

### **Criteria and Application for**

# Continuing Education Providers

for Allied Ophthalmic Personnel



INTERNATIONAL JOINT COMMISSION ON ALLIED HEALTH PERSONNEL IN OPHTHALMOLOGY®

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### Certification and Education for Eye Care Excellence

A link to submit materials is available at jcahpo.co/CECSubmit

800-284-3937 • www.jcahpo.org

#### **TABLE OF CONTENTS**

#### **GENERAL INFORMATION**

Mission Statement	. 3
Goal	. 3
Process	
Program Director/Contact Person Responsibilities	. 3
Definition of Terms	. 3
Program Process Flowchart	. 4

#### POLICIES

Α.	Format	5
	CE Credit	
	Content	
D.	Copyright Laws	7
E.	Course Categories	7
F.	Speaker Code of Conduct and Responsibility	8
G.	Faculty Qualifications	8
Η.	Publication on IJCAHPO Website	8
١.	Brochure/Promotional Material	8
	Advertising IJCAHPO CE Credit Hours	
	Disclaimers	9
L.	Sponsorship, Commercial Support, and Conflict	
	of Interest Guidelines; Disclosures	
	Compliance	
	Attendance and Evaluation Records	
	Application Deadline and Expiration 1	
Ρ.	Program Changes 1	10
Q.	Course Denial.	10
R.	Course Cancellation	10
	Retroactive CE Credit	
T.	Program Fees	10

#### FORMS

Application Checklist and	
Program Schedule Example	2
Application	
Lecture Template	
Speaker Form	
Sign-In Sheet Template	6
CE Credit Reporting Form Template 1	7
Program Evaluation Form	8
Frequently Asked Questions (FAQs)	9

#### CRITERIA AND APPLICATION FOR CONTINUING EDUCATION PROVIDERS

IJCAHPO continuing education credit is the internationally recognized benchmark for excellence in continuing education for Allied Ophthalmic Personnel (AOP). We appreciate your organization's interest in providing IJCAHPO-accredited continuing education opportunities for AOP.

The IJCAHPO *Criteria and Application for Continuing Education Providers* is also available on our website at www.jcahpo.org/education/ce-providers.

This criteria and application handbook supersedes all previous editions of the *Criteria and Application for Continuing Education Providers* currently available.

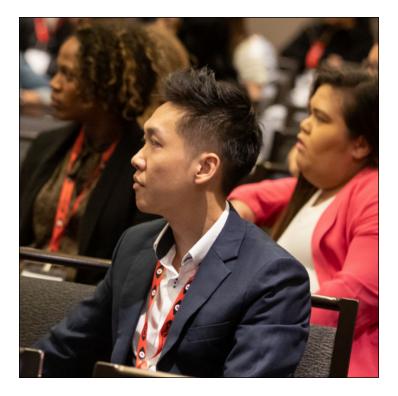
#### **GENERAL INFORMATION**



#### Certification and Education for Eye Care Excellence

#### **MISSION STATEMENT**

To promote global eye health and prevent blindness through training program accreditation, education, and the certification of Allied Ophthalmic Personnel.



#### GOAL

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

#### **PROCESS**

Programs submitted to IJCAHPO to be reviewed for CE credit are processed at the IJCAHPO office and forwarded for review to the IJCAHPO CE Credit Review Committee, which is comprised of ophthalmologists and certified AOP. This committee sets policy, reviews each submission, and awards CE credit if the established criteria are met. Applications and content are confidential.

#### Application Must Be Completed to Be Accepted

- All applications must include all applicable items.
- All fees must be included for your application to be considered complete.
- Incomplete applications will not be accepted.
- All applications must be uploaded directly to IJCAHPO.
- Applications by mail or fax will only be accepted with prior approval.
- Forms must be typed. Handwritten forms will not be accepted.

#### PROGRAM DIRECTOR/CONTACT PERSON RESPONSIBILITIES

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

- (A) Planning and/or coordinating the program
- (B) Applying for CE credit
- (C) Implementing and evaluating the program
- (D) Retaining participant roster, sign-in sheets, completed quizzes, and program evaluations
- (E) Providing CE credit reporting forms
- (F) Submitting the registration list and attendence records to IJCAHPO

#### **DEFINITION OF TERMS**

**Accredited:** Officially recognized as meeting the essential continuing education requirements.

**CME:** Continuing Medical Education.

**CPD:** Continuing Professional Development.

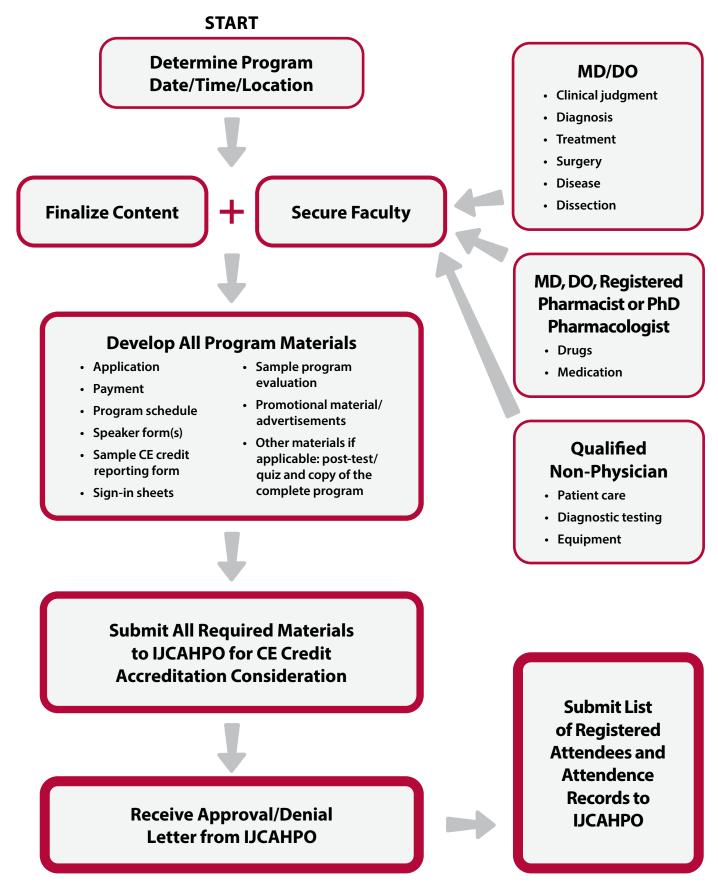
**Host Organization:** The organization or individual who hosts an educational event whose duties include (but are not limited to) holding the event, promoting the event, securing conference space, collecting registrations, and covering expenses.

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

IMPORTANT: The program must be submitted in its entirety. Partial programs are not accepted.

