Self-Study Template

YOUR GUIDE TO INTERNATIONAL ACCREDITATION

(For all levels of ophthalmic training programs)
Introduction

Introduction must include:
1. Completed Self-Study Table of Contents .................................................. 3
2. A signed copy of the two-page Self-Study Instruction Form ....................... 5
3. Completed IJCAHPO Accreditation Application ...................................... 7
4. Signed List of Materials to be Available On-Site (if applicable) .................. 8

Required for:
☒ Ophthalmic Assistant Program (Non-Clinical/Clinical)
☒ Ophthalmic Technician Program
☒ Refractionist Program
☒ Ophthalmic Medical Technologist Program

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<table>
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<tr>
<th>Part</th>
<th>Item</th>
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<tbody>
<tr>
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<td>Introduction</td>
<td>Sponsoring Institution Mission Statement</td>
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<td>Program Organizational Chart</td>
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<td>Completed Consortium Data Form (if applicable)</td>
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<td>Copy of program’s completed Consortium Agreement (if applicable)</td>
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<td>Program Overview</td>
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<td>Summary of Program Strengths and Limitations</td>
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<td>Part I Individual Institution</td>
<td>Written statement of program’s goals</td>
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<td>Proof of assessment of goals and learning domains</td>
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<td>Results of ongoing program evaluation</td>
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<td>Part II Program Goals and Evaluation</td>
<td>Explanation supporting the nine (9) requirements on page 19.</td>
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<td>Completed Program Personnel Information form</td>
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<td>Program Faculty Curriculum Vitae</td>
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<td>Position description for all program personnel</td>
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<td>Completed Master Plan</td>
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<td>Part IV Resources</td>
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<td>Affiliation Agreements</td>
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<td>Part V: Operational Policies</td>
<td>Information provided to prospective students</td>
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<td>Information provided to enrolling students</td>
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<td>Policy on reporting substantive changes in program</td>
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<td>Part VI: Students</td>
<td>Policies on admission, guidance, assessment, grievances, withdrawals, employment, records, certification</td>
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<td>Annual Report Documentation</td>
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<td>Employer and Graduate Surveys</td>
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<td>Student Questionnaire</td>
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<td>Part VII: Matrix</td>
<td>Completed Program Competency Matrix</td>
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<td>Part VIII: Rotation, Clinical Site, Competencies</td>
<td>Completed Clinical Rotation Matrix (if applicable)</td>
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<td></td>
<td>Completed Clinical Site List</td>
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<td></td>
<td>Master List of All Clinical Competencies</td>
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Signed Copy of Self-Study Instruction Form

INSTRUCTIONS: Each program must conduct a self-study that culminates in the preparation of a report. The self-study report is the specific information needed by IJCAHPO to determine if the program meets the Standards for accreditation. In order to properly prepare the self-study report, please review the format and content requirements below. Should you have questions during the self-study process, contact IJCAHPO for assistance.

SELF-STUDY FORMAT
1. The self-study must be submitted to IJCAHPO on a CD or flash drive.
   - Mail four copies of the CD/flash drive to IJCAHPO.
2. The appropriate fee must be sent with the submission of your self-study.
   - Checks must be made payable to IJCAHPO. (In US dollars.)
3. The program MUST use provided templates within the self-study.
4. Submission of materials not requested in this self-study document may result in the self-study being returned to the program without review by the Board.
5. Each item listed below must be included.

SELF-STUDY CONTENT
Introduction
1. Completed Self-Study Table of Contents (template) ......................................................... 3
2. Signed copy of two-page Self-Study Instruction Form .......................................................... 5
3. Completed IJCAHPO Accreditation Application ................................................................. 7
4. Signed List of Materials to be Available On-Site (if applicable) ....................................... 8

Part I: Individual Institution
1. Sponsoring Institution Mission Statement ........................................................................ 10
2. Programmatic organizational chart of the sponsoring institution or consortium ................ 11
3. If the program is a Consortium:
   - Completed Consortium Data Form. (template if applicable) ........................................... 12
   - Copy of the program’s formal, signed, Consortium Agreement ........................................ 13
4. Program Overview. The overview should include narrative answers to the following:
   - Discuss the historical development of the program .......................................................... 14
   - Describe the communities of interest the program serves, and special considerations that impact your program characteristics .................................................. 14
5. Summary of the Program Strengths and Limitations (areas that need improvement) ......... 15
   - List the program’s strengths
   - List the program’s limitations (areas that need improvement)
   - Describe the process and/or evaluation systems used to identify the program’s strengths and limitations
   - Provide an analysis of the data collected assessing the program’s strengths and limitations
   - Provide action plans to correct deficiencies for all areas in need of improvement

Part II: Program Goals and Evaluation .................................................................................. 16
1. Written statement of program's goals
2. Proof of assessment of goals and learning domains
3. Minimum expectations
4. Outcome assessments
5. System for reviewing effectiveness of program
6. Results of ongoing program evaluation
Part III: Distance Learning (Online Education) (if applicable) .......................................................... 18
1. Explanation supporting the nine (9) requirements ........................................................................... 19

Part IV: Resources .................................................................................................................................. 20
1. Program Personnel Information ........................................................................................................ 21
2. Program Faculty Curriculum Vitae .................................................................................................... 22
3. Position Description for All Program Personnel .............................................................................. 24
4. Program Master Plan ........................................................................................................................ 25
5. Program Resources ........................................................................................................................... 26
6. Resource Student Survey .................................................................................................................. 27
7. Program Personnel Resource Survey ............................................................................................... 30
8. Faculty Evaluation Questionnaire .................................................................................................... 33
9. Program Financial Information .......................................................................................................... 34
10. Affiliation Agreements ..................................................................................................................... 35

Part V: Operational Policies .................................................................................................................... 36
1. Information provided to prospective students
2. Information provided to enrolling students
3. Policy for reporting substantive changes in program

Part VI: Students .................................................................................................................................. 38
1. Policies on admission, guidance, assessment, grievance, withdrawal, employment, records, certification
2. Annual Report Documentation
3. Employer and Graduate Surveys
4. Student Questionnaire (example) ....................................................................................................... 47
   • Copies must be submitted anonymously to the IJCAHPO office prior to submission of the self-study. Submit a brief narrative describing how the surveys were distributed.

Part VII: Program Matrix (if applicable) ............................................................................................... 51
1. Completed Program Competency Matrix (example) ........................................................................ 52

Part VIII: Rotation, Clinic Site, Clinical Competencies (if applicable) .................................................. 54
1. Completed Clinical Rotation Matrix for all currently enrolled students (example) ...................... 55
2. Completed Clinical Site List (example) ............................................................................................. 56
3. Master List of Clinical Competencies Required for Graduation (example) ................................... 56

The information enclosed within this self-study is submitted on behalf of this program for the purpose of supporting our request for accreditation.

