ACCREDITATION

IJCAHPO
INTERNATIONAL JOINT COMMISSION ON ALLIED HEALTH PERSONNEL IN OPHTHALMOLOGY

INTERNATIONAL ACCREDITATION

Standards & Guidelines

Ophthalmic Medical Personnel Education and Training Programs

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Introduction to IJCAHPO Accreditation

The International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO) provides International Accreditation to ophthalmic medical personnel training programs. The education and training program levels are:

1. Ophthalmic Assistant (Non-Clinical/Clinical)

2. Ophthalmic Technician

3. Refractionist

4. Ophthalmic Medical Technologist

These programs are conducted within a larger educational institution which has received institutional accreditation from a national/regional accrediting organization. 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 education and training programs, and are not directly correlated to a certification exam.

Accreditation applies only to institutions and programs. Individuals cannot be accredited, only certified.

IJCAHPO

The International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO) is a nonprofit organization formed by ophthalmology organizations around the world interested in advancing the development of the eye care team and dedicated to building a viable and sustainable framework for the education and training of ophthalmic medical personnel worldwide. IJCAHPO's mission is to promote global equitable comprehensive eye health through the development of the eye care team.

IJCAHPO's primary focus is the accreditation of ophthalmic allied health training programs that have met rigorous Standards in the implementation of its educational program. IJCAHPO recognizes and endorses certification by the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), which awards candidates certification through the attainment of verifiable ophthalmic skills and knowledge in order to broaden the qualified global workforce that provides quality patient eye care.

Introduction to the Standards and Guidelines

The Standards and Guidelines are the basis for accreditation of ophthalmic medical personnel educational programs. The term "Standards" refers to the minimum requirements 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. The Standards have the following characteristics:

1. Standards are qualitative not quantitative. There are no arbitrary numerical indicators.

2. Standards are intentionally broad. 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.

Standards

The Standards are to be used for the development, evaluation, and self-analysis of ophthalmic medical personnel programs: classroom (onsite) and distance education. These are defined as:

1. **Classroom (Onsite) Education** - Onsite learning is the traditional form of learning. Students come to a classroom or other central location where learning and instruction take place.

2. **Distance Education** - Distance education can be delivered using one or more technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between students and the instructor, either synchronously or asynchronously. Distance education should be in combination with traditional onsite learning with teacher supervision and student interaction.

   The technologies include: the Internet, online, e-mail, webinars, and mail one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies.

Correspondence education may be a supplement to a formal program. It may include the following:

1. Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor.

2. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student.

3. Correspondence courses are typically self-paced and self-directed.

Correspondence education courses that are not supplemental to a regular training program do not qualify for accreditation. We do not accredit correspondence education courses.

The Standards are the minimum requirements of quality used in assessing programs that prepare individuals to enter the ophthalmic assisting 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. Programs are only required to meet the Standards.

Guidelines

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

Objective

Standards are currently recognized and endorsed by the following organizations:

- Joint Commission on Allied Health Personnel in Ophthalmology

- Other ophthalmology societies/colleges and organizations that support the standards

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

The IJCAHPO Board of Trustees, assisted by report reviewers and on-site review teams, evaluate a program's compliance with the *Standards*. Educational programs that meet or exceed the minimum requirements stated in the *Standards* are granted an accreditation status in one, two, or three levels, providing public recognition of such achievement.

The ophthalmic medical training program levels:

1. Ophthalmic Assistant (Non-Clinical/Clinical)
2. Ophthalmic Technician
3. Refractionist
4. Ophthalmic Medical Technologist

A list of accredited programs is published for the information of students, employers, educational institutions and agencies, and the public.

OPHTHALMIC ALLIED HEALTH PROFESSIONAL

Allied Health Personnel - Professionals	Minimum Years of Education	
Ophthalmic Nurses	4 years	Degree and Post Graduate
Technologists	4 years	Degree
Technicians including Refractionists	2 years	Diploma
Assistants	<1 year	Certificate
Entry Level – 12 years education for Allied Health Personnel		

Description of the Allied Health Profession
Ophthalmic allied health personnel are an important part of the eye care team led by an ophthalmologist. Ophthalmic medical assistants, technicians, including refractionists, and medical technologists are skilled professionals, qualified by didactic and clinical ophthalmic training, who perform ophthalmic procedures under the direct or indirect supervision of a licensed ophthalmologist who is responsible for the performance of the ophthalmic medical personnel. These mid-level personnel primarily work at the primary, secondary and tertiary eye care level in hospitals, clinics, or physician groups that are assigned and led by an ophthalmologist.