#### **GENERAL INFORMATION**

#### **PROGRAM PROCESS FLOWCHART**



#### A. FORMAT

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

- (1) Classroom (On-Site)
- (2) Live Stream
- (3) On-Demand Event
- (4) Distance Learning

#### (1) Classroom (On-Site) Education/Training Definition:

Classroom—or on-site—education/training is the traditional form of learning in which students come to a classroom or other location where learning and instruction take place with an instructor in the room (lectures, seminars, learning labs [workshops], and panel discussions).

Instructors who will be at a distance from the attendees may be accepted as part of a classroom program if all of the following conditions are met:

- The instructor takes questions from the audience in real time.
- All attendees are in the same location.
- Regular classroom attendance monitoring procedures are in place.
- Information regarding a presenter being at a distance from the attendees must be provided at the time of application.

#### (2) Live Stream Education Definition:

Live Stream education is a one-time educational program that is being delivered through a live broadcast over the internet, intranet, local network, or any other media in which the instructor is at a distance from the audience and the conditions for a classroom program cannot be met. Participants must attend at the time of the event.

#### (3) On-Demand Event Definition:

On-demand event education is defined as courses delivered through a broadcast over the internet, intranet, local network, or any other media in which the instructor is at a distance from the audience. Ondemand events can only be available to attendees for a maximum of two months. Attendees can watch courses at their own pace.

#### (4) Distance Learning Education Definition:

Distance learning education is defined as a course/program that is delivered outside of the classroom, i.e., online, email, webinar, live stream re-broadcasting, publications, and mail. Distance learning can also be in combination with traditional classroom (on-site) education/training that includes teacher and student interaction (additional fees may apply). Delivery format may be electronic, online, CD, DVD, webinar, or print media. Courses are typically posted online as enduring content for any program/ courses longer than two months.

#### CALCULATE THE NUMBER OF CREDITS REQUESTED AND PAYMENT OF FEES

- 1) Add the **total number of minutes** for all courses that are submitted for credit.
- 2) Divide the **total number of minutes** for all courses by 60 to find the **total number of hours**.
- 3) Round the *total number of hours* up or down to the nearest quarter hour to determine the *total number of credits requested*.

- Example: A program has 8 courses that are 50 minutes long.
  - 1) 8 courses  $\times$  50 minutes = 400 minutes (total number of minutes)
  - 2) 400 minutes  $\div$  60 = 6.67 hours (total number of hours)
  - 3) Total number of credits requested = 6.75 credits

#### **SUBMISSION GUIDELINES**

#### **All Programs**

- The entire CE program must be submitted for credit. Partial programs and programs less than 30 minutes are not accepted.
- Programs must be submitted in full and include course descriptions, learning objectives, speaker forms, CE credit reporting forms, promotional materials, sign-in sheets, evaluations, completed application, and appropriate fees.
- Programs must be submitted in electronic form via ShareFile. All forms must be typed. Handwritten forms will not be accepted.
- Fees are charged for each individual title or topic. Topics may not be grouped for distance learning and submitted together as one course.

#### **Application Must Be Complete to Be Accepted**

- All applications must include all applicable items.
- All fees must be included for your application to be considered complete.
- IJCAHPO will not accept incomplete applications.

#### **Game Show Specific Guidelines**

• The entire game show program must be submitted for review, along with all other required materials. Partial submissions will not be accepted.

#### Live Stream and On-Demand Event Specific Guidelines

- Programs must include a quiz unless a quiz waiver has been requested. Please see details under "Quiz" below.
- If host organizations wish to re-broadcast the recording, they must complete a new application.

#### **Distance Learning Specific Guidelines**

- Programs must include a quiz. Please see details under "Quiz" below.
- Online access to review courses must be granted or submitted electronically.
- When submitting for CE credit, programs must include the post-test/quiz and correct answers.
- Programs are not eligible for quiz waivers.
- Text-based programs must be submitted as a Word document.

#### Quiz

- Live-stream, on-demand event, and distance learning programs must include a post-test/quiz and evaluation.
   Post-test/quiz must contain a minimum of 4 multiple-choice questions and should contain 4 questions per CE credit hour requested. Only those students who receive a passing grade (75% or higher) on the post-test/quiz and complete the program evaluation may receive IJCAHPO CE credit.
- All quizzes must be formatted according to the following standards:
  - 1.) Each question must be related to course content.
  - 2.) Each question must contain 1 correct answer.

- 3.) Each question must include 2 or 3 distractors (incorrect answers).
- 4.) Distractors must be plausible.
- 5.) "All of the above," "none of the above," or "A and B" type distractors are not accepted.
- 6.) True/false questions are not accepted.

#### **Quiz Waiver**

- If host organizations can prove registrants attended a live stream or on-demand event, the IJCAHPO CE Credit Review Committee will consider waiving the post-test/quiz for the entire live stream/ on-demand event program. A detailed description on how this will be done must be submitted with the application.
- Applications that include a quiz waiver request must be submitted five (5) or more weeks prior to the program start date and cannot be rushed.

#### **B. CE CREDIT**

#### **All Programs**

- CE credit is awarded for actual instruction time, including question and answer periods. CE credit is not awarded for time spent in registration, breaks, or completion of evaluation forms. Programs less than 30 minutes are not accepted.
- CE credits are awarded on a 1:1 basis per course hour (60 minutes), not per day, and are awarded in 15-minute increments.
- The IJCAHPO CE Credit Review Committee determines the number of awarded credits using the same calculation formula for the submission and payments of credits.
- CE credits are earned only for courses actually attended. Credits are denied for missing more than 25% of any course.
- Proof of CE credit earned may not be provided to attendees until an approval/denial letter has been received. Host organizations should contact IJCAHPO if they have not received their approval/ denial letter two business days prior to the program date.
- It is the host organization's responsibility to provide proof of credit earned to attendees. Host organizations must fill out the credit reporting form including the attendee's name and credits earned.
- Blank credit reporting forms are not to be distributed.
- The contact person/host orgranization is required to retain post-test/quiz answers, sign-in sheets, registration lists, evaluations, and CE credit reporting forms for each individual for a minimum of three (3) years due to IJCAHPO recertification cycles and audit purposes.
- If you falsify your application or CE credit reporting forms, falsely advertise your CE program's accreditation status, etc., all CE credits will be revoked from your program, and future applications may be denied.

#### Classroom (On-Site) Education/Training

• CE credit is awarded for the specific date it is requested. These programs may be repeated (with the exception of in-service training). If the content, faculty, or duration changes, the course must be submitted as a new application.

#### **Live Stream Education**

• CE credit is awarded for the specific date it is requested and is valid for the date of the program only.

- All attendees must be on-line and in attendance at the time of the event.
- These programs cannot be repeated. A new application must be completed for each event.
- If host organizations wish to post recordings online, a new distance learning application must be submitted.