___________________________________________________________________________________________       _______________________________________________________________________________________
Program Director’s Signature                                      Date
The IJCAHPO accreditation process is initiated by completing this application and self-study, at the request of the chief executive office or designated representative of the institution. The subsequent comprehensive review is based on IJCAHPO’s recognized educational Standards. The Standards have been adopted by the IJCAHPO Board of Directors and are subject to review every five years. The Standards review process is a rigorous one that includes input from all communities of interest, a public open hearing, and approval by IJCAHPO.

Institutional Type (check one)

- Four-year College or University
- Junior College or Community College
- Vocational or Technical School
- Hospital or Medical Center
- Academic Health Center/Medical School
- Non-Hospital Health Facility
- Military

Institutional Control/Ownership (check one)

- Federal/National Government
- Provincial, State, County, or Local Government
- Government Registration Status (check one)

- For-Profit
- Non-Profit (Private or Religious)

Authority (check one)  Yes  No

The sponsoring institution is authorized under applicable regulation or law to provide post-secondary education.

Type of Program to be Accredited (check all that apply)

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

The following information appears on publications promoting the field of ophthalmic allied health.

<table>
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<th>Program Name</th>
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City, Province/State, Country, Postal/Zip Code

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<td>Program FAX Number</td>
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<th>Program E-Mail Address</th>
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<td>Program Web site</td>
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Required Signatures

Chief Executive Officer and Credentials (please print)  Title

Signature of Chief Executive Officer  Date

Dean or Comparable Administrator and Credentials (please print)  Title

Signature of Dean or Comparable Administrator  Date

Program Director and Credentials (please print)  Title

Signature of Program Director  Date

Medical Director and Credentials (please print)  Title

Signature of Medical Director  Date
List of Materials to be Available On-Site

INSTRUCTIONS: Please review checklist and sign at bottom of page.

| Materials to Be Available On-Site (*and/or included with the Self-Study) |
|---------------------------|--------------------------|
| ☐ Equipment and supply inventory | |
| ☐ List of instructional aides | |
| ☐ Catalog of relevant library resources | |
| ☐ *Position description for professional personnel with major program administrative responsibilities | |
| ☐ *Curriculum vitae for all full-time and other key faculty | |
| ☐ Schedule of program official visits to clinical affiliates and documentation of visit activities | |
| ☐ Curriculum materials not included in the self-study report - e.g., detailed course objectives, outlines, textbook requirements, syllabi | |
| ☐ Materials such as exams and clinical evaluation forms used to evaluate and document students’ progress | |
| ☐ *Schedules of classes, clinical rotations, and student roster(s) | |
| ☐ Program-developed course manuals (if applicable) | |
| ☐ Student Handbook | |
| ☐ Sample forms used in the student selection process | |
| ☐ *All institutional and/or program policies and procedures | |
| ☐ Student records | |
| ☐ *Completed forms used as part of program evaluation, such as students’ course evaluations of courses, analysis of graduates, certification results, graduate and employer surveys | |
| ☐ Support committee minutes | |
| ☐ Student records of clinical experience | |
| ☐ Documentation of appropriate credentials for all clinical and didactic instructors | |
| ☐ List of technology infrastructure, educational materials, electronic media, and other reference materials for online learning (if applicable) | |
| ☐ Sponsor and affiliate accreditation documents | |
| ☐ All signed affiliation agreements | |

* PLEASE NOTE: The above items are required to accompany the self-study.

I understand that all of the items listed in the “Materials to be Available On-Site” list must be available to site visitors at the time of the site visit.

________________________________________  _______________________
Program Director’s Signature                  Date
Part I: Individual Institution

Part I must include:
1. Sponsoring Institution Mission Statement ................................................................. 10
2. Program organizational chart of the sponsoring institution or consortium ........... 11
3. If the program is a consortium:
   • Completed Consortium Data Form ........................................................................ 12
   • Copy of the program’s formal, signed Consortium Agreement ............................. 13
4. Program Overview
   • Discuss the historical development of the program ............................................ 14
   • Describe the communities of interest the program serves and special
     considerations that impact your program characteristics .................................. 14
5. Summary of Program Strengths and Limitations ....................................................... 15
   • Describe the process and/or evaluation systems by which the strengths
     and limitations were identified along with an analysis and action plan to
     address areas needing improvement:
     – List the program’s strengths.
     – List the program’s limitations (areas that need improvement).
     – Describe the process and/or evaluation systems used to identify
       the program’s strengths and limitations.
     – Provide an analysis of the data collected assessing the program’s
       strengths and limitations.
     – Provide action plans to correct deficiencies for all areas in
       need of improvement.

Required for:
- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program
**Sponsoring Institution Mission Statement**

**INSTRUCTIONS:** State the Mission of the Sponsoring Institution.
Program Organizational Chart

INSTRUCTIONS: Include a program organizational chart of the sponsoring institution (or consortium), which portrays the administrative relationships under which the program operates. Start with the immediate administrative officer. Include all program key personnel and faculty, anyone named in the self-study, and any other persons who have direct student contact. Include the names and titles of all individuals shown. Please see the following examples of “Single Sponsor” and “Consortium Sponsor” organizational charts.

Example
(For Programs with a CONSORTIUM)
Program Organizational Chart

“Single Sponsoring Institution Model or Consortium Ophthalmic Clinical Assistant (Non-Clinical/Clinical), Refractionist, Technician, and Medical Technologist Program”

Degree-Granting College and Hospital

- Consortium Administrative Council (Sponsoring Administrations)
- Advisory Committee (Communities of Interest)
- Medical Director
  - John Doe, M.D
- Program Director
  - Jane Doe, COMT
- Clinical Instructors
- Didactic Instructor
  - Linda Doe, COMT
- Clinical Affiliates
Consortium Data Form

INSTRUCTIONS: Complete the following. Duplicate this page if necessary.

Please select one of the following:
This program is part of a consortium:  □ Yes  □ No

If Yes, please continue. If No, do not complete this form.

<table>
<thead>
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<th>Name of Accrediting Body</th>
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<tr>
<td>Address</td>
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<th>Sponsoring Institution #1</th>
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<tr>
<td>Name (CEO or comparable official)</td>
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<td>Address</td>
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<td>City, Province/State, Country, Postal/ZIP Code</td>
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<td>Web site</td>
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Consortium Agreement

INSTRUCTIONS: Include a copy of the program's formal, signed, consortium agreement.

