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Criteria and Application for Continuing Education Providers

JCAHPO continuing education credit is the internationally-recognized benchmark for excellence in continuing education for ophthalmic medical personnel (OMP). We appreciate your organization's interest in providing JCAHPO-approved continuing education credit-earning opportunities for ophthalmic allied health professionals.

The JCAHPO Criteria and Application for Continuing Education Providers is also available on our Web site at www.jcahpo.org/services.

This application packet supercedes all previous editions of the *Criteria & Application for Continuing Education Providers* currently available.



**The Joint Commission on Allied Health
Personnel in Ophthalmology® (JCAHPO®)**
Certification and Education for Eye Care Excellence

Mission Statement

The Joint Commission on Allied Health Personnel in Ophthalmology serves to enhance the quality and availability of ophthalmic patient care by promoting the value of qualified allied health personnel and by providing certification and education.

GOAL

The goal of awarding credits for continuing education (CE) programs is primarily to promote a level of substance and quality in the training and continuing education of allied health personnel in ophthalmology. JCAHPO CE credit awarded to a program denotes that it has been reviewed and meets standards in the field.

DEFINITION OF TERMS

Program: An educational activity consisting of one or more lectures or presentations. The terms seminar, conference, meeting, and program are used interchangeably.

PROCESS

Programs submitted to JCAHPO to be reviewed for CE credit are processed at the JCAHPO office and forwarded for review to a committee of ophthalmic professionals comprised of ophthalmologists, certified ophthalmic medical personnel (OMP), nurses, photographers, and orthoptists. This committee reviews each submission and awards CE credit if the established criteria are met. Applications and content are confidential.

PROGRAM DIRECTOR / CONTACT PERSON RESPONSIBILITIES

The program director / contact person is the authorized representative of the provider of the CE program. The program director is responsible for the following:

- (A) Planning and / or coordinating the program
- (B) Applying for JCAHPO credit
- (C) Implementing and evaluating the program
- (D) Maintaining participant roster and evaluation summaries

POLICIES

A. CONTENT

Continuing education programs, for which JCAHPO credit is requested, shall upgrade, extend, or expand skills and knowledge in ophthalmic medical assisting.

Ophthalmic allied health personnel may be taught to recognize and understand certain abnormalities and principles of therapy; however, they are not taught to make medical diagnoses or to treat diseases.

Credit Categories

As of August 1, 2011 all ophthalmology (eye-care) related topics, regardless of the relation to an examination content area, are now awarded Group A credit for classroom (lecture), workshops and e-learning courses. Courses/seminars must still be submitted to, and preapproved by, JCAHPO's CE reviewer's to qualify for CE Credit.

Examples of topics that are not eligible for credit include (also see page 7):

Completion of Evaluations	Conflict Resolution
Effective Communications	Listening Skills
Marketing	Merits of Certification
Personality Traits	Principles of Supervision
Product Training	Team Building
Work-Life Balance	Topics not unique to eye-care

Prerequisite

Required for advanced courses. Outline minimum skills, knowledge, or experience you expect of the audience to fulfill learning objectives.

B. APPLICATION DEADLINE AND EXPIRATION

Classroom Presentation applications must be submitted a minimum of six (6) weeks prior to presentation or a late fee is charged. Credit is valid for one year from the date of the first presentation, which should appear on the application.

Distance Learning applications must be submitted a minimum of six (6) weeks prior to release of the material. Credit is valid for two years; however a repeat fee is charged the second year. Submission of multiple courses at one time may require additional review time.

C. BROCHURE / PROMOTIONAL MATERIAL

A copy of the brochure or promotional materials must be submitted with the application. If a final copy is not available at the time the application is submitted, a draft may be submitted until the final copy is available and sent to JCAHPO.

D. FACULTY QUALIFICATIONS

Disease, Medical Diagnosis, Medical Treatment, or Surgery

A course that involves disease, medical diagnosis, medical treatment, or surgery must be taught (classroom) or principally authored (distance learning) by a medical doctor (MD) or a doctor of osteopathy (DO).

If a course is presented or authored on disease, diagnosis, treatment, or surgery with a non-MD as a co-instructor, an MD or a DO must play the major role in the development and delivery of the course.

Pharmacology

Courses on pharmacology must be taught or principally authored by a registered pharmacist, PhD pharmacologist, medical doctor (MD), or

doctor of osteopathy (DO). Incidental references to pharmacological agents do not violate this policy.

Qualified Physician

The physician must:*

- (1) Hold a current, valid license to practice and be free from any disciplinary action by his/her licensing board, and
- (2) Be knowledgeable, current, and skillful in the subject area of the course as evidenced through:
 - (a) Experience in teaching similar subject areas within two years preceding this program, or
 - (b) At least one year of experience within the last two years in the specialized area in which he/she is teaching.