Benefits of International Accreditation
Accreditation is a true commitment to quality patient care and demonstrates worldwide that an institution is serious about ensuring quality education and training practices. Accreditation offers important benefits:

- Recognition that graduates from an accredited institution are ready to practice at a certain level.
- Opportunities for educational programs for self-definition and self-reflection, and with feedback on program content and direction.
- Continuous improvement of institutions and educational programs.
- Career path for allied health care personnel.

Accreditation protects the interests of students, the patients, the academic institutions, and potential employers, by ensuring that the educational programs offered have attained a level that meets or exceeds standards that were developed by experts in the field. Accreditation does not ensure that every graduating student will become a successful medical professional; however, it does guarantee that the student has demonstrated a certain set of skills and abilities that are reflected in the accreditation criteria.

Accreditation Represents:
Quality
Academic institutions seek ways to communicate their commitment to excellence. In the scientific medical community, IJCAHPO's International Accreditation demonstrates that an institution is serious about setting, achieving, and maintaining high standards for patient care. IJCAHPO offers the only International Accreditation for ophthalmic medical personnel, and it has become recognized around the world as a sign of quality and good medical science.

Assurance in a Global Marketplace
Today, it is common for academic institutions to partner or contract with other entities around the world. Because laws and regulations related to patient care vary widely from country to country, IJCAHPO's International Accreditation can be used worldwide as a way to gauge the quality of the education and training, harmonize curricula, practices, and provide assurance to diverse stakeholders.

Recruitment Tool
IJCAHPO international accredited institutions can use their accreditation as a recruiting tool to attract the best and brightest students and faculty. Talented individuals look for high quality programs. Accreditation assures potential employees that the institution is dedicated to achieving the highest standards for student education and training, which translates to high quality patient care.

Accountability
In today's world, academic institutions are held to very high levels of accountability—by their own constituents and the general public. Accreditation through IJCAHPO's International Standards is voluntary and demonstrates a willingness to achieve excellence. It tells the public that the institution is committed to the responsible teaching and student practices.

Confidential Peer-Review
IJCAHPO International Accreditation requires an institution to first perform a self-evaluation (a valuable exercise for any institution to undertake). Following the self-study, a team of highly-qualified IJCAHPO representatives provides an in-depth, confidential, on-site evaluation of the institution's educational program. This independent peer-review ensures that the institution's program is meeting IJCAHPO International Standards.

Continuous Improvement
By participating in the IJCAHPO accreditation program, the institution commits to a process that stimulates continuous improvement. Earning and maintaining accreditation keeps an institution aware of, and engaged in, current best practices.

Workforce Development
Development of an education and training program contributes to human-capacity building and workforce development. Ophthalmic assisting training programs provide a career path for individuals interested in the profession of allied health eye care. The International Accreditation process ensures high quality education and training with standardized education and training and outcomes measures.

The Accreditation Process

Accreditation is an ongoing process. Education 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 serves the students, and 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. IJCAHPO holds as confidential the following documents and the information contained therein:

- Application for Accreditation
- Self-Study Report
- Paper Review Report
- Progress Report
- All correspondence related to the accreditation process between IJCAHPO and the programs

These materials are to be read and discussed only by members of IJCAHPO, and other authorized persons. At all stages of accreditation until IJCAHPO announces its decision, all persons connected with the process should keep strictly confidential the names of all applicant programs and all pending action.

Applying for Accreditation - New Programs
New programs applying for accreditation must be well-established and have students in classes.

Applying for Accreditation
The following steps must be completed, in sequence, to obtain accreditation:

1. Obtain Accreditation Form and other pertinent materials from the IJCAHPO web site.
2. Submit the IJCAHPO self-study electronically to the IJCAHPO office.
3. Respond to any requests for further information from the IJCAHPO office in a timely manner.
4. Submit three sets of site visit dates in the timeframe specified, if applicable. The site visit team will be comprised of one local site visitor and one international site visitor.
5. Complete the site visit, if applicable.
6. Respond to the site visit report, if applicable.

A program or sponsoring institution may withdraw its request for accreditation at any time prior to the final accreditation action.

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 personnel training program. The self-study template can be found at www.ijcahpo.org.
2. The completed self-study and fee are submitted to the IJCAHPO 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 an IJCAHPO 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. 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 (formal evaluation) to take place.

