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	ACTIVITY	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.M.-NOON	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.

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

PROVIDER INFORMATION ❏ **Classroom** ❏ **Live Stream** ❏ **On-Demand Event** ❏ **Distance Learning** **Total Hours:** _____

Host Organization:

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

Contact Person: _____ Daytime Telephone: _____ E-mail: _____

PROGRAM INFORMATION

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

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

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

Do you want this program (Classroom) published on IJCAHPO's website? ❏ Yes ($50 Advertising Fee applies) ❏ No

Will this Classroom program be repeated within one year? ❏ Yes ❏ No

SPONSOR INFORMATION **Financial support from:** **Sponsor?** ❏ Yes ❏ No **Educational Grant?** ❏ Yes ❏ No

Sponsor/Grantor Name: _____ Amount: $ _____

	❏ CLASSROOM	❏ LIVE STREAM	❏ ON-DEMAND EVENT	❏ DISTANCE LEARNING	Processing Fee:
IN-SERVICE TRAINING					
Program Fee	*$45 per hour*	*$75 flat fee + $45 per hour*	*$75 flat fee + $45 per hour*	*$75 flat fee + $45 per hour*	*$0*
CLINIC/HOSPITAL/ACADEMIC					
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 add'l hour*	*No repeats*	*No repeats*	*No repeats, Valid for 2 years*	
ASSOCIATION/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 add'l hour*	*No repeats*	*No repeats*	*No repeats, Valid for 2 years*	
CONSULTANTS/BUSINESS/INDUSTRY					
Program Fee	*$150 per hour*	*$350 flat fee + $150 per hour*	*$450 flat fee + $150 per hour*	*$1200 flat fee + $150 per hour*	*$250*
Repeat fee	*$150 first hour + $20 per add'l hour*	*No repeats*	*No repeats*	*No repeats, Valid for 2 years*	
OTHER FEES					
Late	*$150*	*$250*	*$250*	*$250*	
Rush	*$250*	*$400*	*$400*	*$400*	
Reconsideration	*Per CE hour reviewed*	*Per CE hour reviewed*	*Per CE hour reviewed*	*Per CE hour reviewed*	
Appeal	*$100*	*$100*	*$100*	*$100*	
Change	*$50*	*$50*	*$50*	*$50*	
Advertising	*$50*	*N/A*	*N/A*	*N/A*	
TOTAL:	$	$	$	$	$

GRAND TOTAL: $ _____

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: _____

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

FOR IN-OFFICE USE ONLY: #CE Credits Awarded: _____ Max. Per Person: _____ Pending: _____ Denied: _____

Reviewer Signature _____ Date: _____

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: _____			

Download SPEAKER FORM here. _This form may be duplicated. Complete ONE form for EACH instructor_ **(DO NOT SEND CV)**. _Please print._

COURSE TITLE: _____

PROGRAM TITLE/DATE: _____

NAME: _____

Mailing Address: _____

Telephone: _____	**EMPLOYER:** _____
Email: _____	Present Position: _____

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

❑ MD   ❑ DO   ❑ OD   ❑ COA   ❑ COT   ❑ COMT   ❑ ROUB   ❑ CDOS   ❑CCOA

❑ RN   ❑ LPN/LVN   ❑ CRNO   ❑ CRA   ❑ CO   ❑ OC(C)   ❑ ABO   ❑ NCLE   ❑ Other:_____

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

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

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

❑ Administration   ❑ Education   ❑ Neuro-ophthalmology   ❑ Refractive   ❑ Surgery

❑ Cataracts   ❑ General ophthalmology   ❑ Pediatrics/strabismus   ❑ Research   ❑ Other _____

❑ Cornea   ❑ Glaucoma   ❑ Plastics   ❑ Retina

BIOGRAPHY: _Briefly describe your professional experience, area(s) of expertise, and any certifications, including publications, which qualify you to teach this course._ **(Do not send CV)**

_____

_____

_____

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.

❑ Yes   ❑ No   I, or a member of my family, my professional partnership or corporation, my employer, or co-instructor(s)/co-author(s), currently or within the preceding twelve (12) months have had a financial interest in Designated Company, 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: _____   **Signature by Email:** ❑ This serves as an official signature of authentication for all claims and information included in this form.

15

SIGN-IN SHEET TEMPLATE

This form may be duplicated.

Host Organization: _____ **Program Date:** _____

Program/Course Title: _____

Program Location (City and State): _____

PRINT/TYPE FULL NAME:	EMAIL:	SIGNATURE:

LIVE STREAM/ON-DEMAND TEMPLATE

This form may be duplicated.

Host Organization: _____ **Program Date:** _____

Program/Course Title: _____

ATTENDEE FULL NAME	IJCAHPO ID#	EMAIL	QUIZ										EVALUATION	CERTIFICATE
			1	2	3	4	5	6	7	8	9	10		

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

CE CREDIT REPORTING FORM MUST INCLUDE:

❏ Participant name (must be filled out by the host organization, NOT the attendee)

❏ Educational format (classroom, live stream, on-demand event, or distance learning)

❏ 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 has earned the following continuing education (CE) credit hours

_____ IJCAHPO

for the following courses:

_____   _____   _____

_____   _____   _____

_____   _____   _____

Host Organization: _____

Program Title: _____

Program Location (City, State): _____

Program URL: _____

Program Director Signature: _____

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.

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

Host Organization: _____

Participant Name: _____

Program Title: _____

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

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

Directions: Circle the number that best describes your agreement with each statement.
1 = strongly disagree   2 = disagree   3 = neutral   4 = agree   5 = strongly agree

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.