* The American Medical Association's (AMA) definition of "physician" is accepted for JCAHPO's purpose:

"A physician is a medical doctor (MD) or doctor of osteopathy (DO) currently licensed to practice medicine and surgery in all its branches."

Qualified Non-Physician

The non-physician must:

- (1) Be currently licensed or certified in his/her area of expertise, if appropriate, or
- (2) Show evidence of specialized training which may include, but not be limited to, a certificate of training or an advanced degree in the given subject area, or
- (3) Have had at least one year of experience within the last two years in the specialized area being addressed.

Financial Interest Disclosure

Instructors are required to declare any financial interest, relationship, or advisory capacity with any designated company. Each speaker must complete AND sign the Biographical Data and Financial Interest Form. The signature of the program provider will not be accepted.

Acknowledgment of financial interest shall be made in the program bulletin or promotional flyer (e.g., an asterisk) and at the time of the presentation.

Evaluation forms should include a question for course attendees as to whether a financial interest was disclosed during the presentation.

E. FORMAT

Educational offerings may be delivered in various formats. For CE credit review purposes, two groups have been identified:

(1) Classroom (Onsite) Education/Training Definition:

Classroom, or onsite, education/training is the traditional form of learning where students come to a classroom or other location where learning and instruction take place with an instructor in the room. (Lectures, seminars, workshops, and panel discussions.)

- CE credit is awarded per course, not per day, and are awarded in 15 minute increments. Courses less than 15 minutes in length are not eligible for CE credit.

Example: 1 hour and 15 minutes are to be awarded 1.25 credits

- A program must include at least 30 minutes of instruction time. Credit is awarded for actual instruction time, including Q&A periods. Credit is not awarded for time spent in registration, breaks, or completion of evaluation forms.

POLICIES

(2) Distance Learning (Education) Definition:

Distance Learning (education) is defined as a course(s) that is delivered outside of the classroom, i.e., online, email, webinar, and mail. Distance Learning can also be in combination with traditional onsite learning that includes teacher and student interaction.

Distance Learning courses must include a post-event quiz. Only those students that receive a passing grade (80% or higher) on the accompanying quiz may receive JCAHPO CE Credit. Two attempts at passing the quiz are allowed. CE Providers are required to keep quiz answers for each individual for three (3) years due to JCAHPO recertification cycles and audit purposes.

(Electronic, online, CD, DVD, webinar, and print media.) Please refer to course checklist.

- Courses must meet the same policy criteria as classroom presentations for faculty qualifications.
- Courses must be submitted in full, to include course description, learning objectives, complete text, visuals, quiz, and correct answers.
- Courses must be submitted in print and in the electronic version. Online access alone is not acceptable for review purposes.
- Submit two (2) copies of the complete program (CD, video, DVD, Power Point slides, journal article, etc.).
- Fees are charged for each individual title or topic. Topics may not be grouped and submitted together as one course.
- List the total time in hours/minutes for participants to meet all requirements of the activity. Clearly describe the method used to determine the request for an appropriate number of credits. One method is pilot testing, in which individuals who represent the target audience complete the learning activity and document the time required to complete it, including pre- and post-tests.
 - Articles of printed materials must contain a minimum of 7,500 - 12,000 words to be awarded 1 credit.
 - If the program is based on a slide-type presentation (such as PowerPoint), a typical one-credit course must contain a minimum of 40-70 slides of actual content.
 - Quiz or post-tests must contain at least 10 questions.
 - Distance learning credits are NOT awarded on time alone. Content will also be considered for awarding CE credit.

F. COPYRIGHT LAWS

By submitting a self-instructional activity for approval, you are automatically confirming that the material is original and that you are adhering to copyright laws. Copyright or copyright permission authorizes that the copyright holder has exclusive legal rights to the reproduction or distribution of his / her work. Prior to any use of an original work (e.g., text, graphics, tables, images, etc), permission to reprint must be required from the copyright holder (i.e., author, publisher). JCAHPO does not assess the originality of submitted educational material and is not responsible (is held harmless) for any resulting copyright infringements.

G. RETROACTIVE CREDIT

Credit hours will not be awarded retroactively.

H. REPEATED PRESENTATIONS

Classroom - A program may be repeated with JCAHPO credit within one year from the date of the first presentation, provided that the program and faculty remain the same each time the program is repeated, and the course evaluations continue to reflect a good rating by attendees. Notification of the program date(s) and the appropriate fee for each repeat presentation must be postmarked to JCAHPO at least 10 days prior to the date of the repeated presentation(s). If the content or duration changes, the course must be submitted as a new application.