8. A findings letter is sent to the program for response to any potential citations found by the reviewers.

9. The program's response is received by the IJCAHPO office and forwarded to the Board Reviewer.

10. The Board Reviewer sends a recommendation to staff.

11. Staff adds the program and recommendation to the next Board Meeting agenda.

12. The full IJCAHPO Board of Trustees discusses and votes on the program at the next IJCAHPO Board Meeting.

13. Note: The IJCAHPO Board of Trustees convenes twice per year to consider accreditation recommendations.

14. Program receives notification of accreditation action.

15. 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 Trustees 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. Submit a self-study report one year before the end of the period for which accreditation was awarded

2. Provide an Annual Report to IJCAHPO

3. Remit annual fee to IJCAHPO

Substantive Change
The sponsor must report substantive change(s) to IJCAHPO 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
   • If either position remains vacant for 30 days, the program must send IJCAHPO a description of the actions taken to maintain the continuity and effectiveness of the program

2. Change in the institution: mission or objectives if these will affect the program or change in the institution's legal status or form of control; or accreditation status of the sponsor

3. Change in sponsorship

4. Change/addition/deletion of courses that represent a significant departure in content or in method of curriculum delivery

5. Change in degree or credential level

6. Substantial change/increase/decrease 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 documentation review that is to be submitted in an electronic format. If the performance of the documentation review team is unacceptable, the institution may request a second documentation review. Before IJCAHPO awards accreditation, the program under review is given an opportunity to review the findings and conclusions of the documentation review 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, IJCAHPO provides the sponsoring institution with an opportunity to respond and correct the cited deficiencies. IJCAHPO assignments of Probationary Accreditation are final and not eligible for further appeal. The maximum period for probation is up to one year. If cited deficiencies are not corrected within one year, accreditation may be withdrawn. A site visit (member of the local team) will be conducted to determine if compliance is met or not met.

If a program is assigned Probationary Accreditation, their accreditation status is on hold. The program will be given guidelines to meet within a specified period of time and if the program does not meet the guidelines, their accreditation is revoked by the Board.

Withholding or Withdrawing Accreditation
Prior to withholding or withdrawing accreditation, IJCAHPO provides the sponsoring institution with an opportunity to request reconsideration. IJCAHPO decisions to withhold or withdraw accreditation are final. A copy of the IJCAHPO "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 application and 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 IJCAHPO. After being inactive for two years, the program will be considered discontinued and accreditation will be withdrawn.

IJCAHPO Responsibilities for Recommendations and Awarding Accreditation

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the IJCAHPO forwards a status of public recognition recommendation to the IJCAHPO Board of Trustees. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

2. The decision of the IJCAHPO Board of Trustees is provided in writing to the sponsor immediately following the IJCAHPO meeting at which the program was reviewed and voted upon.

3. Before a recommendation is made that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The IJCAHPO reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor. The IJCAHPO Board of Trustees' decision to confer probationary accreditation is not subject to appeal.

4. Before a recommendation that a program's accreditation is withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The IJCAHPO reconsideration of a recommendation to withdraw or withhold accreditation must be based on conditions existing both when the IJCAHPO arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

5. The IJCAHPO Board of Trustees' decision to withdraw or withhold accreditation may be appealed in writing. At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's chief executive officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Any student who completes a program that was accredited by IJCAHPO at any time during his/her matriculation is deemed by IJCAHPO to be a graduate of an IJCAHPO-accredited program.

Fees
An application fee must be submitted with the application for consideration of accreditation. Programs making application are responsible for all site visit fees that include, but not limited to, travel (air and ground), hotel, meals, and out-of-pocket expenses for the site visitors. Each subsequent year, an annual fee must be submitted with the annual report.

Application Fees

Application	Fee
First Application	$500
Renewal Applications	$350
Late Payment Fee	$50
Certification examination fees per student	At published cost of the certification agency

Annual Fees

Number of Students	Annual Fee
Annual Fee Based on Number of Students $100 minimum annual fee	$10 per student

Note: Programs will be sent notification and invoiced their Annual Accreditation Fees in advance of the coming year.

Standards and Guidelines
Accrediting International Training Programs for Ophthalmic Medical Personnel

Introduction
These *Standards* were adopted in 2013.

Accreditation is an external quality review process that examines and evaluates the quality, development, and maintenance of educational programs for quality assurance and quality improvement by colleges, universities, hospitals, and other organizations providing higher education. Accreditation applies only to institutions and programs. Individuals cannot be accredited, only certified.

Accreditation Standards are qualitative, not quantitative, measures used in assessing an ophthalmic training program and its compliance with established domestic and international educational norms. The Standards are used for the development, evaluation, and self-analysis of ophthalmic medical personnel education and training programs.

Objective
Educational programs that meet or exceed the minimum requirements stated in the *Standards* are granted an accreditation status in one, two, or three levels, providing public recognition of such achievement.

The levels are:

1. Ophthalmic Assistant (Non-Clinical/Clinical)
2. Ophthalmic Technician
3. Refractionist
4. Ophthalmic Medical Technologist

Description of the Profession
Ophthalmic medical assistants, technicians, including refractionists, and medical technologists are skilled professionals, qualified by didactic and clinical ophthalmic training, who perform ophthalmic procedures under the direct or indirect supervision of a licensed ophthalmologist who is responsible for the performance of the ophthalmic medical personnel. Ophthalmic assistants, technicians, refractionists, and medical technologists perform supportive services to the ophthalmologist and are not independent practitioners. They assist the ophthalmologist, according to the law and regulations. These mid-level personnel primarily work at the primary, secondary and tertiary eye care level in hospitals, clinics, or physician groups that are assigned and led by an ophthalmologist.