#### **On-Demand Event**

- These programs cannot be repeated. A new application must be completed for each event.
- If host organizations wish to post recordings online after the event, a new distance learning application must be submitted

#### **Distance Learning Education**

- CE credit is awarded for two years in one payment. These programs cannot be repeated. After two (2) years, the program must be submitted as a new distance learning application.
- List the total time in hours/minutes for participants to meet all requirements of the activity. Clearly describe the method used to determine the request for an appropriate number of CE credits. One method is pilot testing, in which individuals who represent the target audience complete the learning activity and document the time required to complete it, including the post-test/quiz.
- Articles of printed materials must contain 7,500–12,000 words to be awarded 1 CE credit, depending on difficulty.
- Articles must be submitted in Microsoft Word format with the word count.
- Video(s) must be submitted for video-based courses.
- If the program is based on a slide-type presentation (such as PowerPoint), a typical 1 CE credit course must contain a minimum of 70 slides of actual content.
- Distance learning CE credits are NOT awarded on time alone; content will also be considered.
- The expiration date of the awarded CE credit must be published.
- Attendance records must be submitted quarterly.

#### **C. CONTENT**

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

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

#### Description

Include a brief course description for each lecture or workshop.

#### **Learning Objectives**

In measurable terms, include a document that describes what the audience should be able to demonstrate upon completion of the course.

#### Prerequisite

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

#### **D. COPYRIGHT LAWS**

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

#### **E. COURSE CATEGORIES**

All ophthalmology (eye-care) related topics, regardless of the relation to an examination content area, can be accredited for IJCAHPO CE credit for classroom (lecture), workshops, and distance learning courses. Courses/seminars must be submitted to, and approved by, IJCAHPO's CE Credit Review Committee to qualify for CE credit.

TOPICS ACCEPTED FOR CE CREDIT						
Any Ophthalmic-Related Topic Examples include, but are not limited to, the following:						
	PR courses approved by recognized organizations (such a lance, etc.) for CE credits. Courses need not be submitted					
<ul> <li>Anatomy and Physiology</li> <li>Artificial Eyes (Prosthetics)</li> <li>Aseptic Technique</li> <li>Basic Skills: e.g., Tonometry, Lensometry, Visual Fields</li> <li>Bloodborne Pathogens</li> <li>Certification Examination Review Courses (except COA)</li> <li>Chart Documentation/EMR/EHR</li> <li>Clinical Efficiency and Quality Assurance</li> <li>Clinical Optics</li> <li>Clinical Research</li> <li>Coding</li> <li>Color Vision</li> <li>Communicable Diseases (AIDS/HIV)</li> <li>Communicating with Patients Using English as a Second Language</li> <li>Contact Lenses</li> <li>Cultural Impact on Health Care—Caring for a Global Patient</li> <li>Diseases of the Eye</li> <li>Emergency Preparedness</li> <li>Equipment/Product Training</li> </ul>	<ul> <li>Eye Banking</li> <li>Frame/Spectacle Design</li> <li>General Medical Knowledge</li> <li>Governmental &amp; Regulations: <ul> <li>e.g., Medicare (US)/OHIP (CA)</li> <li>or OSHA (US)/CCOHS (CA)</li> </ul> </li> <li>Guide Dogs for the Blind</li> <li>History Taking</li> <li>Instrument Maintenance</li> <li>Instruments</li> <li>Medical Ethics &amp; Professionalism</li> <li>Medicine: Alternative Therapies: <ul> <li>e.g., Herbal Medicine</li> <li>Microbiology</li> <li>Nutrition</li> <li>Ocular Motility</li> <li>Ocular Pharmacology</li> <li>Oculoplastics (Botox<sup>®</sup>)</li> <li>Ophthalmology in Developing Countries</li> <li>Patient Services</li> <li>Photography</li> <li>Pre-operative Preparation of Patient</li> <li>Refraction (Retinoscopy and Refinement)</li> </ul> </li> </ul>	<ul> <li>Risk Management and Legal Implications of Documentation</li> <li>Special Instruments and Techniques</li> <li>Special Needs Patient Care Skills</li> <li>Surgical Procedures and/or Complications</li> <li>Technician's Role in Medical Legal Proceedings</li> <li>Training and Supervision of Ophthalmic Personnel</li> <li>Veterinary Ophthalmology</li> </ul> CPD Topics Related to an Ophthalmic Practice <ul> <li>Case Studies</li> <li>Information Technology (Medical-Related)</li> <li>Interprofessional Team-Based</li> <li>Patient/Customer Services</li> <li>Patient Problem Solving Techniques</li> <li>Quality Improvement</li> <li>Scheduling</li> <li>Telephone Techniques</li> </ul>				
TOPICS NOT ACCEPTED FOR CE CREDIT						
Examples include, but are not limited to, the following:						
<ul> <li>Art and Computer-Generated Graphics and Software</li> <li>COA Certification Examination Review Courses</li> <li>Completion of Evaluations</li> <li>Conflict Resolution</li> <li>Effective Communications (Generic)</li> </ul>	<ul> <li>Human Resources (HR)</li> <li>Listening Skills</li> <li>Marketing</li> <li>Merits of Certification</li> <li>Practice Management: e.g., Compensation and Benefits, Marketing, Strategic Planning</li> </ul>	<ul> <li>Personality Traits</li> <li>Principles of Supervision/Adult Learning</li> <li>Sales</li> <li>Stress Management</li> <li>Team Building</li> <li>Topics Not Unique to Eye Care</li> <li>Work-Life Balance</li> </ul>				

#### F. SPEAKER CODE OF CONDUCT AND RESPONSIBILITY

As the leading provider of CE credits, IJCAHPO is committed to ensure all IJCAHPO-accredited CE activities provide a fair, balanced, and objective program. Further, it is our intent that any financial/commercial interest or conflict of interest a speaker has must be disclosed to IJCAHPO and all participants of the program, regardless of relationship to topic.

By agreeing to participate as a speaker for IJCAHPO or any IJCAHPO-accredited educational activity, the speaker agrees to exercise particular care so that no detriment to IJCAHPO or attendees will result because of their financial or commercial interest in another organization, product, or their consulting work for another organization. The speaker agrees that they will not promote their own personal bias upon attendees, and that they will not sell and/or solicit from the podium or at any time during the program for their own personal and/or financial gain.

#### **G. FACULTY QUALIFICATIONS**

The following faculty qualifications apply to all educational formats (refer to Policy: Format)

#### Clinical Judgment, Disease, Medical Diagnosis, Medical Treatment, Dissection, or Surgery

Courses that involve the above topics must be taught or principally authored by a medical doctor (MD) or a doctor of osteopathy (DO). If a non-MD or non-DO is presenting or authoring the course on any of these topics, an MD or DO must develop and deliver at least 51% of the course.

#### Pharmacology

Courses on pharmacology must be taught or principally authored by a registered pharmacist, PhD pharmacologist, medical doctor (MD), or doctor of osteopathy (DO). Incidental references to pharmacological agents do not violate this policy.