Distance Learning - Courses are approved for two years; however a repeat fee is charged the second year.

I. CONTINUING MEDICAL EDUCATION (CME) COURSES

Courses awarded CME credits have been approved by the American Medical Association (AMA) or the Canadian Medical Association (CMA). Courses that have been awarded CME Category I credits in Ophthalmology are automatically recognized as Group B credits and do not need to be submitted to JCAHPO for review. However, reference to JCAHPO approval may not be made in advertisements unless a formal application with fee has been submitted and credit has been awarded by JCAHPO.

2 contact hours = 1 B credit for COAs, CCOAs, and COTs

1 contact hour = 1 B credit for COMTs

J. JCAHPO CLEARINGHOUSE FOR AOC REVIEW

To facilitate the application for continuing education credits from more than one organization, and to avoid duplication, JCAHPO has agreed to serve as a clearinghouse for the AOC (American Orthoptic Council). JCAHPO will forward applications, if requested on the application. AOC is responsible for reviewing its applications according to its own criteria and for designating the number of credit hours to be awarded. The number of credit hours granted may, therefore, vary from one organization to another. Your application must specifically state that AOC approval is being sought and include your fee of \$50.00. *To apply for OPS CECs, please send the JCAHPO form to cec@opsweb.org or fax it to 417-724-8450. For payment information, see the OPS Store.*

K. PUBLICATION ON JCAHPO WEB SITE

Programs awarded CE credit will be published on JCAHPO's Web site for 60 days unless otherwise indicated on the application.

L. ADVERTISING JCAHPO CREDIT HOURS

When advertising JCAHPO credit hours in promotional materials, brochures, notices, electronic media, and Web sites, one of the following statements must be used:

Credit requested, but not yet received:

1. **"This course has been submitted to JCAHPO for consideration of CE credit."** (The number of credits requested, however, should not be published) or

Credit received:

2. **"This course has been awarded ____ JCAHPO credits."**

Distance Learning providers may not use the statement "Credit

POLICIES

Pending” in any advertisements.

Applicants and sponsors of programs awarded JCAHPO credit may not use the JCAHPO logo on any promotional material or infer in any way that the program is a JCAHPO-sponsored program. Applicants for CE Credit may not in any way advertise or promote, including internet metatags, any affiliation with or endorsement by JCAHPO without the express written consent of JCAHPO. Failure to comply with this provision will result in CE credit being revoked and future CE credit applications may be denied.

DISCLAIMERS

All Courses

The following disclaimer must appear on all publications of courses awarded JCAHPO CE credit:

This course is not sponsored by JCAHPO; only reviewed for compliance with JCAHPO standards and criteria and awarded continuing education credit accordingly; therefore, JCAHPO cannot predict the effectiveness of the program or assure its quality in substance and presentation.

Exam Review Courses

In addition, sponsors of programs intended to prepare attendees for JCAHPO’s certifying examinations are required to publish the following disclaimer on all program advertisements, brochures, or notices, and on the Credit Reporting Forms.

Course material is based on the instructor’s interpretation of the content areas outlined in the JCAHPO “Criteria for Certification,” and the instructors of this review course have no direct knowledge of the specific certification questions.

Equipment / Product Training

Courses presented as training on the implementation of specific equipment or products are required to publish the following disclaimer:

This is proprietary information presented to allow students to master a specific task or process. Alternatives to this technology may exist and a well-informed technician should have knowledge of those alternatives as well.

M. ATTENDANCE AND EVALUATION RECORDS

Attendance records must be maintained on file by the program sponsor/sponsoring organization for a minimum of three (3) years from the date of the first presentation. JCAHPO reserves the right to audit the attendance records and courses listed, including course evaluations. These records must be available to JCAHPO and / or the attendee upon request within this three-year time frame. The following statement must be used on all marketing and on-site programming and is required for all CE programs.

Credit for a course hour will be denied to individuals who miss more than 15 minutes of that hour.

N. RECONSIDERATION AND APPEAL

Program sponsors who challenge the decision of the review committee may request a one-time reconsideration/appeal. The request must be in

writing & must be received within 10 days of original notification by JCAHPO. Requests for reconsideration/appeal must address specific reasons for the appeal. A \$100.00 fee is charged for the appeal process. Please allow a minimum of 120 days for review of appeals. If a course is still denied after the appeal, it may be resubmitted as a new course application with appropriate changes to determine eligibility.

O. COMPLIANCE

Failure to comply with JCAHPO continuing education policies or instructor misconduct, may result in denial or revocation of continuing education credits and participation in JCAHPO-sponsored events.