☐ Not Applicable
Program Overview

Instructions: Provide narrative answers to the following:

1. Discuss the historical development of the program.

2. Describe the communities of interest the program serves and special considerations that impact your program characteristics.
**Program Strengths and Limitations**

**INSTRUCTIONS:** Answer the following in a narrative format.

1. List the program’s strengths:

2. List the program's limitations (areas that need improvement):

3. Describe the process and/or evaluation systems used to identify the program’s strengths and limitations:

4. Provide an analysis of the data collected assessing the program’s strengths and limitations:

5. Provide action plans to correct deficiencies for all areas in need of improvement:
Part II: Program Goals and Evaluation

Part II must include:
1. Written statement of program’s goals
2. Proof of assessment of goals and learning domain
3. List of minimum expectations
4. Description of outcome assessments
5. Description of system for reviewing the effectiveness of the program
6. Results of ongoing program evaluation

Required for:
- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program
INSTRUCTIONS: Provide narrative answers to the following:

1. Written statement of the program’s goals, which must be compatible with both the mission of the sponsoring institution(s) and the expectation of the communities of interest.

2. Proof of assessment of goals and learning domains.

3. List of minimum expectations: cognitive, psychomotor, and affective.

4. Description of outcome assessments: qualitative and quantitative.

5. Description of system for reviewing effectiveness of program.

6. Results of ongoing program evaluation.
Part III: Distance Education
(Online Learning)
(if applicable)

Part III must include:
An explanation supporting the nine requirements

Required for:
- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program
INSTRUCTIONS: Provide narrative answers to the following:

1. Online learning is appropriate to the institutions mission and purpose.

2. Institution integrates planning and evaluation processes for development, sustenance, and expansion of online learning.

3. Institution’s governance and academic oversight incorporate online learning.

4. Online learning curricula are coherent, cohesive, and comparable in academic rigor to programs offered in traditional formats.

5. Institution evaluates effectiveness of online learning offerings.

6. Faculty is qualified and effectively supported.

7. Student and academic services are provided.

8. Sufficient resources exist to support online learning.

9. Integrity of online offerings assured by institution.
Part IV: Resources

Part IV must include:
1. Complete Program Personnel Information form (template) ................................................. 21
2. Curriculum Vitae for All Program Key Personnel (templates) .................................................. 22
3. Position Description for All Program Key Personnel ............................................................... 24
4. Completed Program Master Plan ............................................................................................ 25
5. List Program Resources ........................................................................................................... 26
6. Program Resource Surveys (examples) .................................................................................... 27
   • Completed surveys for most recent year:
     • Student ................................................................................................................................. 27
     • Program Personnel ............................................................................................................... 30
7. Self-Study Faculty Evaluation Questionnaire (example) ......................................................... 33
   • Completed questionnaires from each program faculty member, preceptor, and medical director.
8. Completed Program Financial Information (template) ............................................................ 34
   • Completed financial information containing three-year (last, current, and projected) budget, including instructional personnel costs (aggregated), travel, instructional supply costs, etc.
9. Affiliation Agreement .............................................................................................................. 35

Required for:
- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program
### Program Personnel Information

**INSTRUCTIONS:** Complete all fields below. If additional space is required, please attach additional sheets.

<table>
<thead>
<tr>
<th>Role</th>
<th>Curriculum Vitae</th>
<th>Position Description</th>
<th>Name and Credentials</th>
<th>Address</th>
<th>City, Province/State, Country, Postal/ZIP Code</th>
<th>Telephone (with country code)</th>
<th>Fax</th>
<th>E-mail Address</th>
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<td><strong>b. Medical Director</strong></td>
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# Medical Director Curriculum Vitae Form

**INSTRUCTIONS:** Complete one form for each identified medical director.

Name and Credentials

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</tr>
</tbody>
</table>
## Program Director and/or Other Paid Program Faculty Curriculum Vitae Form

**INSTRUCTIONS:** Complete one form for each identified program director.

### Name and Credentials

Name and Credentials

### Attach a copy of current certification card and/or status verification

### Educational Experience

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Dates</th>
<th>Degree</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Continuing Education/Professional Development (include information for the past three-years)

<table>
<thead>
<tr>
<th>Name of program</th>
<th>Location</th>
<th>Dates</th>
<th>Type of program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Work Experience

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates of Employment (start with most recent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23
Position Description for All Program Personnel

INSTRUCTIONS: Describe or attach the job or position descriptions for all program personnel.
**Master Plan Example**

**INSTRUCTIONS:** The master plan must list all courses taught, the dates of the courses for the last graduating class, and the instructor’s name who taught the class.

**Master Plan Example:**
Fall 2013, September 4 – December 21, 2013

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Instructor</th>
<th>Days Taught Fall 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Terminology</td>
<td>Instructor Name</td>
<td>T 13:00-16:00pm</td>
</tr>
<tr>
<td>Introduction to Disease of the Eye</td>
<td>Instructor Name</td>
<td>T 16:30-19:30pm</td>
</tr>
<tr>
<td>Basic Skills</td>
<td>Instructor Name</td>
<td>Th 13:00-16:00pm</td>
</tr>
<tr>
<td>General and Ocular A &amp; P</td>
<td>Instructor Name</td>
<td>Th 16:30-19:30 pm</td>
</tr>
<tr>
<td>Basic Ophthalmic Pharmacology</td>
<td>Instructor Name</td>
<td>F 13:00-16:00pm</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Course Name</th>
<th>Instructor</th>
<th>Days Taught Spring 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological Optics</td>
<td>Instructor Name</td>
<td>T 13:00-16:00pm</td>
</tr>
<tr>
<td>Abnormalities of Binocular Vision</td>
<td>Instructor Name</td>
<td>T 16:30-19:30pm</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Instructor Name</td>
<td>Th 13:00-16:00pm</td>
</tr>
<tr>
<td>Ophthalmic Photography &amp; Angiography</td>
<td>Instructor Name</td>
<td>Th 16:30-19:30 pm</td>
</tr>
<tr>
<td>Clinical Education I</td>
<td>Clinical Rotations</td>
<td>M,W,F 8:00-16:30 pm</td>
</tr>
</tbody>
</table>
Program Resources

INSTRUCTIONS: Include attachments listing and describing the program’s resources.

- Equipment and supply inventory and storage space
- Classroom and laboratory space
- Required text books
- Catalog of relevant library resources
- Instructional aides (e.g. computers)

INSTRUCTIONS: Provide narrative answers to the following:
For distance education:

- Online access to educational materials, electronic media, and other reference materials related to the curriculum.
- Protected and secured internet and online security technology system for faculty and student use.
- Sequential learning with passwords and online restrictions.
- Ensure that student completing and submitting course work is the enrolled student.
Program Resource Student Survey

INSTRUCTIONS: The purpose of this survey instrument is to evaluate program resources. The data compiled will aid the program in an ongoing process of program improvement. Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select N if you do not know about a particular area.