Standards
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 allied health personnel care profession of ophthalmic assisting. 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.

Guidelines
Guidelines accompanying the Standards provide explanations intended to assist in interpreting the Standards.

General Requirements for Accreditation

Standard I. Sponsoring Institution

I.A. Individual Institution
A sponsoring institution must meet one of the following four requirements:

1. Be an academic institution or hospital-based institution that is authorized under applicable law or other acceptable authority to provide a program at a post-secondary level and that awards a minimum of a certificate at the completion of the program.

2. Have formed a partnership or consortium with a higher education institution in another country for the purposes of providing mid-level eye care personnel education and training.

3. Be recognized by a medical entity as an educational provider.

4. Have formed a partnership or consortium recognized by the government or national ophthalmology society for the purposes of providing ophthalmic allied health personnel education and training.

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 education 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 the Sponsoring Institution
The sponsoring institution assumes primary responsibility for student 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. 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; (d) participation in continuing education to improve instructional skills and maintain professional competence; and (e) if a distance education program, knowledge of and access to technologies needed. The program sponsor must also issue a policy for faculty grievance. The sponsoring institution shall demonstrate encouragement of continuing professional growth to assure that program faculty and officials can fulfill their professional responsibilities.

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.

Standard II. Program Goals and Evaluation

II.A. Program Goals
There must be a written statement of the program's goals and learning domains. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, the public, and nationally accepted standards of roles and functions. Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest.

II.B. Appropriateness of Goals and Learning Domains
The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. An advisory committee, which is representative of these communities of interest named in these Standards, must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

II.C. Minimum Expectations
The program must have the following goal defining minimum expectations: "To prepare competent entry-level ophthalmic allied health personnel in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains." Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

II.D. Outcomes Assessment
Outcomes assessments must include, but are not limited to: national credentialing examination performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures.

II.E. 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.

II.F. Outcomes Assessment
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.

Evaluation methods chosen must be valid and consistent with the learning and performance objectives being tested. Methods of assessment are carefully designed and constructed to measure stated learning and performance objectives at the appropriate level of difficulty. Methods used to evaluate skills and behaviors are consistent with stated externship performance expectations and designed to assess competency attainment.

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 through or by credentialing examination performance by a nationally or internationally recognized third party. In addition, opinions from graduates and employers about the adequacy of the program in preparing them for employment must be sought.

II.G. 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.

Important Note: Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

II.H. Standards and Guidelines for the Evaluation of Distance Education (Online Learning)

The following Standards and Guidelines support other Standards, may duplicate other Standards, or are independent Standards in which the program must be in compliance for accreditation.

1. **Online learning is appropriate to the institution's mission and purposes.**

   a. The mission statement, vision, and values explain the institution's programs and services and the role of online learning within the environment(s), as well as how it is created and supported.

   b. Recruitment and admissions programs supports the online learning courses and the student population served.

2. **The institution integrates planning and evaluation process for the development, sustaining, and expansion of online learning offerings.**

   a. Planning documents are explicit about the goals to increase numbers of courses provided through online learning and programs and/or numbers of students to be enrolled in them.

   b. Budget plans for online learning ensure adequate support for current and future offerings.

   c. Quality measures are defined in plans for expanding online learning.

   d. Needs analysis are a standard planning tool to evaluate the need for an online learning.

3. **The institution's governance and academic oversight incorporates online learning.**

   a. Faculty have a designated role in the design and implementation of its online learning offerings.

   b. Quality and rigor of the offerings and instruction are ensured by the institution.

   c. Standard processes used in the institution are used for approval of online learning courses and programs.

   d. A periodic evaluation is conducted on online learning courses and programs.

4. **Online learning offerings curricula for the institutions are coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.**

   a. The curricular goals and course objectives show that the institution or program has knowledge of the best uses of online learning in different disciplines and settings.

   b. Curricula delivered through online learning are benchmarked against on-ground courses and programs, if provided by the institution, or those provided by traditional institutions.

   c. The curriculum is coherent in its content and sequencing of courses and is effectively defined in easily available documents including course syllabi and program descriptions.

   d. Scheduling of online learning courses and programs provide students with a dependable pathway to ensure timely completion of degrees.

   e. The institution or program has established and enforces a policy on online learning course enrollments to ensure faculty capacity to work appropriately with students.

   f. Expectations for any required face-to-face, on-ground work (e.g., internships, specialized laboratory work) are stated clearly.

g. Course design and delivery supports student-student and faculty-student interaction.

h. Curriculum design and the course management system enable active faculty contribution to the learning environment.

i. Course and program structures provide schedule and support known to be effective in helping online learning students persist and succeed.

