services and Education		
Ophthalmic Imaging		
Refractometry		
Spectacle Skills		
Supplemental Skills		
Tonometry		
Visual Assessment		
Visual Fields		
Scribe Certification Content Knowledge & Skills	Select All That Apply	Current Task Performed
History Taking		
Ophthalmic Patient Services and Education		
Ophthalmic Terminology		
Medical Ethics & Legal Issues		
The Medical Note/Records		

Employer Signature

Date