Revocation of JCAHPO Credit

JCAHPO reserves the right to withdraw or deny credit from any activity and/or provider on the following grounds:

- (1) Misrepresentation of the information submitted in the application
- (2) Failure to comply with JCAHPO policies and procedures
- (3) Misrepresentation of the advertised information for the activity
- (4) Falsification of information on the certificate of completion; or failure to provide JCAHPO-required information on certificates of completion
- (5) Advertisement or transfer of JCAHPO credit for an activity that has not been approved
- (6) Misrepresentation or false representation to JCAHPO or the participants

P. SPONSORSHIP, COMMERCIAL SUPPORT, AND CONFLICT OF INTEREST GUIDELINES; DISCLOSURES

All applications must identify all types of sponsorship or commercial support received for the program seeking CE approval. All programs (distance and classroom) must publish any sponsors or commercial supporters in all marketing collateral for the program. In addition to declaring that there is sponsorship or commercial support for a program, the applying organization must list who the organization is and the amount of sponsorship/commercial support given for that program.

Sponsorship declared for a given event must be differentiated from unrestricted educational grants offered.

In addition, the organization applying for CE credit approval must be the organization managing the program (logistics, registration, fees, speakers, etc.). Any organization that applies for credit that is not responsible for these items and seeks CE credit approval will be denied any future CE approval, revoked, or suspended for an amount of time by JCAHPO’s CEC Committee.

Q. CONTINUING EDUCATION FEES

The CE handling fees are based on the total number of program hours for which credit is requested. A RUSH/LATE FEE will be charged to

POLICIES

process any application received less than six (6) weeks prior to the start date of a program. This rush fee MUST be included with the application before the review process will begin. Fees are as follows:

	CLASSROOM	DISTANCE LEARNING
NON-PROFITCLINIC/ACADEMIC/ASSOCIATION*	\$45 per hour	\$250 flat fee + \$45 per hour
Rush fee (late fee) (less than 5 weeks)	\$100	\$250
Rush fee (late fee) (less than 7 days)	\$250	\$250
AOC	\$50	\$50
Repeat fee	\$45 per repeat	Repeat 1 year at \$250
FOR-PROFITCLINIC/ACADEMIC/ASSOCIATION**	\$65 per hour	\$350 flat fee + \$80 per hour
Rush fee (late fee) (less than 5 weeks)	\$100	\$250
Rush fee (late fee) (less than 7 days)	\$250	\$250
AOC	\$50	\$50
Repeat fee	\$75 per repeat	Repeat 1 yr at \$350
INDUSTRY***	\$80 per hour	\$500 flat fee + \$100 per hour
Rush fee (late fee) (less than 5 weeks)	\$100	\$250
Rush fee (late fee) (less than 7 days)	\$250	\$250
AOC	\$50	\$50
Repeat fee	\$100 per repeat	Repeat 1 year at \$500

Annual increases apply

* Non-Profit: includes in-service training for staff by private practices, clinics and hospitals, education programs by organizations, associations, and societies.

** For-Profit clinic/academic/association: include in-service training for staff by private practices, clinics and hospitals, education programs by organizations, associations, and societies.

*** Industry: Pharmaceutical and instrument companies, education and training consultants, and businesses.

CE Credit

CE Credits shall be on a 1:1 basis per course hour (50 - 60 minutes) and only for courses actually attended. Credits are denied to individuals who miss more than 10 minutes of any course hour.

R. COURSE DENIAL/CANCELLATION

No refunds or credits will be issued when a course is denied CEC approval by JCAHPO or if the course is cancelled by the Provider after CE approval has been issued.

POLICIES

S. COURSE CATEGORIES

As of August 1, 2011 all ophthalmology (eye-care) related topics, regardless of the relation to an examination content area, will now be awarded Group A credit for classroom (lecture), workshops and e-learning courses.

The Group A and B credit recertification requirements will remain the same. CME Category 1 Courses in Ophthalmology approved by the AMA or Canadian Medical Association will remain the same. Group B credits will continue to be awarded based on certification level.