#### **Qualified Physician**

The physician\* must:

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

\*The American Medical Association's (AMA) definition of "physician" is accepted for IJCAHPO's purpose: "A physician is a medical doctor (MD) or doctor of osteopathy (DO) currently licensed to practice medicine and surgery in all its branches."

#### **Qualified Non-Physician**

The non-physician must:

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

#### **Certification Examination Review Courses**

Instructors for Certification Examination Review Courses must hold proper credentials, such as a medical doctor (MD), doctor of osteopathy (DO), or IJCAHPO certification at or above the level in which the course is being taught.

#### **Financial Interest Disclosure**

Instructors are required to declare any financial interest, relationship, or advisory capacity with any designated company, regardless of relationship to topic. Each speaker must complete AND sign the Speaker Form. The signature of the program provider/contact person will not be accepted.

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

Program evaluation forms must include a question for course attendees as to whether a financial interest was disclosed during the presentation.

#### **H. PUBLICATION ON IJCAHPO WEBSITE**

Accredited classroom (or on-site) programs will be published on IJCAHPO's website for up to 30 days prior to program date, if requested on the application for a fee.

#### I. BROCHURE/PROMOTIONAL MATERIAL

A copy of the brochure or promotional materials, including a link to the event webpage (if applicable), must be submitted with the application. If a final copy is not available at the time the application is submitted, a draft may be submitted until the final copy is available and sent to IJCAHPO.

#### J. ADVERTISING IJCAHPO CE CREDIT HOURS

**IMPORTANT:** Advertisement of IJCAHPO CE credits requested <u>**CANNOT**</u> be published anywhere until you receive written confirmation from IJCAHPO that your program application and required materials have been approved.

When advertising IJCAHPO CE credit hours in promotional materials, brochures, notices, electronic media, and websites, one of the following statements **MUST** be used:

CE credit requested, but not yet received:

1. "This program has been submitted to IJCAHPO for consideration of CE credit."

The number of CE credits requested, however, <u>CANNOT</u> be published and providers <u>CANNOT</u> use the statement "CE Credit Pending" in any advertisements.

CE credit received:

2. "This program has been accredited for \_\_\_\_\_ IJCAHPO CE credits."

Host organizations **MUST** publish the CE credit expiration date (for distance learning):

3. "The awarded CE credit expires on \_\_\_\_\_."

**IMPORTANT:** IJCAHPO-accredited CE programs may not use the IJCAHPO name or logo on any promotional material, course title, or infer in any way that the program is an IJCAHPO-sponsored program. Applicants for CE credit may not in any way advertise or promote, including internet metatags, any affiliation with or endorsement by IJCAHPO without the expressed written consent of IJCAHPO. Failure to comply with this provision will result in CE credit being revoked and future CE credit applications may be denied.

#### **K. DISCLAIMERS**

For all IJCAHPO-accredited CE programs, the following disclaimer is required on all publications (e.g., program advertisements, brochures, notices, etc.) and on the CE credit reporting forms:

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

#### **Certification Examination Review Courses**

In addition to the above disclaimer, courses intended to prepare attendees for IJCAHPO's certification examinations are required to have the following disclaimer on all publications (e.g., program advertisements, brochures, notices, etc.):

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

#### **Equipment/Product Training Courses**

Courses presented as training on the implementation of specific equipment or products are required to have the following disclaimer on all publications (e.g., program advertisements, brochures, notices, etc.):

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

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

All applications must identify all types of sponsorship or commercial support received for the program seeking CE approval. In addition to declaring that there is sponsorship or commercial support for a program, the host organization must list the sponsoring organization(s) and the amount of sponsorship/commercial support given for that program.

Additionally, the host organization applying for CE credit approval must be the organization managing the program (logistics, registrations, fees, speakers, etc.). Any breach of this will result in denial of any future CE approvals, revocation, or suspension as determined by IJCAHPO's CE Credit Review Committee.

Sponsorship declared for a given event must be differentiated from unrestricted educational grants offered. All programs must publish any sponsors or commercial supporters in all marketing collateral for the program.

#### **M.COMPLIANCE**

Failure to comply with IJCAHPO continuing education policies or the Speaker Code of Conduct and Responsibility, may result in denial or revocation of continuing education credits and participation in IJCAHPO-sponsored events.

#### **Revocation of IJCAHPO CE Credit**

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

- 1. Use or misrepresentation of IJCAHPO's name;
- 2. Use or misuse of the IJCAHPO name on any provider's marketing material without IJCAHPO's approval;
- 3. Misrepresentation of the information submitted in the application;
- 4. Failure to comply with IJCAHPO policies and procedures;
- 5. Misrepresentation of the advertised information for the activity;
- 6. Falsification of information on the CE credit reporting forms; or failure to provide IJCAHPO-required information on CE credit reporting forms;
- 7. Advertisement or transfer of IJCAHPO CE credit for an activity that has not been approved;
- 8. Misrepresentation or false representation to IJCAHPO or the participants; or
- 9. Falsifying applications or CE credit reporting forms.

#### N. ATTENDANCE AND EVALUATION RECORDS

Registration, attendance, evaluation, and quiz result (if applicable) records must be retained by the contact person/host organization for a minimum of three (3) years from the date of the presentation due to IJCAHPO recertification cycles and audit purposes. IJCAHPO reserves the right to audit the attendance records and courses listed, including course evaluations and quizzes. These records must be available to IJCAHPO and/or the attendee upon request, within this three-year time frame. The following statement must be used on all marketing and onsite programming and is required for all CE programs:

### CE credit for a course will be denied to individuals who miss more than 25% of that course.

Registration lists with attendee emails and attendence records must be submitted to IJCAHPO for audit and verification purposes.

#### Classroom (On-Site) Education/Training

A typed registration list with attendee emails, as well as signin sheets with printed names and signatures, must be sent to IJCAHPO within 30 days after the program date.

#### Live Stream or On-Demand Event

A typed registration list with attendee emails and attendance records must be sent to IJCAHPO within 30 days after the program date.

#### **Distance Learning Education**

A typed registration list with attendee emails and attendance records must be submitted quarterly.

#### O. APPLICATION DEADLINE AND EXPIRATION

	CLASSROOM	LIVE STREAM	ON- DEMAND EVENT	DISTANCE LEARNING
<b>Review Time</b>	<b>Review Time</b> 5–8 weeks 5–8 w		5–8 weeks	5–8 weeks
Submission Deadline	Five (5) weeks	Five (5) weeks	Five (5) weeks	Five (5) weeks
CE Credit Valid	Date of event	Date of event	Date of event	Two (2) years
Repeat	Yes, within 1 year (except in-service)	No	No No	
Rebroadcast	No	Requires new application	Requires new application	Requires new application

#### **All Programs**

A complete application must be submitted at least five (5) weeks prior to the program start date or a rush and/or late fee will be charged. See **Program Fees** for details.