5. **The institution evaluates the effectiveness of its online learning offerings, including the extent to which the online learning goals are achieved, and uses the results of its evaluations to enhance the attainment of the goals.**

a. Assessment of student learning follows processes used in onsite courses or programs and/or reflects good practice in assessment methods.

b. Student course evaluations are routinely taken and an analysis of them contributes to strategies for course improvements.

c. Evaluation strategies ensure effective communication among faculty members who design curriculum, faculty members who interact with students, and faculty members who evaluate student learning.

d. The institution regularly evaluates the effectiveness of the academic and support services provided to students in online courses and uses the results for improvement.

e. The institution demonstrates the appropriate use of technology to support its assessment strategies.

f. The institution documents its success in implementing changes informed by its programs of assessment and evaluation.

g. The institution provides examples of student work and student interactions among themselves and with faculty.

h. The institution sets appropriate goals for the retention/persistence of students using online learning, assesses its achievement of these goals, and uses the results for improvement.

6. **Faculty responsible for delivering the online learning curricula and evaluating the students' success in achieving the online learning goals are appropriately qualified and effectively supported.**

a. Online learning faculties are carefully selected, appropriately trained, frequently evaluated, and are marked by an acceptable level of turnover.

b. The institution's training program for online learning faculty is periodic, incorporates tested good practices in online learning pedagogy, and ensures competency with the range of software products used by the institution.

c. Faculty are proficient and effectively supported in using the course management system.

d. The office or persons responsible for online learning training programs are clearly identified and have the competencies to accomplish the tasks, including knowledge of the specialized resources and technical support available to support course development and delivery.

e. Faculty members engaged in online learning share in the mission and goals of the institution and its programs and are provided the opportunities to contribute to the broader activities of the institution.

f. Students express satisfaction with the quality of the instruction provided by online learning faculty members.

7. **The institution provides effective student and academic services to support students enrolled in online learning offerings.**

   a. The institution's admissions program for online learning provides good web-based information to students about the nature of the online learning environment, and assists them in determining if they possess the skills important to success in online learning.

   b. The institution provides an online learning orientation program.

   c. The institution provides support services to students in formats appropriate to the delivery of the online learning program.

   d. Students in online learning programs have adequate access to student services, including financial aid, course registration, and career and placement counseling.

   e. Students in online learning programs have ready access to 24/7 tech support.

   f. Students using online learning have adequate access to learning resources, including library, information resources, laboratories, and equipment and tracking systems.

   g. Students using online learning demonstrate proficiency in the use of electronic forms of learning resources.

   h. Student complaint processes are clearly defined and can be used electronically.

   i. Publications and advertising for online learning programs are accurate and contain necessary information such as program goals, requirements, academic calendar, and faculty.

   j. Students are provided with reasonable and cost-effective ways to participate in the institution's system of student authentication.

8. **The institution provides sufficient resources to support and, if appropriate, expands its online learning offerings.**

   a. The institution prepares a multi-year budget for online learning that includes resources for assessment of program demand, marketing, appropriate levels of faculty and staff, faculty and staff development, library and information resources, and technology infrastructure.

   b. The institution provides evidence of a multi-year technology plan that addresses its goals for online learning and includes provision for a robust and scalable technical infrastructure.

9. **The institution assures the integrity of its online learning offerings.**

   a. The institution has in place effective procedures through which to ensure that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. The institution makes clear in writing that these processes protect student privacy and notifies students at the time of registration or enrollment of any projected additional costs associated with the verification procedures. **(Note: All institutions that offer distance education programming must demonstrate compliance with this requirement and/or with applicable government regulations.)**

   b. The institution's policies on academic integrity include explicit references to online learning.

   c. Issues of academic integrity are discussed during the orientation for online students.

   d. Training for faculty members engaged in online learning includes consideration of issues of academic integrity, including ways to reduce cheating.

Standard III. Resources

III.A. Type and Amount
Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, technology resources, instructional reference materials, and faculty/staff continuing education.

III.B. Personnel
The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

III.C. Medical Director

III.C.1. Medical Director Responsibilities
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. The medical director should be involved in the approval of curriculum and properly credentialed faculty or in the teaching of courses covering systemic diseases, eye diseases, pharmacology, and surgical procedures; and if a distance education program, that staff have proper training in distance education instruction.

III.C.2. Medical Director Qualifications
The medical director must be a board certified ophthalmologist or equivalent, as recognized in that country.