Institution Name: ___________________________________________ Program Number: ____________

5 Strongly Agree  4 Generally Agree  3 Neutral  2 Generally Disagree  1 Strongly Disagree  N Not Applicable

I. Personnel Resources (Program Faculty)
   A. Faculty teach effectively:
      1. In the classroom 5 4 3 2 1 N
      2. In the laboratory 5 4 3 2 1 N
      3. In the clinical area 5 4 3 2 1 N
   B. Faculty number is adequate:
      1. In the classroom 5 4 3 2 1 N
      2. In the laboratory 5 4 3 2 1 N
      3. In the clinical area 5 4 3 2 1 N
   C. Faculty members have good rapport with students 5 4 3 2 1 N
   D. Faculty members are willing to help students with academic needs 5 4 3 2 1 N
   E. Faculty ensures student representation on the advisory committee 5 4 3 2 1 N

Comments:

II. Physical Resources
   A. Classrooms
      1. Are adequate in size 5 4 3 2 1 N
      2. Have adequate lighting 5 4 3 2 1 N
      3. Contain adequate seating 5 4 3 2 1 N
      4. Have adequate ventilation 5 4 3 2 1 N
      5. Are provided with appropriate equipment to support effective instruction 5 4 3 2 1 N
   B. Laboratory
      1. Is adequate in size 5 4 3 2 1 N
      2. Has adequate lighting 5 4 3 2 1 N
      3. Contains adequate seating 5 4 3 2 1 N
      4. Has adequate ventilation 5 4 3 2 1 N
      5. Is equipped with the amount of equipment necessary for student performance of required laboratory exercises 5 4 3 2 1 N
      6. Is equipped with the variety of equipment necessary for student performance of required laboratory exercises 5 4 3 2 1 N
      7. Is equipped with the amount and variety of supplies necessary for student performance of required laboratory exercises 5 4 3 2 1 N
      8. Activities prepare the student to perform effectively in the clinical setting 5 4 3 2 1 N
      9. Is accessible to students outside regularly scheduled class times 5 4 3 2 1 N

Comments:
III. Learning Resources
   A. Libraries (school and clinical affiliate libraries)
      1. The program faculty and/or the library personnel, offer orientation to  
         library services 5 4 3 2 1 N
      2. The library personnel provide assistance to the students 5 4 3 2 1 N
      3. The libraries provide sufficient materials to support classroom assignments 5 4 3 2 1 N
      4. Program assignments require the use of library resources 5 4 3 2 1 N
   B. Student Instructional Support Services (tutors, computer lab, etc.)
      1. Tutors are available to provide assistance to the students when needed 5 4 3 2 1 N
      2. Audiovisual and computer equipment are available to students for class  
         assignments and activities. 5 4 3 2 1 N
      3. Computer resources are adequate to support the curriculum 5 4 3 2 1 N
      4. Instructional support services are readily accessible to all students 5 4 3 2 1 N
   Comments:

IV. Clinical Resources
   A. Clinical Rotations
      1. Facilities
         a) The clinical facilities offer an adequate number of procedures for the  
            student to meet clinical objectives 5 4 3 2 1 N
         b) The clinical facilities offer an adequate variety of procedures for the  
            student to meet clinical objectives 5 4 3 2 1 N
         c) The clinical facilities provide a variety of current equipment 5 4 3 2 1 N
      2. Experiences
         a) Each clinical rotation is of sufficient length to enable the student to  
            complete clinical objectives 5 4 3 2 1 N
         b) Each clinical rotation provides a sufficient number of hands-on  
            patient exposure 5 4 3 2 1 N
   B. Clinical Instruction
      1. Students are adequately oriented to assigned clinical areas and procedures 5 4 3 2 1 N
      2. Clinical instructors are sufficiently knowledgeable to provide  
         student instruction 5 4 3 2 1 N
      3. Clinical instructors are consistent in their evaluation of student performance 5 4 3 2 1 N
      4. Clinical instructors are readily available to assist students when needed 5 4 3 2 1 N
   Comments:

V. Physician Interaction
   A. Physician/student interaction facilitates the development of effective  
      communication skills between physicians and students 5 4 3 2 1 N
   B. Physician contact is sufficient to provide the student with a physician  
      perspective of patient care 5 4 3 2 1 N
   C. Overall student exposure to physicians in the program is adequate 5 4 3 2 1 N
   Comments:
VI. **Additional Comments**

How long have you been a student in the program? __________________________

Overall rating: Please rate the OVERALL quality of the resources supporting the program (circle one)  

| 5 | 4 | 3 | 2 | 1 |

Based on your experience, which program resources provided you with the most support?

Based on your experience, which program resources could be improved?

Please provide comments and suggestions that would help to improve the program’s overall resources.

Thank you!   Date ________________
Program Personnel Resource Survey

INSTRUCTIONS: The purpose of this survey instrument is to evaluate program resources. Duplicate this survey and have it completed by the various personnel listed. The data compiled will aid the program in an ongoing process of program improvement. Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select N if you do not know about a particular area.

Institution Name: ________________________________ Program Number: __________

5 Strongly Agree 4 Generally Agree 3 Neutral 2 Generally Disagree 1 Strongly Disagree N Not Applicable

I. Personnel Resources
   A. Program Faculty (completed by medical director(s) and Advisory Committee)
      1. Faculty keep the Advisory Committee informed of program status 5 4 3 2 1 N
      2. Faculty encourage and utilize input from the advisory board and communities of interest 5 4 3 2 1 N
      3. Faculty foster positive relations with clinical affiliates 5 4 3 2 1 N
      4. Faculty encourages student participation in professional activities. 5 4 3 2 1 N
      5. Faculty request annual review of goals and standards by the Advisory Committee 5 4 3 2 1 N
   B. Medical Director(s) (completed by program faculty and Advisory Committee)
      1. Medical director(s) assist(s) the program faculty to provide physician interaction opportunities for students 5 4 3 2 1 N
      2. Medical director(s) participate(s) in curriculum design modification to ensure appropriate scope and accuracy of medical content 5 4 3 2 1 N
   C. Physician Interaction (completed by program faculty and Advisory Committee)
      1. Physician/student interaction is sufficient to facilitate development of effective communication skills between physicians and students 5 4 3 2 1 N
      2. Physician contact is sufficient to provide the student with a physician perspective of patient care 5 4 3 2 1 N
      3. Overall, student exposure to physicians in the program is adequate 5 4 3 2 1 N