#### **Distance Learning Education**

The expiration date of the awarded CE credit must be published. After two years, the program must be submitted as a new distance learning application.

#### P. PROGRAM CHANGES

If a host organization is requesting to change their educational format (after submitting their initial application) from classroom to live stream or distance learning, appropriate fees for the new format will be due. IJCAHPO will use the initial application fees towards the new format fees. If a host organization is requesting to change their educational format from live stream or distance learning to classroom, no refunds will be given.

#### **Q. COURSE DENIAL**

No refunds or credits will be issued when a course is denied CE credit approval by the IJCAHPO CE Credit Review Committee.

#### **R. PROGRAM CANCELLATION**

If the program is cancelled or postponed by the provider after submitting the application, no refunds will be issued. If a host organization would like to reschedule or change a program, a \$50 change fee will apply.

#### S. RETROACTIVE CE CREDIT

CE credit hours will not be awarded retroactively.

#### T. PROGRAM FEES

Fees are charged for each individual title or topic. Topics may not be grouped for distance learning and submitted together as one course. The CE fees are based on the total number of program hours. No partial program will be reviewed or qualify for CE credits. All applicable fees **MUST** be submitted with the application before the review process will begin.

#### Program Types

**In-Service Training:** Includes complimentary in-service training for its own staff by any employer (e.g., private practices, clinics, hospitals, academic, and education programs). These programs cannot be repeated. In-service training may include instruction on the use of ophthalmic equipment and instruments by company representatives when included as part of a longer program. Courses taught by outside consultants are not considered in-service training and consultant/business/industry fees will apply.

**Clinic/Hospital/Academic & Association/Society:** Includes any training where any registration fee is collected from attendees and/or is open to outside registrants.

**Consultant/Business/Industry:** Includes any education and training by consultants, pharmaceutical and instrument companies, and businesses.

#### Late Fees

A *LATE FEE* will be charged to process any complete application received less than five (5) weeks prior to the begin date of a program. Incomplete applications will not be accepted. Late fees will be determined by the date that the complete application (all materials and payment) is received.

#### **Rush Fees**

A **RUSH FEE** will be charged to process any application needing to be reviewed by a specific date. Any application received five (5) business days or less prior to the begin date of the program will automatically be charged a **RUSH AND LATE FEE**.

#### **Repeat Fees**

**Classroom:** A program may be repeated with IJCAHPO CE credit within one year from the begin date on the application (with the exception of in-service training), provided that the program

and faculty remain the same each time the program is repeated and the program evaluations continue to reflect a good rating by attendees. A repeat program must be held on a different date than the original program to be considered a repeat. Notification of the program date(s) and the appropriate fee for each repeat presentation must be submitted to IJCAHPO at least five (5) weeks prior to the start date of the repeated presentation(s), or a late fee will be charged. Please complete the application page and lecture template for all repeat orders.

If the content, faculty, or duration changes, a new application must be submitted. Repeat fees do not apply to programs or parts of programss happening on the same day.

**Live Stream & On-Demand Event**: These programs cannot be repeated. If host organizations wish to re-broadcast the recording, they must complete a new distance learning application.

**Distance Learning:** Courses are approved for two years in one payment. These programs cannot be repeated. After two (2) years, the program must be submitted as a new distance learning application.

#### **Reconsideration Fees**

Host organizations who challenge the decision of the IJCAHPO CE Credit Review Committee may request a one-time reconsideration. The **RECONSIDERATION FEE** is determined per CE hour reviewed. The reconsideration request must be in writing, include all required materials and fees, and must be received within 10 days of original notification by IJCAHPO. Please allow 5-7 business days for review of reconsideration requests.

#### **Appeal Fees**

If the host organization is not satisfied with the outcome of the reconsideration request, they may request a one-time appeal and must address specific reasons for the appeal. An **APPEAL FEE** of \$100 is charged for the process. Please allow a minimum of 60 days for review of appeals. All appeal decisions are final.

#### **Change Fees**

If the program is cancelled or postponed by the provider after submitting the application, no refunds will be issued. If a host organization would like to reschedule or change a program, a \$50 **CHANGE FEE** will apply.

	CLASSROOM	LIVE STREAM	ON-DEMAND EVENT	DISTANCE LEARNING	PROCESSING FEE					
	IN-SERVICE TRAINING (CLINIC/HOSPITAL/ACADEMIC)									
Program Fee	Program Fee         \$45 per hour         \$75 flat fee + \$45 per hour			\$75 flat fee + \$45 per hour	\$0					
Repeat Fee	No repeats	No repeats	No repeats	No repeats						
	CLIN	IIC/HOSPITAL/ACADEMIC (	OPEN TO OUTSIDE REGISTI	RANTS)						
Program Fee	\$75 per hour	\$100 flat fee + \$75 per hour	\$200 flat fee + \$75 per hour	\$750 flat fee + \$75 per hour	\$250					
Repeat Fee	\$75 first hour + \$20 per additional hour	No repeats	No repeats	No repeats, Valid for 2 years						
		ASSOCIATI	ON/SOCIETY							
Program Fee	\$115 per hour	\$150 flat fee + \$100 per hour	\$300 flat fee + \$100 per hour	\$1000 flat fee + \$100 per hour	\$250					
Repeat Fee	\$115 first hour + \$20 per additional hour	No repeats	No repeats	No repeats, Valid for 2 years						
CONSULTANT/BUSINESS/INDUSTRY										
Program Fee	Program Fee         \$150 per hour         \$350 flat fee + \$150 per hour         \$450 flat fee + \$150 per hour         \$1200 flat fee + \$150 per hour									
Repeat Fee	Repeat Fee         \$150 first hour +         No repeats           \$20 per additional hour         No repeats         No repeats			No repeats, Valid for 2 years						
OTHER FEES										
Late	\$250									
Rush         \$250         \$400         \$400         \$400										
Reconsideration	Reconsideration         Per CE hour reviewed									
Appeal		\$1	00							
Change	Change \$50									

This handbook contains writeable and downloadable forms for easy use.

#### **APPLICATION CHECKLIST**

#### All applications **MUST** include all applicable items. IJCAHPO will not process incomplete applications.

All fees **MUST** be included for your application to be considered complete.

#### ✓ CHECK WHEN COMPLETED

- **Lecture Content** (required for each lecture)
  - Title, Time, Speaker
  - Course Duration/CE Credits
  - Course Level: Basic, Intermediate, or Advanced
  - Course Information: Description and Learning Objectives
- **Speaker Form** (must be completed by speaker)
- CE Credit Reporting Form
- Program Evaluation Form
- Promotional Material/Advertisement
- Application and Course Materials
- Fees
- Attendance Tracking Template (e.g. Sign-In Sheets, Registration or Attendance Lists)
- Post-Test/Quiz (If Applicable)

#### **PROGRAM SCHEDULE EXAMPLE**

This is provided as a template of a one-day program totaling 3.75 hours.