Topics Accepted for Credit	Topics Not Accepted for Credit
Group A - Any Ophthalmic Related Topic Examples include, but are not limited to the following:	Examples include, but are not limited to the following:
<ul style="list-style-type: none"> • Anatomy and Physiology • Artificial Eyes (Prosthetics) • Aseptic Technique • Basic Skills: e.g., Tonometry, Lensometry, Visual Fields • Bloodborne Pathogens • Chart Documentation • Clinical Efficiency and Quality Assurance • Clinical Optics • Clinical Research • Coding • Color Vision • Communication with Difficult Patients • Communicating with Patient Requiring English as a Second Language • Contact Lenses • CPR • Cultural Impact on Health Care - Caring for a Global Patient • Diseases of the Eye • Emergency Preparedness • Eye Banking • Frame Design • General Medical Knowledge • Guide Dogs for the Blind • History Taking • Instrument Maintenance • Instruments • Medical Ethics • Medical Transference of Communicable Diseases (AIDS/HIV) 	<ul style="list-style-type: none"> • Medicare and Other Regulatory Issues • Medicine: Alternative Therapies: e.g., Herbal Medicine • Microbiology • Nutrition • Ocular Motility • Ocular Pharmacology • Oculoplastics (Botox®) • Ophthalmic Anesthesia • Ophthalmology in Developing Countries • OSHA (must pertain to ophthalmology) • Patient Services • Photography • Pre-operative Preparation of Patient • Professionalism as it Relates to Ethics • Retinoscopy, Refinement, and Refractometry • Review Courses • Risk Management and Legal Implications of Documentation • Scientific Writing • Special Instruments and Techniques • Special Needs Patient Care Skills • Surgical Procedures and/or Complications • Technician's Role in Legal Proceedings • Training and Supervision of Ophthalmic Personnel • Veterinary Ophthalmology
	<ul style="list-style-type: none"> • Art and Computer Generated Graphics and Software • Completion of Evaluations • Conflict Resolution • Effective Communications (generic) • Listening Skills • Marketing • Merits of Certification • Personality Traits • Practice Management: e.g., Human Resources, Marketing, Strategic Planning • Principles of Supervision • Refraction: Courses that include the exercise of clinical judgment for prescribing glasses, since that is the responsibility of a licensed eye-care provider; however, courses on the sole objective and/or subjective measurements of refractive errors (without clinical judgment) may be awarded credits (Refractometry). • Team Building • Topics Not Unique to Eye Care • Work-Life-Balance • Stress Management

APPLICATION CHECKLIST

JCAHPO will not process incomplete applications. All fees must be included for your application to be considered complete.

<input checked="" type="checkbox"/>	<i>Check when completed</i>	
	Course Title	
<input type="checkbox"/>	Target Group	Identify the audience for whom the program is intended (e.g., ophthalmic assistants, technicians, technologists, orthoptists, or other allied health personnel).
<input type="checkbox"/>	Course Level	Define the course level as basic, intermediate, or advanced. - Basic (less than one year experience in subject area) - Intermediate (one to three years experience in subject area) - Advanced (three or more years experience in subject area)
<input type="checkbox"/>	Course Duration/ Credits	Classroom Presentation: List duration of course (30-minute minimum) excluding time spent on registration, breaks, or evaluation completion. State number of CE credits you are requesting for the course. Distance Learning Course: List number of credits requested.
<input type="checkbox"/>	Course Information (Please attach separate files)	1) Description: Attach a brief course description for each lecture or workshop. Example: The basic anatomy and physiology of the visual system as they relate to color vision will be presented. Normal color vision and congenital and acquired color vision defects, as well as color vision tests and their proper uses and interpretation, will be discussed. (See page 11). 2) Learning Objectives: In measurable terms, attach a document that describes what the audience should be able to demonstrate upon completion of the course. Use “describe, explain, list, discuss,” or other measurable terms. Example: Upon completion of this course, the attendee should be able to: - Identify the instrument used in LASIK procedure. - List the most common instructions given to patients before an automated visual field test.
<input type="checkbox"/>	Teaching Method	Classroom Presentation: Describe the teaching method selected to achieve the learning objectives (e.g., lecture, demonstration, hands-on workshop, media presentation, video, etc.). Distance Learning: Describe delivery format (e.g., CD, DVD, Audio, Video, E-Learning, Webinar, Print, etc.).
<input type="checkbox"/>	Post Test / Quiz	Submit a copy of the Post-Test/Quiz, if applicable. Distance Learning must include a quiz. Include test answers, minimum passing grade, and timeline for completion by student.
<input type="checkbox"/>	Biographical Data and Financial Interest Form	Submit one form for each instructor and co-instructor. Do not send CVs. Signature of speaker on Financial Disclosure Form is required.
<input type="checkbox"/>	Speaker Code of Conduct and Responsibility Form	Signature of speaker on Speaker Code of Conduct and Responsibility Form is required.
<input type="checkbox"/>	CE Credit Reporting Form (Use attachment)	The Program Director is responsible for providing each individual who completes an approved educational activity with a letter or credit reporting form. All letters/forms should be printed on the provider’s designated letterhead. The letter or credit reporting form must contain the following information: (a) Provider/Program sponsor name (b) Participant name (c) Title of course (title should match the title submitted with the application) (d) Date(s) of attendance or completion of the activity (e) Number of credits awarded (f) Signature of the Program Director, contact person, or authorized representative. All signatures are an authorization that the information contained in the letter or credit reporting form is accurate.
<input type="checkbox"/>	Program Evaluation Form	Submit a draft of your program evaluation form to be completed by the attendees. Use the attached evaluation form.
<input type="checkbox"/>	Promotional Material/ Advertisement	Submit a final copy or draft of the material used to advertise and promote the program.
<input type="checkbox"/>	OPS and AOC Credit Review Application	Checked and fee submitted.
<input type="checkbox"/>	Application and Course Materials	Classroom Presentation: Submit two (2) copies of the application, forms, and the course materials. Distance Learning: Submit two (2) copies of CD, DVD, or Video, and 2 printed copies.
<input type="checkbox"/>	Non-profit Letter of Determination	If applying for CE credit as a non-profit organization, submit 1 copy of your organization’s letter of determination. (One time submission.)
<input type="checkbox"/>	Fees	Complete application form, include appropriate fee, and mail to: JCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125-2998