Comments:

II. Facilities (completed by all program personnel)
   A. Classrooms
      1. Are adequate in size 5 4 3 2 1 N
      2. Have adequate lighting 5 4 3 2 1 N
      3. Contain adequate seating 5 4 3 2 1 N
      4. Have adequate ventilation 5 4 3 2 1 N
      5. Are provided with appropriate equipment to support effective instruction 5 4 3 2 1 N
   B. Laboratory
      1. Is adequate in size 5 4 3 2 1 N
      2. Has adequate lighting 5 4 3 2 1 N
      3. Contains adequate seating 5 4 3 2 1 N
      4. Has adequate ventilation 5 4 3 2 1 N
      5. Is equipped with the amount of equipment necessary for student performance of required laboratory exercises 5 4 3 2 1 N
      6. Is equipped with the variety of equipment necessary for student performance of required laboratory exercises 5 4 3 2 1 N
      7. Is equipped with the amount and variety of supplies necessary for student performance of required laboratory exercises 5 4 3 2 1 N
8. Activities prepare the student to perform effectively in the clinical setting 5 4 3 2 1 N
9. Is accessible to students outside regularly scheduled class times 5 4 3 2 1 N

Comments:

III. Learning Resources (completed by all program personnel)
   A. Libraries (school and clinical affiliates libraries)
      1. Program assignments require the use of library resources 5 4 3 2 1 N
      2. The libraries provide sufficient materials to support classroom assignments 5 4 3 2 1 N
      3. Computer resources are adequate to support the curriculum 5 4 3 2 1 N
      4. Learning resources are available outside regular classroom hours 5 4 3 2 1 N

Comments:

IV. Program Support Personnel (completed by all program personnel)
   A. Administrative Support
      1. The administrative staff is adequate to meet the clerical needs of the program 5 4 3 2 1 N

Comments:

V. Financial Resources (completed by all program personnel)
   A. Institutional Budget
      1. The institutional budget provides the ophthalmic medical program with equal access to all financial resources available to all other allied health instructional programs 5 4 3 2 1 N
   B. Program Budget
      1. Provides for sufficient access to function and up-to-date equipment to achieve classroom and laboratory competencies 5 4 3 2 1 N
      2. Provides for supply purchases necessary to achieve the classroom and laboratory competencies 5 4 3 2 1 N
      3. Provides for a sufficient number of faculty for didactic (classroom) instruction 5 4 3 2 1 N
      4. Provides for a sufficient number of faculty for laboratory and clinical instruction 5 4 3 2 1 N
      5. Provides for adequate continuing professional development of full-time faculty 5 4 3 2 1 N

Comments:

VI. Clinical Resources (if applicable) (completed by program director)
   A. Clinical Rotations
      1. Facilities
         a) The clinical facilities offer an adequate number of procedures for the student to meet clinical objectives 5 4 3 2 1 N
         b) The clinical facilities offer an adequate variety of procedures for the student to meet clinical objectives 5 4 3 2 1 N
         c) The clinical facilities provide adequate exposure to current equipment 5 4 3 2 1 N
2. Experiences
   a) Each clinical rotation is of sufficient length to enable the student to complete clinical objectives/competencies
   b) Each clinical rotation provides sufficient number of hands-on patient exposure

B. Clinical Instruction (completed by clinical instructors only)
   1. Students are adequately prepared to perform scheduled procedures in the clinical setting
   2. Clinical activity is appropriately sequenced with laboratory and didactic instruction
   3. Students are prepared to behave in a professional manner in a clinical setting
   4. Clinical instructors are prepared for each group of students
   5. There are a sufficient number of instructors for the number of students
   6. Students are adequately oriented to the clinical physical setting

C. Clinical Instruction (completed by medical director and program director)
   1. Clinical instructors are sufficiently knowledgeable to provide student instruction
   2. Clinical instructors work with the students to complete the assigned objectives/procedures
   3. Clinical instructors are consistent in their evaluation of student performance
   4. Clinical instructors are readily available to assist students when needed

Comments:

VII. Additional Comments
   What position do you hold with this program? ___________________________

   Overall rating: Please rate the OVERALL quality of the resources supporting the program (Circle one)

   Based on your experience, which program resources provided students with the most support?

   Based on your experience, which program resources could be improved?

   Please provide comments and suggestions that would help to improve the program’s overall resources.

   Thank you! Date _______________
Self-Study Faculty Evaluation Questionnaire

INSTRUCTIONS: All faculty members (medical director, didactic, laboratory, and clinical; paid and volunteer) must be given a copy of this questionnaire as a part of the self-study process.

Please rate each of the following items by circling the appropriate rating according to the following scale: 5 Above Average 4 Average 3 Satisfactory 2 Below Average 1 Poor N Not Applicable

Name of the Program: ____________________________________________________________

Your responsibility with the program (check one)
☐ Program director ☐ Medical director ☐ Faculty member ☐ Laboratory instructor
☐ Didactic instructor ☐ Clinical instructor ☐ Other (specify): _______________________

I. Administrative Support
   A. College administration (dean, division chair) 5 4 3 2 1 N
   B. Salary 5 4 3 2 1 N
   C. Financial resources 5 4 3 2 1 N
   D. Teaching loads 5 4 3 2 1 N
   E. Communities of interest (e.g., employers) 5 4 3 2 1 N

II. How well do the program resources meet the stated purpose(s) for those resources?
   A. Administrative support 5 4 3 2 1 N
   B. Classroom facilities 5 4 3 2 1 N
   C. Laboratory facilities 5 4 3 2 1 N
   D. Laboratory equipment and supplies 5 4 3 2 1 N
   E. Library/Learning resource center 5 4 3 2 1 N
   F. Overall clinical resources (if applicable) 5 4 3 2 1 N

III. Faculty (do not rate your own position)
   A. Program director 5 4 3 2 1 N
   C. Medical director 5 4 3 2 1 N
   D. Clinical faculty (if applicable) 5 4 3 2 1 N
   E. Other program faculty (if applicable) 5 4 3 2 1 N
   F. Science faculty 5 4 3 2 1 N

IV. Curriculum
   A. Depth and breadth of program 5 4 3 2 1 N
   B. Course sequencing 5 4 3 2 1 N
   C. General science courses 5 4 3 2 1 N
   D. Basic ophthalmic curriculum content 5 4 3 2 1 N
   E. Laboratory practice and competency attainment 5 4 3 2 1 N
   F. Clinical curriculum content (if applicable) 5 4 3 2 1 N
   G. Other (please specify): 5 4 3 2 1 N

V. Clinical Coordination
   A. Communication between program faculty and clinical instructors 5 4 3 2 1 N
   B. Clinical evaluation instruments 5 4 3 2 1 N
   C. Student parallel experiences 5 4 3 2 1 N
   D. Supervision of students 5 4 3 2 1 N
   E. Consistency of evaluation of students 5 4 3 2 1 N
   F. Other (please specify): 5 4 3 2 1 N

1. What do you consider to be the major strengths of the program?

2. What areas do you believe need improvement?

Thank you! Date _________________
**Program Financial Information**

**INSTRUCTIONS:** Complete the matrix below, which must contain the three-year (last, current, and projected) budget, including instructional personnel costs (aggregated), travel, instructional supply costs, etc.