TIME	ΑCTIVITY	TITLE OF LECTURE	SPEAKER AND CREDENTIALS	CE CREDITS REQUESTED
7:30-7:55 A.M.	REGISTRATION			NOT ACCEPTED AS LEARNING ACTIVITY TIME.
7:55-8:00 A.M.	WELCOME			NOT ACCEPTED AS LEARNING ACTIVITY TIME.
8:00-9:00 A.M.	LECTURE #1	BASIC INTRODUCTION TO THE EYE AND EYE DISEASE	JOHN DOE, MD	1.0
9:00-10:00 A.M.	LECTURE #2	HISTORY TAKING	JANE SMITH, COMT	1.0
10:00-10:15 A.M.	DISCUSSION, Q&A			0.25
10:15-10:30 A.M.	BREAK			NOT ACCEPTED AS LEARNING ACTIVITY TIME.
10:30-11:00 A.M.	LECTURE #3	GLAUCOMA TREATMENTS	JOHN DOE, MD	0.5
11:00 A.MNOON	LECTURE #4	OPHTHALMIC TESTING FOR YOUR GLAUCOMA PATIENTS	JANE SMITH, COMT	1.0
NOON-1:00 P.M.	LUNCH			NOT ACCEPTED AS LEARNING ACTIVITY TIME.

#### THIS FORM REQUIRED

#### **APPLICATION**

**INSTRUCTIONS:** If the program is comprised of several courses, complete one application for the entire program (not one for each

WRITEABLE PDF

13

Investment     Investment     Investment     Investment     Investment       Program Fee     545 per hour     575 flat fee + 545 per hour     575 flat fee + 545 per hour     575 flat fee + 545 per hour     50       Program Fee     575 per hour     S100 flat fee + 575 per hour     S200 flat fee + 575 per hour     S250 flat fee + 510 per hour     S250 flat fee + 5150 per hour     S100 flat fee + 5150				for each program. <u>Downlo</u>				
Address:       City:       State:       Zip/Postal Code:       Country:         Contact Person:       Daytime Telephone:       E-mail:       PROGRAM INFORMATION         Program Title:       End Date:       End Date:       End Date:         Contact Person:       Begin Date:       End Date:       End Date:         Contact MinFORMATION       Program Title:       Country:       Country:       Country:         De you want this program (Classroom) published on UCAHPOs website?       Yes (\$50 Advertising Fee applies)       No       No         SPONSOR INFORMATION Financial support from:       Sponsor?       Yes (No       Educational Grant?       Yes (No         Sponsor/Crantor Name:				1-Demand Event 🖬 Dista	nce Learning Total Hou	Irs:		
Contact Person:       Daytime Telephone:       E-mail:         PROGRAM INFORMATION         Program Title:       Begin Date:       End Date:         LoCation:       Jamme af Lacilly where program will be held?         City:       State:       Zip/Postal Code:       Country:         Do you want this program (Classroom) published on UCAHPO's website?       'Yes (Sto Advertising Fee applies)       No         Will this Classroom program be repeated within one year?       'Yes (Sto Advertising Fee applies)       No         SPONSORI INFORMATION Financial support from:       Sponsor?       Yes (No       Educational Grant?       Yes INO         SPONSORI INFORMATION Financial support from:       Sponsor/Grantor Name:       Amount: 5       Mount: 5         Program Fee       S45 per hour       S75 flat fee + 545 per hour       S75 flat fee + 545 per hour       S75 flat fee + 545 per hour       S9         Program Fee       S75 per hour       S100 flat fee + 510 per hour       S250 f		511.	City:	State: 7in/	Postal Code: Country			
PROGRAM INFORMATION         Program Title:       Begin Date:       End Date:         Location:       State:       Zip/Postal Code:       Country:         Do you want this program (Classroom) published on IJCAHPO's website?       Yes (\$50 Advertising Fee applies)       No         Will this Classroom program be repeated within one year?       Yes No       Educational Grant?       Yes No         SPONSOR INFORMATION Financial support from:       Sponsor?       Yes No       Educational Grant?       Yes No         Sponsor/Grantor Name:       Amount: 5       Amount: 5       Program fee       CLASSROOM       LIVE STREAM       ON-DEMAND EVENT       DISTANCE LEARNING       Preserve         Program Fee       S45 per hour       575 flat fee + 545 per hour       575 flat fee + 545 per hour       525 flat fee + 575 per hour       520         Program Fee       S75 per hour       S100 flat fee + 510 per hour       S250 flat fee + 510 per hour       525 flat fee + 510 per hour       525 flat fee + 510 per hour       5250 flat f			,		· ·	•		
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Cattlon: (Name of facility where program will be held)         City:       State:       Z[p/Postal Code:       Country:         Do you want this program (Classroom) published on UCAHPO's website?       Yes (S50 Advertising Fee applies)       No         Will this Classroom program be repeated within one year?       Yes (No       Stone Stone Control (Classroom)       No         SPONSOR INFORMATION Financial support from:       Sponsor/?       Yes (No       Educational Grant?       Yes (No         Sponsor/Carantor Name:       Amount: \$       On-DEMAND EVENT       DISTANCE LEARNING       Processing         Program Fee       S45 per hour       S75 flat fee + 545 per hour       S75 flat fee + 545 per hour       S75 flat fee + 545 per hour       S90         CLINIC/HOSPTAL/ACADEMIC       Program Fee       S75 flat fee + 575 per hour       S90       S250         Repeat fee       S75 firsthour + S20 per add/thour       No repeats       No repeats       No repeats       S100 flat fee + 5100 per hour       S1000 flat fee + 5100 per hour       S100 flat fee + 5100 p		FORMATION						
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Reconsideration       Per CE hour reviewed       Stoc         Appeal       \$100 <td>Late</td> <td>\$150</td> <td></td> <td></td> <td>\$250</td> <td></td>	Late	\$150			\$250			
Appeal       \$100	Rush	\$250	\$400	\$400	\$400			
Change       550       550       550       550         Advertising       550       8       8       N/A       S	Reconsideration	Per CE hour reviewed	Per CE hour reviewed	Per CE hour reviewed	Per CE hour reviewed			
Advertising       \$50       N/A       N/A       N/A       N/A       N/A         TOTAL:       \$       <	Appeal	\$100	\$100	\$100	\$100			
TOTAL: \$   \$ \$ <b>GRAND TOTAL: \$ PAYMENT INFORMATION (payable to IJCAHPO in U.S. dollars)</b> Order enclosed Order enclosed VISA MasterCard Discover American Express Amount: \$ Credit Card Number Security Code Expiration Date Cardholder's Address Cardholder's Zip Code Name as it appears on credit card (please print) SIGNATURE: By mail or fax X Date:	Change	\$50	\$50	\$50	\$50			
GRAND TOTAL: \$         PAYMENT INFORMATION (payable to IJCAHPO in U.S. dollars)            Check or Money Order enclosed         VISA         MasterCard         Discover         American Express         Amount: \$								
PAYMENT INFORMATION (payable to IJCAHPO in U.S. dollars)         □ Check or Money Order enclosed □ VISA □ MasterCard □ Discover □ American Express       Amount: \$         Credit Card Number       Security Code       Expiration Date         Cardholder's Address       Cardholder's Zip Code         Name as it appears on credit card (please print)       SIGNATURE: By mail or fax X       Date:	TOTAL:	\$	\$	\$	\$	\$		
□ Check or Money Order enclosed □ VISA □ MasterCard □ Discover □ American Express Amount: \$ Credit Card Number Security Code Expiration Date Cardholder's Address Cardholder's Zip Code Name as it appears on credit card (please print) SIGNATURE: By mail or fax X Date:				<b>GRAND TOTAL:</b>	\$			
Credit Card Number     Security Code     Expiration Date       Cardholder's Address     Cardholder's Zip Code       Name as it appears on credit card (please print)     SIGNATURE: By mail or fax X	PAYMENT INF	ORMATION (payable to IJ	CAHPO in U.S. dollars)					
Cardholder's Address Cardholder's Zip Code Name as it appears on credit card (please print) SIGNATURE: By mail or fax X Date:	Check or Mon	ney Order enclosed 🗖 VISA 🗖	MasterCard 🛛 Discover 🗔 A	American Express	Amount: \$			
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SIGNATURE: By mail or fax X Date:			4)					
			( <u>)</u>					
SIGNATURE: By email This serves as an official signature of authentication for all claims and information included in this form. By checking this box, I verify that the content within this document is valid and factual.	SIGNATURE: B							
FOR IN-OFFICE USE ONLY:       #CE Credits       Awarded:       Max. Per Person:       Pending:       Denied:	FOR IN-OFFIC	E USE ONLY: #CE Credits	Awarded: M	ax. Per Person:	Pending: Deni	ed:		
Reviewer Signature Date:	Reviewer Signa	ature			Date:			

