



## Ohio Vision Professionals Board

77 South High Street, 16<sup>th</sup> Floor, Columbus, OH 43215-6108

Phone: (614)466-9709 • Fax: (614)995-5392

E-Mail: [board@vision.ohio.gov](mailto:board@vision.ohio.gov)

Website: [www.vision.ohio.gov](http://www.vision.ohio.gov)

In this packet you will find an Application for Optometric Continuing Education. Please visit the Board's website at [www.vision.ohio.gov](http://www.vision.ohio.gov) and review the following rules to ensure your courses meet all the requirements:

- 4725-9-02      Approved education programs
- 4725-9-03      Board approval of continuing education
- 4725-9-05      Certificate of attendance; application for approval of continuing education courses
- 4725-15-04     Board approval of pharmacology and ocular disease continuing education course is as follows:

The completed application and other required documentation must be received at the Board office not less than 30 days prior to the presentation of this course.

Approved programs must be educational meetings that relate to the practice of optometry and will contribute to the advancement of professional skill and knowledge of the participants. Program cannot be used to market the sponsor's/presenter's products or services

Continuing education providers that are approved by the Board are required to forward a "Non-COPE Course Upload Form" to ARBO by collecting each optometrist's OE Tracker number for attendance. The form can be emailed to OE Tracker within 5 days from completion of the course. See Board's website for more information.

Email Address: [arbo@arbo.org](mailto:arbo@arbo.org)

Revised 3-8-2018

**INDIVIDUAL COURSE TITLE** - List the name/title of the course being presented. Each course must be an organized program that relates to the practice of optometry. Utilize the addendum on page 2 to provide the course narrative which should be limited to 50 words AND/OR submit a course outline for each course.

**COURSE CATEGORY** - Review the definition of each category and then select the appropriate two letter alpha designator to be listed on the application. Utilize only one course category that best matches the majority of the course content for each individual topic.

**Contact Lenses (CL)**

All aspects of contact lens applications.

**Functional Vision/Pediatrics (FV)**

Those portions of optometric practice that deal with visual processing and neuro-optometric rehabilitation, including sports vision; binocular vision; and visual training or vision development courses.

**General Optometry (GO)**

Any study in the area of the eye and vision care, which constitutes eye and vision research, or examination, diagnosis and treatment of anomalies of the human eye and visual system. For the purposes of these categories "General Optometry" excludes any other category enumerated here.

**Low Vision (LV)**

All aspects of low vision devices, care and therapy.

**Public Health (PB)**

Those portions of optometry focused on disease prevention and health promotion at a population level and considering evidence from the fields of biostatistics, environmental health, health policy and management of social and behavioral sciences.

**Glaucoma (GL)**

The study of etiology, clinical pathophysiology, diagnosis, treatment, management, and the outcomes of therapeutic regimens.

**Injection Skills (IS)**

Instruction and clinical training in subcutaneous, intra-muscular, and intravenous injection for the purpose of therapeutic diagnosis and treatment of disease or anaphylaxis.

**Laser Procedures (LP)**

The study and clinical training in the performance of any ophthalmic laser procedure of the anterior segment and adnexa.

**Peri-Operative Management of Ophthalmic Surgery (PO)**

The study of all aspects of pre- and post-operative management of invasive ophthalmic surgery procedures. (Excludes refractive surgery.)

**Refractive Surgery Management (RS)**

Instruction and/or clinical training in refractive or photorefractive technologies, which may include Peri-operative Patient Management; Counseling and evaluation for indications or contraindications in patient selection, including recognition of associated complications and course of action in analysis and treatment.

**Surgery Procedures (SP)**

Instruction and/or clinical training in the performance of ocular surgery procedures.

**Treatment & Management of Ocular Disease: Anterior Segment (AS)**

The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the anterior segment of the human eye.

**Treatment & Management of Ocular Disease: Posterior Segment (PS)**

The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the posterior segment of the human eye.

**Neuro-Optometry (NO)**

The study of the etiology, clinical evaluation, diagnosis, treatment and management of disease and disorders of the nervous system, both systemically, and as it relates directly to the eye and visual system.

**Oral Pharmaceutical (OP)**

The study of the etiology, clinical evaluation, diagnosis and treatment of ocular disease using the appropriate indications, prescription utilization, and follow-up assessment of the oral medications used for ocular therapy.