<table>
<thead>
<tr>
<th>Description</th>
<th>Past Year</th>
<th>Current Year</th>
<th>Projected Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty (Full Time)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty (Part Time)</td>
<td></td>
<td></td>
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<tr>
<td>Visiting Lecturers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other (please specify):</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Supplies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructional Supplies</td>
<td></td>
<td></td>
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<tr>
<td>Office Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books/Texts</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rentals</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Computer Supplies</td>
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<td>Software</td>
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<td></td>
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<tr>
<td>Other (please specify):</td>
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<td></td>
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<tr>
<td><strong>Other Operating Expenses</strong></td>
<td></td>
<td></td>
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<tr>
<td>Contracted Services</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Postage/Freight</td>
<td></td>
<td></td>
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<tr>
<td>Faculty/Staff Training and Development</td>
<td></td>
<td></td>
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<tr>
<td>Professional Memberships</td>
<td></td>
<td></td>
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<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Program Recruitment and Advertising</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catalogs/Brochures</td>
<td></td>
<td></td>
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<tr>
<td>Accreditation</td>
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<td></td>
<td></td>
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<tr>
<td>Equipment Maintenance</td>
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<tr>
<td>Leased Equipment</td>
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<tr>
<td>Other (please specify):</td>
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<td></td>
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</tr>
<tr>
<td>Capital Purchases</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Affiliation Agreement

**INSTRUCTIONS:** Provide copy of formal affiliation agreement or memorandum of understanding if academic and clinical didactic and supervised practice are provided by two or more institutions.
Part V: Operational Policies

Part V must include:
1. Information provided to prospective students ......................................................... 37
2. Information provided to enrolling students .............................................................. 37
3. Policy on reporting substantive changes in program ................................................. 37

Required for:
☑ Ophthalmic Assistant Program (Non-Clinical/Clinical)
☑ Ophthalmic Technician Program
☑ Refractionist Program
☑ Ophthalmic Medical Technologist Program
Operational Policies

INSTRUCTIONS: Describe when the following information is given to students and provide examples, as indicated below.

1. Description of information provided to prospective students
   - Narrative statement and examples should state when the following information is provided:
     - Application packet
     - Admissions policies and procedures
     - Institutional tuition, fees, expenses
     - Institutional financial aid information
     - Advanced placement options (if applicable)
     - Prerequisite coursework requirements
     - Technical standards for the profession
     - Student selection into the program
     - Sponsors institutional and programmatic accreditation status
     - Student tuition accurately stated

2. Description of information provided to enrolling students
   - Narrative statement and examples should state when the following information is provided:
     - Program policy manual (student handbook or technical bulletin)
     - Financial aid information (relating to program)
     - Minimum grade point average
     - Additional performance requirements
     - Program policies and procedures
     - Communicable disease policies
     - Academic and personal counseling availability
     - Program handbook (if applicable)
     - Clinical handbook (if applicable)
     - Process for ongoing student evaluation
     - Fair practices information
     - Resources and services available to students
     - Student grievance procedure
     - Faculty grievance procedure

3. Policy for reporting substantive changes in the program
Part VI: Students

Part VI must include:

Policies on the following:
1. Admission policies
2. Guidance
3. Assessment
4. Frequency
5. Documentation
6. Student and faculty grievance
7. Student withdrawal
8. Student employment
9. Student records
10. Student certification

Complete the following:
11. Annual report documentation (template)
   - Program information (template)
   - Program evaluation (template)
   - Program retention (template)
12. Employer surveys (template)
13. Graduate surveys (template)
14. Student Questionnaire (template)
   - Copies must be submitted anonymously to the IJCAHPO office prior to submission of the self-study. Submit a brief narrative describing how the surveys were distributed.

Required for:
- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program
Students

INSTRUCTIONS:
Provide copies of policies on the following:

1. Admission
2. Guidance
3. Assessment
4. Frequency
5. Documentation
6. Student and faculty grievance
7. Student withdrawal
8. Student employment
9. Student records
10. Student certification

Complete the following:

11. Annual report documentation (Template page 40)
   • Program information (Template page 40)
   • Program evaluation (Template page 40)
   • Program retention (Template page 41)

12. Employer surveys (Example page 42)
13. Graduate surveys (Example page 44)
14. Student questionnaire (Template 47)
Annual Report Documentation

INSTRUCTIONS: Complete the following using the template provided. This information is also contained in the IJCAHPO Annual Report.

PROGRAM INFORMATION:

<table>
<thead>
<tr>
<th>Non-Clinical/ Clinical Assistant</th>
<th>Technician</th>
<th>Medical Technologist</th>
<th>Refractionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Program duration (in months)  
Certificate/degree awarded to graduates
Maximum number of students per class
Month(s) students complete program
Total number of students currently enrolled
Date(s) of graduation
Tuition for first year (in U.S. dollars)
Tuition for second year (in U.S. dollars) (if applicable)

Documentation for Program Evaluation

PROGRAM EVALUATION: Describe the strategy for monitoring community needs and program effectiveness. Provide results of monitoring, a statement of conclusions, and plans to address areas of concern. Results should include survey responses from students, faculty, graduates, and employers.
**Program Retention**

**Program Retention:** The program should demonstrate that student retention is maintained at a level appropriate to the institution and its mission and meets any other legal or accreditation criteria. If any information is unavailable, please provide a narrative statement regarding why the information is not included and an action plan for collecting the information in future years. Please provide data for the last three graduating classes.

<table>
<thead>
<tr>
<th>Year of Graduation (Calendar Year)</th>
<th>20__</th>
<th>20__</th>
<th>20__</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number entering class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number graduates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach explanation of attrition, if any</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Certification Exam Results**

| Number taking certification exam |      |      |      |
| Number becoming JCAHPO certified |      |      |      |

**Employment Outcomes**

| Number of students employed within 6 months of graduation |      |      |      |
| Number of students not employed within 6 months of graduation |      |      |      |
| Number of students with unknown employment status |      |      |      |


**Employer Survey Example**

**INSTRUCTIONS:** The primary goal of an educational program is to prepare the graduate to function as a competent ophthalmic allied health professional. This survey is designed to help the program faculty determine the strengths and areas for improvement of the program. Data will be used for program evaluation purposes. We request that this survey be completed by the graduate’s immediate supervisor.

Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select N if you do not know about a particular area.

5 Strongly Agree 4 Generally Agree 3 Neutral 2 Generally Disagree 1 Strongly Disagree N Not Applicable

Name of Graduate:___________________________________________________________

Institution Name:__________________________________________ Program Number:__________________________

Length of employment at time of evaluation: _______ years and _______ months.

What credentials as an employer do you require of your ophthalmic medical personnel (select all that apply)?

☐ COA ☐ COT ☐ COMT ☐ ROUB ☐ Other (specify): ______________

I. **Knowledge Base** (Cognitive Domain)

The graduate:

A. Has the ophthalmic knowledge necessary to function in a healthcare setting 5 4 3 2 1 N

B. Has the general medical knowledge necessary to function in a healthcare setting 5 4 3 2 1 N

C. Is able to collect data from charts and patients 5 4 3 2 1 N

D. Is able to interpret patient data 5 4 3 2 1 N

E. Is able to recommend appropriate diagnostic and therapeutic procedures 5 4 3 2 1 N

F. Uses sound judgment while functioning in a healthcare setting 5 4 3 2 1 N

Comments:

II. **Clinical Proficiency** (Psychomotor Domain)

The graduate:

A. Effectively performs a broad range of clinical skills 5 4 3 2 1 N

B. Possesses the skills to perform patient assessment 5 4 3 2 1 N

C. Is able to perform current ophthalmic procedures and modalities 5 4 3 2 1 N

D. Is able to perform and interpret diagnostic procedures 5 4 3 2 1 N

Comments:
III. Behavioral Skills (Affective Domain)

The graduate:

A. Communicates effectively within a healthcare setting 5 4 3 2 1 N
B. Conducts himself/herself in an ethical and professional manner 5 4 3 2 1 N
C. Functions effectively as a member of the healthcare team 5 4 3 2 1 N
D. Accepts supervision and works effectively with supervisory personnel 5 4 3 2 1 N
E. Is self-directed and responsible for his/her actions 5 4 3 2 1 N

Comments:

IV. Overall Rating

Please rate and comment on the overall quality of this graduate 5 4 3 2 1 N

Comments:

V. Additional Comments

What qualities or skills (if any) did you expect of the graduate upon employment that he/she did not possess?

Please provide comments and suggestions that would help this program to better prepare future graduates.

What are strengths of the graduate(s) of this program?

If given the opportunity, would you hire another graduate from this program? Yes / No

Thank You!

_________________________________________  ___________________________  ________________________
Signature                          Date                               Title
**Graduate Survey Example**

**INSTRUCTIONS:** The primary goal of an educational program is to prepare the graduate to function as competent ophthalmic medical technician. This survey is designed to help the program faculty determine the strengths and areas for improvement of the program. Data will be used for program evaluation purposes.

Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select N if you do not know about a particular area.

5 **Strongly Agree**  4 **Generally Agree**  3 **Neutral**  2 **Generally Disagree**  1 **Strongly Disagree**  N **Not Applicable**

Name of Graduate: 

Institution Name: 

Program Number: 

Length of employment at time of evaluation: _______ years and ________ months.

What program did you complete:  

- [ ] Non-Clinical Assistant  
- [ ] Clinical Assistant  
- [ ] Technician  
- [ ] Refractionist  
- [ ] Medical Technologist  

Credential Status (select all that apply):  

- [ ] COA  
- [ ] COT  
- [ ] COMT  
- [ ] ROUB  
- [ ] CDOS  
- [ ] Other (specify):  

**I. Knowledge Base (Cognitive Domain)**

- A. Helped me acquire the ophthalmic care knowledge necessary to function in a healthcare setting  
- B. Helped me acquire the general medical knowledge base necessary to function in a healthcare setting  
- C. Prepared me to collect data from charts and patients  
- D. Prepared me to interpret patient data  
- E. Prepared me to evaluate findings in order to perform appropriate procedures  
- F. Trained me to use sound judgment while functioning in a healthcare setting

Comments:

**II. Clinical Proficiency (Psychomotor Domain)**

- A. Prepared me to perform a broad range of skills  
- B. Prepared me with the skills to perform patient assessment  
- C. Prepared me to perform up-to-date ophthalmic procedures  
- D. Prepared me to perform and interpret diagnostic procedures

Comments:
III. Behavioral Skills (Affective Domain)

The program:
A. Prepared me to communicate effectively within a healthcare setting 5 4 3 2 1 N
B. Prepared me to conduct myself in an ethical and professional manner 5 4 3 2 1 N
C. Prepared me to manage my time efficiently while functioning in a healthcare setting 5 4 3 2 1 N

Comments:

IV. General Information

Select Yes or No
A. I have actively pursued attaining my credentials
   Yes   No
B. I am a member of an ophthalmic professional association
   Yes   No
C. I actively participate in continuing education activities
   Yes   No

Comments:

V. Overall Rating of the Program

Please rate and comment on the OVERALL quality and your preparation as an ENTRY-LEVEL ophthalmic medical technician 5 4 3 2 1

Comments:

VI. Additional Comments

Based on your work experience, please identify several strengths of the program.

Based on your work experience, please make several suggestions to further strengthen the program.
Which qualities/skills (if any) were expected of you upon employment that was/were not included in the program?

Please provide comments and suggestions that would help to better prepare future graduates.

Thank you!  Date _______________
Student Questionnaire Distribution Narrative

**INSTRUCTIONS:** Describe, in narrative format, how and when the surveys were distributed to all currently enrolled students and how the surveys will be returned to the IJCAHPO office.
Student Questionnaire

INSTRUCTIONS: All currently enrolled students are to be given a copy of the Self-Study Student Questionnaire prior to submission of the self-study. Questionnaires are to be returned directly to IJCAHPO by the student.

Directions to the Student: In order to assist IJCAHPO in a fair and complete evaluation of the program, please complete this questionnaire and return it directly to IJCAHPO. For your convenience and to assure confidentiality send your questionnaire to: accreditation@ijcahpo.org.

When answering the questions below, please explain any “No” selections in the space provided following each question.