APPLICATION

INSTRUCTIONS: If the program is comprised of several courses, complete one application for the entire program (not one for each course). If applying for multiple programs, complete one application for each program.

PROVIDER INFORMATION Classroom Distance Learning

Organization planning the program: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Program Director/Contact Person: _____

Daytime telephone: _____ E-mail: _____

PROGRAM INFORMATION

Program Title: _____ Begin Date: _____ End Date: _____

Location: (Name of facility where program will be held) _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Do you want this program published on JCAHPO's Web site? Yes No

SPONSOR INFORMATION Financial support from a corporate sponsor? Yes No Educational Grant? Yes No

Sponsor/Grantor name: _____ Amount: \$ _____

CLASSROOM		\$ Amount
NON-PROFIT CLINIC/ACADEMIC/ASSOCIATION		
Number of CE hours	x \$45	\$
Rush fee (late fee) (less than 5 weeks)	Add \$100	\$
Rush fee (late fee) (less than 7 days)	Add \$250	\$
AOC	Add \$50	\$
Repeat fee	\$45 per repeat	\$
FOR-PROFIT CLINIC/ACADEMIC/ASSOCIATION		
Number of CE hours	x \$65	\$
Rush fee (late fee) (less than 5 weeks)	Add \$100	\$
Rush fee (late fee) (less than 7 days)	Add \$250	\$
AOC	Add \$50	\$
Repeat fee	x \$75 per repeat	\$
INDUSTRY		
Number of CE hours	x \$80	\$
Rush fee (late fee) (less than 5 weeks)	\$100	\$
Rush fee (late fee) (less than 7 days)	\$250	\$
AOC	\$50	\$
Repeat fee	x \$100 per repeat	\$
Total		\$

DISTANCE LEARNING		\$ Amount
NON-PROFIT CLINIC/ACADEMIC/ASSOCIATION		
Number of CE hours	x \$45 + \$250 flat fee	\$
Rush fee (late fee) (less than 6 weeks)	\$250	\$
AOC	\$50	\$
Repeat fee	Repeat 1 year at \$250	\$
FOR-PROFIT CLINIC/ACADEMIC/ASSOCIATION		
Number of CE hours	x \$80 + \$350 flat fee	\$
Rush fee (late fee) (less than 6 weeks)	\$250	\$
AOC	\$50	\$
Repeat fee	Repeat 1 yr at \$350	\$
INDUSTRY		
Number of CE hours	x \$100 + \$500 flat fee	\$
Rush fee (late fee) (less than 6 weeks)	\$250	\$
AOC	\$50	\$
Repeat fee	Repeat 1 year at \$500	\$
Total		\$

PAYMENT INFORMATION

- Check or Money Order enclosed (**payable to JCAHPO in U.S. dollars**)
- VISA MasterCard Discover American Express

Amount: \$ _____

Credit Card Number - - - Security Code Expiration Date

Cardholder's Address Cardholder's Zip Code

Name as it appears on credit card (please print) _____

SIGNATURE: By mail or fax Signature: _____ Date: _____

SIGNATURE: By email This serves as an official signature of authentication for all claims and information included in this form.
By checking this box, I verify that the content within this document is valid and factual. Date: _____

FOR IN-OFFICE USE ONLY: #CE credits awarded: ____ A Max. per person: ____ Credits Pending: ____ Credits Denied: ____

Reviewer Signature _____ Date: _____

BIOGRAPHICAL DATA FORM AND FINANCIAL INTEREST DISCLOSURE

This form may be duplicated. Complete ONE form for EACH instructor (DO NOT SEND CV). Please print.

