

Candidates who choose to become certified with the sub-specialty of Ophthalmic Surgical Assisting (OSA) must be currently certified at one of the three core levels of certification (COA, COT or COMT). Then they must meet one of the following options:

Eligibility Pathway	Education	Work Experience With an Ophthalmologist
<b>OSA – SA1</b>	COA-OMP or CMA <sup>1</sup> accredited training program for ophthalmic medical technicians that includes instruction and supervised experience in ophthalmic surgical assisting	If you completed the program more than 12 months ago, you will need to provide evidence of six months work experience in a nationally accredited operating suite, under the supervision of regularly scheduling ophthalmic surgeons, one of whom is your sponsoring ophthalmologist. The work experience must be completed within 12 months prior to submitting application.
<b>OSA – SA2</b>		Worked for 18 months in a nationally accredited operating suite functioning as a sterile first assistant, sterile scrub assistant, or non-sterile circulator. This work experience must be under the supervision of regularly scheduling ophthalmic surgeons, one of whom is your sponsoring ophthalmologist. The work experience must be completed within 36 months prior to submitting application.
<b>OSA – SA3</b>	Successful completion of an approved surgical independent study course completed within 12 months of making application.	Log of 15 Category A surgical cases observed within the last 12 months under the supervision of a sponsoring ophthalmologist. Category A surgical cases may be noted in Appendix C. Please refer to Appendix C for the OSA case log.

<sup>1</sup> COA-OMP is the Commission on Accreditation of Ophthalmic Medical Programs. CMA is the Canadian Medical Association.

## Content Outline for the OSA Examination

Please refer to Appendix C for the OSA examination content areas.

## OSA Recertification

Because the OSA sub-specialty is linked to your core level of certification, your first recertification cycle may be shorter than the standard 36 months (three years). Once the two cycles are synchronized, you will be due to apply for recertification in both areas every 36 months.

For example – David is currently a COT who passed the OSA examination on June 15, 2014. His current COT certificate is valid from January 2013 through January 2016. His new OSA certificate will be dated June 2014 through January 2016. After recertifying, his certification cycle for both areas will be January 2016 through January 2019.

To recertify, certificants may use one of two pathways:

Recertification Pathway	Application Requirement	Continuing Education Requirement
<b>Log of Surgical Cases</b>	<ul style="list-style-type: none"> <li>◆ OSA recertification surgical log printable at <a href="http://www.jcahpo.org">www.jcahpo.org</a> postmarked by your recertification date.</li> <li>◆ Sponsoring ophthalmologist signature</li> <li>◆ A separate application fee is not required.</li> </ul>	<p>Log of 30 surgical cases in which you have actively participated as a sterile first assistant, sterile scrub assistant, or non-sterile circulator. A minimum of 90% of the cases need to be from Category A. The number of surgical cases may be pro-rated for your first recertification if the cycle was shorter than 36 months.</p> <p>You have the option of submitting 10 surgical CE credits to substitute for up to 10 surgical cases. JCAHPO approved or AMA CME credits are acceptable.</p> <p>* Please refer to Appendix C for more information on Category A and Category B surgeries.</p>
<b>Retest in Lieu of CE Credits</b>	<ul style="list-style-type: none"> <li>◆ Examination application printable at <a href="http://www.jcahpo.org">www.jcahpo.org</a></li> <li>◆ Sponsoring ophthalmologist signature</li> <li>◆ Examination fee. Please see page 34 to review the fee schedule.</li> </ul>	<p>None.</p> <p>All initial eligibility requirements must be met. Successful completion of the OSA multiple-choice exam is required for recertification.</p>

For more information about recertification, please refer to page 23.