International Joint Commission on Allied Health Personnel in Ophthalmology, Inc.® 2025 Woodlane Drive, St. Paul, MN 55125-2998 | Phone: 800-284-3937 | Fax: 651-731-0410 | Email: cec@jcahpo.org | Website: www.jcahpo.org

#### LECTURE TEMPLATE

This form may be duplicated. Complete for each lecture.

LECTURE #:	TIME:	DATE:	CE CREDITS REQUESTED:
TITLE:			
SPEAKER AND CREDENTIALS:			
DESCRIPTION:			
OBJECTIVES:			
COURSE LEVEL:			

LECTURE #:	TIME:	DATE:	CE CREDITS REQUESTED:
TITLE:			
SPEAKER AND CREDENTIALS:			
DESCRIPTION:			
OBJECTIVES:			
COURSE LEVEL:			

LECTURE #:	TIME:	 DATE:	CE CREDITS REQUESTED:
TITLE:			
SPEAKER AND CREDENTIALS:			
DESCRIPTION:			
OBJECTIVES:			
COURSE LEVEL:			

#### THIS FORM REQUIRED

**SPEAKER FORM** (Biographical Data and Financial Interest Disclosure)

WRITEABLE PDF

Downlo	ad SPEAKER	FORM here. T	his form may	v be duplic	ated. Comple	ete ONE form f	or EACH instru	ructor <b>(DO NOT SEND CV)</b> . Please print.
COURSE	TITLE:							
PROGR/	AM TITLE/DAT	E:						
NAME:								
Mailing	Address:							
Telepho	ne:					EMPLOYER:		
Email:						Present Positi	ion:	
PROFE	SSIONAL L		CERTIFICA	TION(S)	(Check all that	apply)		
🗆 MD	DO 🗆	🗆 OD	🗖 COA	🗆 сот	COMT	ROUB		
🗖 RN	LPN/LVN	I 🛛 CRNO	CRA	🗆 CO	OC(C)	🗖 ABO	NCLE	Other:
EDUC	ATION (POS	T HIGH SCH	IOOL): (Inclu	ude basic pr	eparation throu	ugh highest degr	ee held.)	
DEGRE	E	INSTITUTION	(NAME, CIT	Y, STATE)		MAJOR AREA	OF STUDY	YEAR DEGREE AWARDED
1.								
2.								
3.								
	nistration acts	<ul> <li><b>OF SPECIA</b></li> <li>Education</li> <li>General op</li> <li>Glaucoma</li> </ul>			CENTRATI Neuro-opht Pediatrics/st Plastics	halmology	that apply)	
BIOGR		ly describe you h qualify you t					d any certifice	ations, including publications,

#### CODE OF CONDUCT AND RESPONSIBILITY

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

#### FINANCIAL INTEREST DISCLOSURE

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

#### Check all boxes that apply and sign below.

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

*Complete the following if applicable:* 

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

#### SIGNATURE OF INSTRUCTOR

I have read, understand, and agree to comply with the above statement and to the best of my ability, agree to be bound by the "Speaker Code of Conduct and Responsibility." I verify that the content within this document is valid and factual.

Date:	Signature by Mail or Fax	:: X	
or			
Date:		This serves as an official signature of authentication	
Date		for all claims and information included in this form.	15

#### THIS FORM OR SIMILAR REQUIRED

#### SIGN-IN SHEET TEMPLATE

WORD DOCUMENT

This form may be duplicated.

Program Date: \_\_\_\_\_

#### Program/Course Title: \_\_\_\_\_

#### Program Location (City and State): \_\_\_\_

PRINT/TYPE FULL NAME:	EMAIL:	SIGNATURE:

#### THIS FORM OR SIMILAR REQUIRED LIVE STREAM/ON-DEMAND TEMPLATE

Host Organization: \_\_\_\_\_

WORD DOCUMENT

This form may be duplicated. Host Organization: \_\_\_\_\_ Program Date: \_\_\_\_\_

#### Program/Course Title: \_\_\_\_\_

				QUIZ									
ATTENDEE FOLL NAME IJCAHPOID#	EMAIL	1	2	3	4	5	6	7	8	9	10	EVALUATION	CENTIFICATE
	IJCAHPO ID#	IJCAHPOID# EMAIL  L L L L L L L L L L L L L L L L L L	IJCAHPO ID#         EMAIL         1           I         I         I           I         I	IJCAHPO ID#         EMAIL         1         2           I	IJCAHPO ID#         EMAIL         1         2         3           I	IJCAHPO ID#         EMAIL         1         2         3         4           I							LICARPOID# EMAIL EVALUATION