III.D. Program Director

III.D.1. Program Director Responsibilities
The program director must be responsible for the effectiveness of the program. Sufficient non-teaching time must be allowed for program organization, administration, continuous review, planning, and development. The program director must:

1. Coordinate all aspects of the program, including the organization, administration, continuous review, planning, development, and achievement of program's goals and outcomes.
   *For distance education programs, coordinate and provide faculty training and education, distance education instructional design, technologies, and student interaction for distance education experiences.

2. Establish criteria for sites that provide clinical education experiences for students.

3. Evaluate on an annual and planned basis all clinical education sites where students are gaining clinical experience.

4. Provide a clinical instructor orientation and evaluation program.

5. Ensure regularly planned communication between the program director and the clinical instructor.

6. Ensure all clinical education experiences of students occur under the direct supervision of a certified ophthalmic assistant, technician, refractionist, or medical technologist as a clinical instructor.

Administrative and coordination responsibilities of the Program Director should be recognized as a department assignment. The amount of time devoted to these responsibilities should be consistent with departmental or institutional policy, but should be deemed appropriate in view of the administrative responsibilities of the Program Director.

III.D.2. Program Director Qualifications

The program director must demonstrate experience that is appropriate for the level of the ophthalmic program (assistant, technician, refractionist, or medical technologist). The program director must be/have:

1. Certified by the Joint Commission on Allied Health Personnel in Ophthalmology or approved certification provider at or above the highest level offered by the program or be a board-certified or board-eligible ophthalmologist as recognized in that country. The program director may also be the medical director.

2. The program director should strive to achieve a certificate/degree or training in adult education and instructional theory.

3. Competency in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, described in Appendix A.

If a distance education program, the program director must have completed training in online coursework, including moderating, facilitating, and developing courses for online use.

III.E. Faculty and/or Instructional Staff

III.E.1. Faculty 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. Clinical instructors must:

1. Supervise students during clinical experiences and be consistently and physically present (i.e., provide face-to-face supervision and evaluation, etc.) and have the ability to intervene on behalf of the student (or patient/consumer) to provide on-going and consistent education.

2. Interact consistently and physically with the student at the site of the clinical experience.

3. Participate in regularly planned communication between the program director and the clinical instructor.

4. Provide instruction and clinical experience in relevant practice competencies delineated in Appendix A.

Distance education programs must require instructor and student interaction and must be conducted under the supervision of a faculty member or a program director trained in distance education. Students must be able to ask questions of instructors and other students. Online discussions and interaction among instructors and students must be an integral component of this program.

III.E.2. Faculty and/or Instructional Staff and/or Clinical Staff Qualifications

The instructors must possess a minimum of a diploma, be knowledgeable in course content and effective in teaching their assigned subjects, and be nationally or internationally certified, in good standing. The institution must have a faculty development program in the principles of adult education. Faculty and instructional staff should have competency in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, for the subject matter taught.

If a distance education program, the faculty/instructional staff should strive to achieve training in online coursework, including moderating, facilitating, and developing courses for online use. Distance education programs should require weekly online discussions to take place where students have the opportunity to ask general questions of instructors.

III.E.3 Faculty and Instruction of Medical Diagnosis/Treatment

A course which involves medical diagnosis, medical treatment, or surgery shall be taught by a medical doctor (MD) or doctor of osteopathy (DO). If a course is presented on any of these subjects with a non-MD as a co-instructor, it is required that an MD or a DO play the major role in the development and delivery of the course. Courses on diagnosis and treatment of amblyopia may not be taught by orthoptists, since the treatment of amblyopia is the role of ophthalmologists, even though orthoptists frequently assist ophthalmologists in the management of such patients. Orthoptists may teach the psychomotor and affective domains.

III.E.4 Faculty and Instruction of Pharmacology

Courses on pharmacology shall be taught by a registered pharmacist, PhD pharmacologist, medical doctor (MD) or doctor of osteopathy (DO). An incidental reference to pharmacological agents does not violate this rule. If a course is presented on any of these subjects with a non-pharmacist, non-PhD pharmacologist, non-MD, or non-DO as a co-instructor, it is required that a pharmacist, PhD pharmacologist, MD, or DO play the major role in the development and delivery of the course.

III.E.5 Clinical 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. Clinical instructors must:

1. Supervise students during clinical experiences and be consistently and physically present (i.e., provide face-to-face supervision and evaluation, etc.) and have the ability to intervene on behalf of the student (or patient/consumer) to provide on-going and consistent education.

2. Interact consistently and physically with the student at the site of the clinical experience.

3. Participate in regularly planned communication between the program director and the clinical instructor.

4. Provide instruction and clinical experience in relevant practice competencies delineated in Appendix A.

5. Evaluate students' performance.

6. Assist students to complete a self-assessment of practice competencies at the completion of the clinical education experience.

III.E.6. 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.

III.F. Clerical and Support Staff

Adequate clerical and other support must be available.

