

**JCAHPO EDUCATION AND RESEARCH FOUNDATION GRANT GUIDELINES AND APPLICATION**  
**American Glaucoma Society Certification Grant**

**General Information for All Grants:**

A person may receive only one (1) JCAHPO grant in any given year and are not eligible to apply if a grant was previously received from the JCAHPO Education and Research Foundation, within a three (3) full year cycle (PLEASE NOTE: This includes IJCAHPO/ ATPO CE, and Stein Scientific Paper).

Anyone may apply, but the American Glaucoma Society Certification Grant selection committee will give preference to Ophthalmic Technicians who work in a Glaucoma clinic.

Selection of recipients is made by a Foundation Selection Committee. As soon as a determination has been made, we will notify all applicants of their status. The Board of Directors of the JCAHPO Education & Research Foundation has full discretion concerning the award recipient's approval of funding, and their decision is final.

The applicant's age, sex, religion, or race shall not be considered.

The cooperation of recipients shall be expected in facilitating the publication of a news release and/or article in a newsletter.

Applications must be completed and signed, including all required information as requested on the application. By signing the application, the applicant gives the Selection Committee permission to investigate and verify all information provided and agrees to provide such information as the committee may request in order to properly evaluate the application for funding.

All applicants will be informed of status of application via e-mail.

**Specific Information for Certification Grants**

Proceeds are restricted to ophthalmic medical technicians (OMT)/Allied Ophthalmic Personnel (AOP) entering the field or wishing to advance in the glaucoma field.

Grants will be awarded as a voucher towards the IJCAHPO certification examination fee. Amounts range from \$50 to \$340. Vouchers will be sent to the selected winners and are valid for one year from the date the voucher is issued.

The certification fee schedule is in the IJCAHPO Certification Criteria Handbook.

All applicants will be notified in June regarding the status of their application.

**Attachments for Certification Grants**

Applicants must submit one of the following options entitled "My top five tips for getting Glaucoma patients to take their medication":

- One, 2-3 minute video
- ONE-PAGE original essay between 300 and 500 words, typed and double-spaced

*\*Please complete all attachments prior to completing the Application.*



**AMERICAN GLAUCOMA SOCIETY**

|              |            |                                                                    |      |
|--------------|------------|--------------------------------------------------------------------|------|
| FUND         | AMOUNT: \$ | APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE |
| VOUCHER TYPE | AMOUNT: \$ | VOUCHER #                                                          |      |
|              | TOTAL: \$  |                                                                    |      |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FULL NAME:                                                                                                                                                                                                                                                                                                                                                                       |                 | IJCAHPO ID#  |                                                                                                                                                                                                     |
| <i>Currently I am:</i> <input type="checkbox"/> COA <input type="checkbox"/> COT <input type="checkbox"/> COMT <input type="checkbox"/> ROUB <input type="checkbox"/> CCOA <input type="checkbox"/> CDOS <input type="checkbox"/> Not certified                                                                                                                                  |                 |              |                                                                                                                                                                                                     |
| PREFERRED ADDRESS:                                                                                                                                                                                                                                                                                                                                                               |                 |              |                                                                                                                                                                                                     |
| CITY:                                                                                                                                                                                                                                                                                                                                                                            | STATE/PROVINCE: | POSTAL CODE: |                                                                                                                                                                                                     |
| PHONE:                                                                                                                                                                                                                                                                                                                                                                           | EMAIL:          |              |                                                                                                                                                                                                     |
| EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                        |                 |              |                                                                                                                                                                                                     |
| ADDRESS:                                                                                                                                                                                                                                                                                                                                                                         |                 |              |                                                                                                                                                                                                     |
| CITY:                                                                                                                                                                                                                                                                                                                                                                            | STATE/PROVINCE: | POSTAL CODE: |                                                                                                                                                                                                     |
| PHONE:                                                                                                                                                                                                                                                                                                                                                                           | WEBSITE:        |              |                                                                                                                                                                                                     |
| POSITION:                                                                                                                                                                                                                                                                                                                                                                        | START DATE:     | SUPERVISOR:  |                                                                                                                                                                                                     |
| * If you have been in your present position less than five years, please give details of previous employment:                                                                                                                                                                                                                                                                    |                 |              |                                                                                                                                                                                                     |
| <input type="checkbox"/> I AM APPLYING FOR A <b>CERTIFICATION GRANT</b> * <i>Applications accepted January 1 to April 25.</i><br><i>Proposed Examination Date:</i> _____ <i>Exam:</i> _____<br>Is your employer willing to match funding for the examination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, have employer sign)<br>Employer Signature: _____ |                 |              | <b>CHECKLIST:</b><br><br><input type="checkbox"/> Verify Eligibility<br><input type="checkbox"/> Application<br><input type="checkbox"/> Essay/Multi-Media<br><input type="checkbox"/> Release Form |

*I attest that all information provided in this application is true and accurate to the best of my knowledge, and that I have not received financial support from the JCAHPO Education and Research Foundation in the past three (3) years. (PLEASE NOTE: This includes IJCAHPO / ATPO CE and Stein Scientific Paper).*

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

**RELEASE AND AUTHORIZATION FOR USE OF NAME AND QUOTE**

Release executed by Name \_\_\_\_\_  
 Address \_\_\_\_\_

Herein referred to as "Originator" in favor of the Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), 2025 Woodlane Drive, St. Paul, MN 55125-2998, herein referred to as "Organization"

In consideration of Originator's goodwill toward Organization, Originator hereby consents to provide use of Originator's name, and hereby authorizes Organization to cause the same to be published, with or without any subject matter of Organization.

AND

In consideration of Originator's goodwill toward Organization, Originator hereby consents to provide personal quotations of Originator, and hereby authorizes Organization to cause the same to be published, with or without any subject matter of Organization.

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In witness thereof, Originator executes this release on the day and year written below.

|                               |             |
|-------------------------------|-------------|
| Signature of Originator _____ | Date: _____ |
|-------------------------------|-------------|

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The author agrees to indemnify IJCAHPO/JCAHPO Education and Research Foundation against and hold IJCAHPO/JCAHPO Education and Research Foundation harmless from any loss, expense, damage, cost or attorney fees suffered by reason of a breach of any of the foregoing warranties.

In witness thereof, Originator executes this release on the day and year written below. Author will retain copyright to the underlying paper or video material including original graphics/animations being repurposed.

|                      |       |
|----------------------|-------|
| Signature of Author: | Date: |
|----------------------|-------|