**Content Areas****1. Pre-Operative Preparation of the Patient – 5%**

- a. Consent
- b. Intraoperative monitoring

**2. Instruments – 25%**

- a. Identification
- b. Selection/setup
- c. Maintenance
- d. Sterilization
- e. Sutures/supplies
- f. Function

**3. Aseptic Technique – 20%**

- a. Scrubbing/gowning/gloving/prepping
- b. Circulating
- c. General Knowledge
- d. Assisting

**4. Ophthalmic Anesthesia – 5%**

- a. General anesthesia
- b. Local anesthesia
- c. Topical anesthesia

**5. Surgical Procedures – 27%**

- a. Cataract surgery
- b. Corneal surgery
- c. Glaucoma surgery
- d. Strabismus surgery
- e. Oculo-plastics surgery
- f. Orbital surgery
- g. Lacrimal surgery
- h. Refractive surgery
- i. Retinal surgery
- j. Laser surgery
- k. Other

**6. Surgical Complications – 3%****7. Ophthalmic Surgical Pharmacology – 10%**

- a. Miotics
- b. Viscoelastics
- c. Enzymes
- d. Mydriatics
- e. Osmotic 9
- f. Narcotics
- g. Other

**8. Minor Surgery – 5%**

- a. Assisting the surgeon
- b. Instructing the patient

**Case Requirements for Ophthalmic Surgical Assisting Recertification**

The case requirement is divided into two groups: Categories A and B. Certificants may choose to earn 100 percent of their case requirement from Category A or may choose to earn at least 90 percent of the case log from Category A and the remaining cases from Category B.

<b>Category A (at least 90% or 27 cases)</b>	<b>Retina</b>	<ul style="list-style-type: none"> <li>◆ Scleral Buckle</li> <li>◆ Vitrectomy</li> <li>◆ Membrane removal</li> <li>◆ Endo laser</li> </ul>
	<b>Lens</b>	<ul style="list-style-type: none"> <li>◆ Cataract extraction +/- IOL</li> <li>◆ Secondary IOL</li> <li>◆ IOL exchange</li> <li>◆ Implantable Contact Lens (ICL)</li> </ul>
	<b>Strabismus</b>	<ul style="list-style-type: none"> <li>◆ Muscle procedure</li> </ul>
	<b>Cornea</b>	<ul style="list-style-type: none"> <li>◆ Penetrating Keratoplasty (PKP)</li> <li>◆ Lamellar/patch graft</li> <li>◆ Pterygium with or without conjunctival transplant</li> <li>◆ Conjunctival autograft</li> <li>◆ DSAEK (Endothelial Keratoplasty)</li> </ul>
	<b>Oculo-Plastics</b>	<ul style="list-style-type: none"> <li>◆ Dacryocystorhinostomy (DCR)</li> <li>◆ Levator procedures</li> <li>◆ Ptosis repair</li> <li>◆ Orbital decompression</li> <li>◆ Ectropion &amp; Entropion repair</li> <li>◆ Lid laceration</li> <li>◆ Full thickness or partial thickness lid tumor</li> <li>◆ Endoscopic brow lift</li> <li>◆ Blepharoplasty</li> <li>◆ Conjunctivoplasty</li> <li>◆ Conjunctival tumors</li> </ul>
	<b>Glaucoma</b>	<ul style="list-style-type: none"> <li>◆ Trabeculectomy</li> <li>◆ Seton procedures</li> </ul>
	<b>Other</b>	<ul style="list-style-type: none"> <li>◆ Scleral patch</li> </ul>
<b>Category B (no more than 10% or 3 cases)</b>	<b>Lens</b>	<ul style="list-style-type: none"> <li>◆ Resposition IOL</li> </ul>
	<b>Strabismus</b>	<ul style="list-style-type: none"> <li>◆ Botulinum toxin injection</li> </ul>
	<b>Cornea</b>	<ul style="list-style-type: none"> <li>◆ Radial Keratotomy (RK)</li> <li>◆ Automated lamellar keratoplasty (ALK)</li> <li>◆ Lasik</li> <li>◆ AK</li> <li>◆ Excimer laser surgeries (e.g., PRK, PTK)</li> <li>◆ Conductive Keratoplasty</li> </ul>
	<b>Oculo-Plastics</b>	<ul style="list-style-type: none"> <li>◆ Tarsorrhaphy</li> <li>◆ Canthal plication</li> <li>◆ Chalazion</li> <li>◆ Trichiasis</li> <li>◆ Temporal artery biopsy</li> <li>◆ Nasolacrimal duct (NLD) probing</li> </ul>
	<b>Retina</b>	<ul style="list-style-type: none"> <li>◆ Intravitreal injections</li> </ul>