III.G. Professional Development

Programs must demonstrate encouragement of continuous professional growth to assure that program faculty and officials can fulfill their professional responsibilities. If a distance education program, there must be continued technical development and support for online instructors. The institution must have a faculty development program in the principles of adult education.

Programs should have a written policy that ensures the opportunity for professional growth in maintaining and upgrading their professional and instructional abilities.

III.H. Financial Resources

Financial resources to operate an educational program must be ensured to fulfill obligations to current and enrolled students.

III.I.   Learning and Physical Resources

Appropriate and sufficient equipment, instructional aids, supplies, and storage space must be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. Technology adequate to support courses and technology to deliver online courses is required.

III.I.1. Facilities

Adequate classrooms, laboratories, clinical and other facilities, and administrative offices must be provided for students, program staff, and faculty. For distance education, students must have ready online access to an adequate supply of educational materials, electronic media, and other reference materials related to the curriculum.

III.I.2. Equipment, Supplies, and Instructional Aids

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.

III.I.3. Library and Online Educational Resources

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.

III.I.4. Distance Education and Online Resources

Appropriate and sufficient computer hardware and software, audiovisual resources, models, reference materials, and clinical specimens, must be provided for faculty and students. Appropriate care must be implemented to provide the proper protected and secured Internet and online security technology system for the faculty and student use, and sequential learning with passwords and online restrictions.

III.I.5. Security and Validation

All examinations, discussions, and course work that are completed and submitted online must take place in a protected and secured login portal. Programs must have processes or technology in place to ensure that the student taking examinations, participating in discussions, and completing and submitting course work is the enrolled student.

III.J.   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.

Standard IV. Operational Policies

IV.A. Fair Practices

IV.A.1. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program being offered.

2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address, and phone number of the accrediting agencies; admissions policies and practices; policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, policies and processes by which students may perform clinical work while enrolled in the program, and that students must be supervised and not receive compensation for externships.

IV.A.2. Lawful and Non-discriminatory Practices
All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal/national and state/provincial statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

IV.A.3. Safeguards
The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff. Students must be given time for self-study and classroom teaching.

IV.A.4. Student Records
Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location. Distance education programs must provide proper documentation and log on access for student passwords, and identification for student security. These may include log books, portfolios, electronic records, databases, etc.

IV.A.5. Substantive Change
The sponsor must report substantive change(s) in a timely manner. Substantive change(s) include:

1. Changes in the positions of the program director or medical director
   - If either position remains vacant for 30 days, the program must send IJCAHPO a description of the actions taken to maintain the continuity and effectiveness of the program

2. Change in the institution: mission or objectives if these will affect the program or change in the institution's legal status or form of control; or accreditation status of the sponsor

3. Change in sponsorship

4. Course change/addition/deletion representing a significant departure in content/method of curriculum delivery

5. Change in degree or credential levels

6. Substantial change/increase/decrease in clock or credit hours for successful completion of the program or in the length of the program

IV.A.6. Agreements
There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity. Externship agreements must include a statement that students will be supervised.

IV.B. Academic Credit and Costs
Academic credit and costs to the student must be accurately stated, published, and made known to all applicants.

Standard V. Students

V.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. 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.

V.B. 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.

Students must be encouraged to participate in extracurricular activities. An institution should have a policy of encouraging and supporting extracurricular activities with particular emphasis on the following three: sports, literary, and social work.

V.C. Student and Graduate Evaluation/Assessment
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.

V.C.1. Frequency and Purpose
Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

V.C.2. Documentation
Student evaluation records must be maintained in sufficient detail to document learning progress and achievements.

V.D. Administrative Policies

V.D.1. Student and Faculty Grievance
The program or sponsoring institution shall have a defined and published policy and procedure for processing student and faculty grievances.

V.D.2. Student Withdrawal
Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.

V.E. Student Employment
Institutional policies 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.

V.F. 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.

V.G. Student Certification – Outcomes Measurement
Academic institutions will require students/graduates to complete a national certification examination and the internationally accepted certification examination by the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) or other internationally accepted certification examination by a third party. Student examination results must be shared with IJCAHPO.

Standard VI. Curriculum

Ophthalmic Assistant (Non-Clinical/Clinical), Ophthalmic Technician, Refractionist, and Ophthalmic Medical Technologist

The standard curriculum for each of the following: Ophthalmic Assistant (Non-Clinical/Clinical), Ophthalmic Technician, Refractionist, and Ophthalmic Medical Technologist programs is designed based on the International Core Curriculum developed by the International Joint Commission on Allied Health Personnel in Ophthalmology/Joint Commission on Allied Health Personnel in Ophthalmology, and by the International Council of Ophthalmology. See Appendix A.

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, distance education, laboratory, and clinical activities. Instruction must be based on clearly-written course syllabi describing learning goals, course objectives, and competencies required for graduation. The administrative and clinical procedures must be developed in a competency-based format.