	IJCAHPO ID#	EMAIL	POLL QUESTION										EVALUATION CERTIFICATI	
ATTENDEE FULL NAME			1	2	3	4	5	6	7	8	9	10	EVALUATION	CENTIFICATE

#### **CE CREDIT REPORTING FORM MUST INCLUDE:**

- D Participant name (must be filled out by the host organization, NOT the attendee)
- D Educational format (classroom, live stream, on-demand event, or distance learning)
- D Number of CE credits earned (must be filled out by the host organization, NOT the attendee)
- □ Individual course title(s)
- Host organization
- Program title
- □ Program location (city & state)
- Distance learning website URL for online course (if applicable)
- Program date
- □ Program director/administrator signature
- □ Applicable disclaimer(s)

	This certifies that:
	has successfully completed a CE course via
	Classroom Live Stream On-Demand Event Distance Learning
	on
and ha	s earned the following continuing education (CE) credit hours
	IJCAHPO
	for the following courses:
Host Orga	nization:
Program T	Fitle:
Program L	Location (City, State):
Program L	JRL:
Program D	Director Signature:
This program is not sponso	ored by IJCAHPO; it is only reviewed for compliance with IJCAHPO standards and criteria and awarded continuing
education credit accordingly; the	herefore, IJCAHPO cannot predict the effectiveness of the program or assure its quality in substance and presentation

Please note: Keep this form in your personal file. IJCAHPO does NOT retain records of CE credits earned.

**PROGRAM EVALUATION FORM** 

#### Host Organization:

Participant Name:

#### Program Title:

#### Program Location (City and State):

Program Date:

	Directions: Circle the number that best describes your agreement with each statement. 1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree									
Please write the instructor's name and course title in the space provided below.	Overall, I was satisfied with this course.	l would recommend this course to a colleague.	Handouts facilitated my understanding.	Presentation was organized.	Presentation met the learning objectives.	Did the course contain any commercial bias?	This course was taught at a level right for me.	Did the instructor disclose any financial interest?		
1. Instructor's Name:	12345	12345	12345	12345	12345	Yes No	Yes No	Yes No		
Course Title:	Comments on instructor, course, or both:									
2. Instructor's Name:	12345	12345	12345	12345	12345	Yes No	Yes No	Yes No		
Course Title:	Comments on instructor, course, or both:									
3. Instructor's Name:	12345	12345	12345	12345	12345	Yes No	Yes No	Yes No		
Course Title:	Comments on instructor, course, or both:									
4. Instructor's Name:	12345	12345	12345	12345	12345	Yes No	Yes No	Yes No		
Course Title:	Comments on instructor, course, or both:									
5. Instructor's Name:	12345	12345	12345	12345	12345	Yes No	Yes No	Yes No		
Course Title:	Comments o	n instructor, c	ourse, or both:							
6. Instructor's Name:	12345	12345	12345	12345	12345	Yes No	Yes No	Yes No		
Course Title:	Comments o	on instructor, c	ourse, or both:							

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

#### This course was delivered using the following media (Check all that apply):

□ Classroom □ Live Stream □ On-Demand □ Distance Learning

#### What part of the program was most useful to you?

What part of the program was least useful to you?

#### General comments about the program:

#### 1. On which topics can a COA, COT, or COMT lecture?

Patient care, diagnostic testing, equipment, and history taking are examples of topics that may be presented by qualified non-physicians.

### 2. Can a technician or optometrist (OD) give a lecture on disease if a medical doctor (MD) is present in the room?

No. A course that involves clinical judgment, disease, medical diagnosis, medical treatment, dissection, or surgery must be taught or principally authored by a medical doctor (MD) or a doctor of osteopathy (DO). If a non-MD or non-DO is presenting or authoring the course on any of these topics, an MD or DO must develop and deliver at least 51% of the course.

#### 3. Do instructors receive CE credit(s) for giving a lecture?

Instructors receive the same amount of CE credit(s) as attendees. Instructors can only receive CE credit(s) one time in their 3-year certification cycle, for delivery of a specific lecture.

### 4. If a speaker becomes ill the day of the program, can the lecture and/or speaker be changed if I advise IJCAHPO the next business day? Would the lecture still be approved for CE credit?

Yes, we understand that crises happen. You must resubmit the course with the new information and pay the **CHANGE FEE**. IJCAHPO will notify you if the new course is approved for CE credit.

#### 5. Can I change a lecture and/or speaker on an approved program before the start of the program?

Yes, you will need to resubmit the course with the new information and pay the change fee. IJCAHPO will notify you if the new course is approved for CE credit.

#### 6. Can I change a speaker on a repeat classroom program?

No. Programs can be repeated only if the program and faculty remain the same each time the program is repeated.

#### 7. Can I repeat part of a classroom program?

Programs can be repeated (with the exception of in-service training), provided that the program and faculty remain the same each time the program is repeated. Using only part of the program would require a new application.

#### 8. Can a live stream program be repeated?

These programs cannot be repeated. If host organizations wish to re-broadcast the recording, they must submit an application with appropriate fees as a new distance learning application.

#### 9. Can distance learning programs be repeated?

Courses are approved for two years in one payment. The expiration date of the awarded CE credit must be published. These programs cannot be repeated. After two (2) years, the program must be submitted as a new distance learning application with appropriate fees.

### 10. My application for a classroom and a live stream event was submitted 4 weeks prior to my event; do I need to pay the classroom and live stream late fees?

Yes, your program **MUST** submit the application with a classroom **LATE FEE AND** a live stream **LATE FEE**.

#### 11. How do I avoid rush and/or late fees?

Completed applications must be submitted at least five (5) weeks prior to the program or a rush and/or late fee is charged.

#### **Examples:**

- 1. A classroom program is submitted 4.5 weeks before the program date. This application must be submitted with a *LATE FEE* of \$150.
- 2. A classroom program is submitted 7 weeks before the program date but needs to be reviewed within 2 weeks of submission. This application must be submitted with a **RUSH FEE** of \$250.
- 3. A classroom program is submitted 5 business days before the program date. This application must be submitted with a **RUSH FEE** of \$250 **AND** a **LATE FEE** of \$150 (\$400 total).
- 4. A live stream program is submitted 6 weeks before the program date, but is missing quizzes. The complete application with quizzes is submitted 4 weeks before the program. This application must be submitted with a *LATE FEE* of \$150.

IJCAHPO's Career Center is your partner in hiring, training, and retaining your Allied Ophthalmic Personnel (AOP).

#### Employers—it will assist you to:

- Seek the right employees
- Post available jobs
- Explore candidate resumes
- Manage applications received
- Access resources

#### **Employees will be able to:**

- · Connect with the right employers
- Post their resume
- Get interviewing advice
- And so much more!



Visit the IJCAHPO Career Center at https://careers.jcahpo.org and find the <u>*Right Employee!*</u>



## **IJCAHPO Certification**

Certification promotes employment advancement, potential higher pay, and recognition.