COURSE TITLE: _____

NAME: _____

Preferred Mailing Address: _____

Preferred Telephone: _____

Preferred Email: _____

EMPLOYER: _____

Address: _____

Daytime Telephone: _____

Fax: _____

Present Position: _____

PROFESSIONAL LICENSE OR CERTIFICATION(S) (Check all that apply)

- MD DO OD COA COT COMT ROUB CDOS CCOA
 RN LPN/LVN CRNO CRA CO OC(C) ABO NCLE Other: _____

EDUCATION (POST HIGH SCHOOL): (Include basic preparation through highest degree held.)

DEGREE	INSTITUTION (NAME, CITY, STATE)	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED
1.			
2.			
3.			

CURRENT AREA(S) OF SPECIALIZATION OR CONCENTRATION (Check all that apply)

- Administration Education Neuro-ophthalmology Refractive Surgery
 Cataracts General ophthalmology Pediatrics/strabismus Research Other _____
 Cornea Glaucoma Plastics Retina _____

BIOGRAPHY: Briefly describe your professional experience, area(s) of expertise, and any certifications, including publications, which qualify you to teach this course. *(DO NOT SEND CV.)*

FINANCIAL INTEREST DISCLOSURE

For the purpose of this **Financial Interest Disclosure**, “Designated Company” means an entity related directly or indirectly to the manufacture or distribution of lenses, pharmaceuticals, medical devices or instruments, or vision care products or services commonly utilized by ophthalmologists.

Check all boxes that apply and sign below.

- Yes No I, or a member of my family, or my professional partnership or corporation, or my employer, or co-instructor(s) / co-author(s), currently or within the preceding twelve (12) months have had a financial interest in Designated Company, or a financial relationship, or advisory capacity with any Designated Company or entity related to my presentation, poster, or submitted manuscript.

Complete the following if applicable:

- Stock shareholder
 Consultant, advisor, or employee (compensated or non-compensated)
 Educational grant or research funds
 Received free/discounted products or services
 Received travel stipend or honoraries
 Participated as a member of an advisory panel
 Corporate Sponsor

- Company Name: _____
 Company Name: _____
 Company Name: _____
 Company Name: _____
 Company Name: _____
 Company Name: _____
 Company Name: _____

SIGNATURE: By mail or fax Signature of Instructor: _____

Date: _____

SIGNATURE: By email This serves as an official signature of authentication for all claims and information included in this form.

By checking this box, I verify that the content within this document is valid and factual.

Date: _____

SPEAKER CODE OF CONDUCT AND RESPONSIBILITY

As the leading provider of Continuing Education Credits (CEC), the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) is obligated to ensure fair balance and objectivity is provided in all of its sponsored educational activities and to those CE activities that have received JCAHPO credit. Further, it is our intent that any financial/commercial interest or conflict of interest a speaker has is disclosed to JCAHPO and all participants of the program.

By agreeing to participate as a speaker for JCAHPO, or any JCAHPO-approved educational activity, you agree to exercise particular care so that no detriment to JCAHPO will result between your financial or commercial interest in another organization or product, your consulting work for another organization, that you will not promote your own personal bias upon attendees, and that you will not sell and/or solicit from the podium, or at any time during the program, for your own personal and/or financial gain.

Speakers have an obligation to attendees to provide the highest level of relevant education/learning materials and not their own personal beliefs or philosophies. Speakers are encouraged to acknowledge the fact that the audience will be comprised of all races, ages, genders, disabilities, and political affiliations. Every attendee deserves a safe and comfortable learning environment free from any sexist or discriminatory innuendos or language.

I have read, understand, and agree to comply with, the above statement and to the best of my ability, agree to be bound by the "Speaker Code of Conduct and Responsibility."

Name – please print _____

SIGNATURE: By mail or fax X Signature of Instructor: _____ Date: _____

SIGNATURE: By email This serves as an official signature of authentication for all claims and information included in this form. By checking this box, I verify that the content within this document is valid and factual. Date: _____

PROGRAM EXAMPLE

This is provided as a sample template of a one-day program totaling 6.75 hours.