Name of Sponsoring Institution: ______________________________ Program Number: ________________

How many months have you been enrolled in this program? ______________________________

ADMISSIONS

1. Do you believe that the criteria for admission to this program are fair and related to potential success in this program? □ Yes □ No

2. Was the IJCAHPO accreditation status of the program made clear to you at the time of your admission? □ Yes □ No

3. Were the policies and requirements of the program clearly explained to you? □ Yes □ No

4. Are those policies and requirements fairly and objectively followed by the program? □ Yes □ No

5. Are you aware of the institution’s student grievance (complaint) procedure? □ Yes □ No

CURRICULUM

6. Do you feel all required, non-ophthalmic courses are appropriate? □ Yes □ No
   If No, which are not?

7. Do you feel the courses in the program are sequenced to facilitate your learning? □ Yes □ No
   If No, which are not?
INSTRUCTION
8. Is the instruction in the ophthalmic courses clear and helpful?  Yes  No

9. Are the tests and quizzes related to the content of the courses?  Yes  No

10. Are the tests and quizzes fair?  Yes  No

CLINICAL EXPERIENCE
11. Do all students receive similar and equitable clinical experiences?  Yes  No  NA

12. When you are in clinical (include all experiences, not just your externship), do you always know who your supervisor/instructor is?  Yes  No  NA

13. Are clinical assignments given to you primarily educational in nature?  Yes  No  NA

PHYSICIAN INPUT
14. On average, about how many hours per week are you instructed by a physician, either in the classroom or in the clinical setting? ________ hours/week

15. Is the physician instruction helpful and relevant to you?  Yes  No

16. Do you feel competent to interact with physicians?  Yes  No

OVERALL EVALUATION
17. What do you feel are the strongest part(s) of the program?

18. What do you feel are the weakest part(s) of the program?
19. Would you recommend this program to a friend? □ Yes □ No

20. Would you prefer to go to another program? □ Yes □ No

21. Please make any additional comments pertaining to this program you feel would be helpful to IJCAHPO. Please remember that favorable comments are just as helpful as critical comments.
Part VII: Program Matrix

Part VII must include:
1. Completed Program Competency Matrix (template) ............................................................ 52

Required for:
- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program
## Program Competency Matrix

**INSTRUCTIONS:** Complete the matrix below documenting when/where the listed competencies are taught within the program. If a competency is a prerequisite to admission to the program, indicate it is a prerequisite and describe how competency is evaluated.

### Competencies Required for Ophthalmic Assistant (Non-Clinical/Clinical), Ophthalmic Technician, Refractionist, and Ophthalmic Medical Technologist Programs

<table>
<thead>
<tr>
<th>Competency</th>
<th>Course in which competency is taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Medical Terminology</td>
<td>OPH 101: General and Ocular Medical Knowledge</td>
</tr>
<tr>
<td>Example: Medical Terminology</td>
<td>Prerequisite. Students required to have prior allied health background prior to enrolling in program.</td>
</tr>
</tbody>
</table>

**Clinic and Personnel Functions**

**Medical Ethics, Regulatory, and Legal Issues**

**Communication Skills, Patient Education, and Ophthalmic Counseling**

**Ophthalmic Patient Services and Relations**

**Community Health Eye Care**

**Safety**

**Administrative Duties**

**Medical Terminology**

**General and Ocular Anatomy and Physiology**

**Pharmacology**

**Microbiology**

**History Taking**

**Cardiopulmonary Resuscitation**

**Vital Signs**

**Visual Assessment**

**Visual Fields**

**Pupillary Assessment**

**Lensometry**

**Keratometry**

**Tonometry**

**Supplementary Tests**

**Clinical Equipment and Supplies Maintenance**

**Examination of the Eye and Face**
<table>
<thead>
<tr>
<th>Intermediate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Optics</td>
</tr>
<tr>
<td>Biometry</td>
</tr>
<tr>
<td>Eye Diseases</td>
</tr>
<tr>
<td>Systemic Diseases</td>
</tr>
<tr>
<td>Low Vision</td>
</tr>
<tr>
<td>Surgical Procedures</td>
</tr>
<tr>
<td>Refractometry, Retinoscopy, and Refinement</td>
</tr>
<tr>
<td>Contact Lenses</td>
</tr>
<tr>
<td>Spectacle Skills</td>
</tr>
</tbody>
</table>

**Additional Competencies Required for Ophthalmic Technician and Ophthalmic Medical Technologist Programs**

| Advanced Skills |
| Ocular Motility - Advanced |
| Supplementary Tests - Advanced |
| Ophthalmic Imaging |
| General Psychology |
| Special Diagnostic Testing |

**Additional Competencies Required for Refractionist Program**

| Physiologic Optics |
| Optical Dispensing |

**Additional Competencies Required for Ophthalmic Medical Technologist Programs**

| Supervision and Training Support |
| Electrophysiology |
| Physiologic Optics |
| Abnormalities of Binocular Vision |
Part VIII: Rotation, Clinical Site, Competencies

Part VIII must include:
1. Completed Clinical Rotation Matrix for all currently enrolled students (example) ........................................ 55
2. Completed Clinical Site List (example) ........................................................................................................ 56
3. Master List of Clinical Competencies Required for Graduation (example) ........................................... 56

Required for:
- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program
**Completed Clinical Rotation Matrix Example**

**INSTRUCTIONS:** Complete the following matrix. All enrolled students must be included. All clinical rotations for each student must be listed. Add or delete lines as necessary.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Rotation 1 Dates Days</th>
<th>Rotation 2 Dates Days</th>
<th>Rotation 3 Dates Days</th>
<th>Rotation 4 Dates Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example Jane Doe</td>
<td>Eastern Hospital 9/4 to 12/21/13 M, W, F</td>
<td>Midwestern Hospital 1/15 to 5/16/13 M, W, F</td>
<td>Mountain Hospital 6/8 to 8/14/13 M, W, F</td>
<td>Western Hospital 9/5 to 12/21/13 T, Th</td>
</tr>
</tbody>
</table>
### Completed Clinical Site List

**INSTRUCTIONS:** Complete the matrix below for all clinical sites used by the program.

<table>
<thead>
<tr>
<th>Clinical Site Name</th>
<th>City, State/Province</th>
<th>Clinical Instructor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: University Hospital</td>
<td>Toronto, Ontario</td>
<td>Mary Smith, COA</td>
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### Master List of Clinical Competencies Required for Graduation Example

**INSTRUCTIONS:** In the table provided below, include all competencies students are required to complete at the clinical site prior to graduation. Add or delete lines as necessary.

<table>
<thead>
<tr>
<th>Competency Name</th>
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</thead>
<tbody>
<tr>
<td>Example: Perform cover tests</td>
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Return to: IJ CAHPO, 2025 Woodlane Drive, St. Paul, MN 55125-2998 USA