Actual program duration may vary, depending on institutional policy or government laws or regulations. Program duration includes instruction and externship. Recommended minimum credit hours are listed in the curricula. Course sequencing should be such that it promotes a logical progression of learning.

A competency is an area of curriculum that tests for the appropriate practical skills and knowledge to complete a predefined set of professional tasks and abilities.

A. The core competencies for *ophthalmic assisting* are listed below:

1. **Patient care** that is compassionate, appropriate and effective for the treatment of ophthalmologic health problems and the promotion of health

2. **Medical knowledge** about ophthalmological and systemic disease and cognate sciences and the application of this knowledge to patient care

3. **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families and other health professionals

4. **Professionalism,** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

5. **Community and health services** demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

6. **Technical and scientific skills** adequate to administer treatment, perform tasks, and collect data as ordered by an ophthalmologist

These core competencies are organized into three content domain categories:

1. Introduction to Ophthalmology

2. Basic Skills

3. Advanced Skills

B. The core competencies for *refractionist* are:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of ophthalmologic health problems and the promotion of health.

2. **Community and health services** demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

3. **Medical and refractive knowledge** about ophthalmological and optic sciences and the application of this knowledge to patient care.

These competencies are organized into the following five content domain categories:

1. Optics

2. Vision assessment

3. Refraction and Instrumentation

4. Optical dispensing and contact lenses

5. Patient education

APPENDIX A – CURRICULA*			
Program Level	**Ophthalmic Assistant (Non-Clinical/Clinical)**	**Ophthalmic Technicians**	**Refractionists**	**Ophthalmic Medical Technologists**
Curricular Content:	1. History Taking 2. Pupillary Assessment 3. Equipment Maintenance and Repair 4. Lensometry 5. Keratometry 6. Medical Ethics, Legal, and Regulatory Issues 7. Microbiology 8. Pharmacology 9. Ocular Motility 10. In-office Minor Surgical Procedures 11. Ophthalmic Patient Services and Education 12. Ophthalmic Imaging 13. Refractometry 14. Spectacle Skills 15. Supplemental Skills 16. Tonometry 17. Visual Assessment 18. Visual Fields 19. Surgical Assisting in ASC or Hospital-based Operating Room 20. Emergency Preparedness	1. History Taking 2. Pupillary Assessment 3. Equipment Maintenance and Repair 4. Lensometry 5. Keratometry 6. Medical Ethics, Legal, and Regulatory Issues 7. Microbiology 8. Pharmacology 9. Ocular Motility 10. In-office Minor Surgical Procedures 11. Ophthalmic Patient Services and Education 12. Ophthalmic Imaging 13. Refractometry 14. Spectacle Skills 15. Contact Lenses 16. Supplemental Skills 17. Tonometry 18. Visual Assessment 19. Visual Fields 20. Surgical Assisting in ASC or Hospital-based Operating Room 21. Emergency Preparedness 22. Instruction must include fundamental aspects of general psychology	1. Basic Optics 2. Physiologic Optics 3. Assessing Visual Function 4. Instrumentation 5. Refractive States of the Eye 6. Retinoscopy 7. Refinement 8. Special Problems 9. Special Techniques 10. Optical Dispensing 11. Contact Lenses 12. Patient Education	1. History Taking 2. Pupillary Assessment 3. Equipment Maintenance and Repair 4. Lensometry 5. Keratometry 6. Medical Ethics, Legal, and Regulatory Issues 7. Microbiology 8. Pharmacology 9. Ocular Motility 10. In-office Minor Surgical Procedures 11. Ophthalmic Patient Services and Education 12. Ophthalmic Imaging 13. Refractometry 14. Spectacle Skills 15. Contact Lenses 16. Supplemental Skills 17. Tonometry 18. Visual Assessment 19. Visual Fields 20. Surgical Assisting in ASC or Hospital-based Operating Room 21. Emergency Preparedness 22. Instruction must include fundamental aspects of general psychology 23. Supervision of Ophthalmic Medical Personnel

*These curricula are designed based on the International Core Curriculum developed by the IJCAHPO/JCAHPO and the ICO.

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 IJCAHPO Board of Trustees.

Administrative Probation – A program is placed on administrative probation when it fails to comply with the administrative requirements defined by IJCAHPO.
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 – IJCAHPO 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 January 1.

Board Member Reviewer – Member of the IJCAHPO Board of Trustees assigned to review a program throughout the accreditation process.

Certification – The process by which the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) or other third party Certification Bodies recognize 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. The clinical portion of a structured educational program is usually specifically related to prior or ongoing didactic education.

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, IJCAHPO 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.

Glossary (continued)

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 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 IJCAHPO-approved site visitors.

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

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 IJCAHPO.

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