TIME	ACTIVITY	TITLE OF LECTURE	SPEAKER	CREDITS REQUESTED	CREDITS AWARDED
7:30 - 7:55 AM	REGISTRATION			<i>Not accepted as learning activity time.</i>	<i>Not accepted as learning activity time.</i>
7:55 - 8:00 AM	WELCOME			<i>Not accepted as learning activity time.</i>	<i>Not accepted as learning activity time.</i>
8:00 - 9:00 AM	LECTURE #1	BASIC INTRODUCTION TO THE EYE AND EYE DISEASE*	JOHN DOE, MD	1.0	1.0
9:00 - 10:00 AM	LECTURE #2			1.0	1.0
10:00 - 10:15 AM	DISCUSSION, Q&A			.25	.25
10:15 - 10:30 AM	BREAK			<i>Not accepted as learning activity time.</i>	<i>Not accepted as learning activity time.</i>
10:30 - 11:00 AM	LECTURE #3			.5	.5
11:00 - NOON	LECTURE #4			1.0	1.0
12:00 - 1:00 PM	LUNCH			<i>Not accepted as learning activity time.</i>	<i>Not accepted as learning activity time.</i>
1:00 - 3:00 PM	HANDS-ON-WORKSHOP			2.0	2.0
3:00 - 3:15 PM	BREAK			<i>Not accepted as learning activity time.</i>	<i>Not accepted as learning activity time.</i>
3:15 - 4:15 PM	LECTURE #5			1.0	1.0
COMPLETION OF EVALUATIONS				<i>Not accepted as learning activity time.</i>	<i>Not accepted as learning activity time.</i>
4:15 PM	ADJOURN				
TOTAL				6.75 CREDIT HOURS	6.75 CREDIT HOURS

*LECTURE #1

Title: Basic Introduction to the Eye and Eye Disease

Time: 8:00 - 9:00 a.m. - One hour

Speaker: John Doe, MD

Target Group: Ophthalmic assistants and technicians

Level: Basic

Prerequisite: None

Teaching Method: Lecture, PowerPoint

CE Credits Requested: One (1)

Course Description: This lecture is an introduction to eye disease and anatomy. Descriptions of common eye disorders are presented.

Objectives:

1. Identify the components of the visual system and their functions.
2. Describe three of the most commonly encountered eye disorders.

LECTURE #2, #3, #4, and #5

Provide the same information as above for each lecture.

Note: Cost of courses with number of credits must be provided.

Disclaimer - Must accompany all electronic and printed materials.

This course is not sponsored by JCAHPO; only reviewed for compliance with JCAHPO standards and criteria and awarded continuing education credit accordingly; therefore, JCAHPO cannot predict the effectiveness of the program or assure its quality in substance and presentation.

OR

Course material is based on the instructor's interpretation of the content areas outlined in the JCAHPO "Criteria for Certification," and the instructors of this review course have no direct knowledge of the specific certification questions.

JCAHPO CONTINUING EDUCATION CREDIT REPORTING FORM

(Must be on organization's letterhead.)

Classroom Presentation or Distance Learning

Program Sponsor: _____

Program / Course Title: _____

Program Location (City & State): _____

Distance Learning Web site URL for online courses: _____

Program Date: _____

This is to certify that _____ has successfully
Name of participant
completed a CE course or program via the following medium:

- Classroom Videotape CD/DVD
 E-Learning Webinar Other _____

and has earned the following number of continuing education (CE) credit hours:

JCAHPO _____ (Group A)

X

Signature of Program Director/Administrator

Date

All courses must be listed individually.

Example:

History Taking 1.0 A

Anatomy of the Eye 1.0 A

Eye Banking 1.0 A

**Please Note: Keep this form in your personal file.
JCAHPO does NOT retain records of CE credits earned.**

PROGRAM EVALUATION FORM

Program Sponsor: _____

Participant Name: _____

Program Title: _____

Program Location: (City and State): _____ Program Date: _____

Please write the instructor's name and course title in the space provided below.		Directions: Circle the number that best describes your agreement with each statement. 1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree						
	Overall, I was satisfied with this course.	I would recommend this course to a colleague.	Handouts facilitated my understanding	Presentation was organized.	Presentation met the learning objectives.	Did the course contain any commercial bias?	This course was taught at a level right for me.	Did the instructor disclose any financial interest?
1. Instructor's Name:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
Course Title:	Comments on instructor, course, or both:							
2. Instructor's Name:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
Course Title:	Comments on instructor, course, or both:							
3. Instructor's Name:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
Course Title:	Comments on instructor, course, or both:							
4. Instructor's Name:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
Course Title:	Comments on instructor, course, or both:							
5. Instructor's Name:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
Course Title:	Comments on instructor, course, or both:							
6. Instructor's Name:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
Course Title:	Comments on instructor, course, or both:							

Note: Please complete an additional evaluation form if this program has more than six courses and/or instructors.

B. This course was delivered using the following media: Please check all that apply.
 Classroom Videotape CD / DVD E-Learning Webinar Other _____

C. What part of the program was most useful to you? _____

D. What part of the program was least useful to you? _____

E. General comments about the program: _____