**Pharmacology (PH)**

The study of the interaction of chemical agents with biological systems.

**Principles of Diagnosis (PD)**

The study of the art and science of the process of determining the nature and circumstances of a diseased condition with emphasis on the biological and clinical procedures utilized in medical examination and disease differentiation, and underlying clinical pathophysiology, e.g., corneal topography, visual fields (unless specific to glaucoma); laboratory testing and imaging; fluorescein angiography; gonioscopy.

**Systemic/Ocular Disease (SD)**

The study of the relationship of any anomaly of normal function of the human body and the possible manifestation of such as signs and/or symptoms in the eye or visual system.

**Ethics/Jurisprudence (EJ)**

The study of body of law and ethics in the practice of optometry and its relationship to the Medicolegal system.

**Practice Management (PM)**

The study of management of the business affairs of optometric practice. This includes the concepts of managed care and operations management, courses designed to help market practices, to educate office staff, to improve billing efficiency and coding skills, to improve clinical recordkeeping and to enhance fiscal efficiency. HER and ICD-10 courses are included in this category. This does not include courses that are intended for personal enhancement or investment prowess.

**COURSE PRESENTATION** - Review and select the appropriate course presentation to be listed on the application.

Lecture (L)

Panel (P)

Workshop (WS)

Recorded Media (RM)

Video

DVD/CD-Rom or similarly recorded medium

Audio (cassette, CD, etc.)

Correspondence (book, magazine, etc.)

Grand Rounds (GR)

Observation of surgery and/or office procedures

Internet course/Webinar

**BOARD APPROVAL**

Year ending \_\_\_\_\_  
 Course No. \_\_\_\_\_  
 Total hours \_\_\_\_\_  
 Pharm. hours \_\_\_\_\_  
 PM/EJ hours \_\_\_\_\_  
 Not approved hours \_\_\_\_\_  
 Approval by \_\_\_\_\_

**OHIO VISION PROFESSIONALS BOARD****APPLICATION FOR OPTOMETRIC****CONTINUING EDUCATION****(PRINT/TYPE ALL INFORMATION)**

Prior to completing this application, please read the instructions. Complete all sections of the application. If you have any questions, please call the Board at 614-466-9709 before submitting the application. You may email [board@vision.ohio.gov](mailto:board@vision.ohio.gov) or fax this application to 614-995-5392.

NAME OF SPONSORING INDIVIDUAL OR ORGANIZATION			TELEPHONE NUMBER	
STREET ADDRESS			CITY, STATE, ZIP	
CONTACT PERSON FOR CONTINUING EDUCATION PROGRAM			TELEPHONE NUMBER	
STREET ADDRESS			CITY, STATE, ZIP	
E-MAIL ADDRESS FOR CONTACT PERSON				
PROGRAM TITLE				
DATE(S) PRESENTED			LOCATION (CITY/STATE)	
INDIVIDUAL COURSE TITLES	COURSE CATEGORY	COURSE PRESENTATION	NAME OF INSTRUCTOR	HOURS
1.				
2.				
3.				
4.				
5.				
6.				
DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE.				
DO YOU AGREE TO PERIODIC MONITORING OF YOUR PROGRAMS BY THE MEMBERS OR STAFF OF THE OHIO STATE BOARD OF OPTOMETRY? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Sponsor must submit a narrative course description limited to 50 words and/or a course outline for EACH Individual Course Title listed above. Page 2 of this application is to be utilized for the narratives. Previous instructions list the appropriate alpha designators to be used for identifying the Course Category i.e. CL (Contact Lens) and Course Presentation i.e. L (Lecture.)

1. Course Title
Course Description: (limit to 50 words)
2. Course Title
Course Description: (limit to 50 words)
3. Course Title
Course Description: (limit to 50 words)
4. Course Title
Course Description: (limit to 50 words)
5. Course Title
Course Description: (limit to 50 words)
6. Course Title
Course Description: (limit to 50 words)

# AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in Administrative Rules 4725-9-02, 4725-9-03, 4725-9-04, and 4725-15-04.
2. That this sponsor will be responsible for verifying attendance at each program and provide a certificate of attendance as set forth in Administrative Rule 4725-9-05.
3. That upon request by the Ohio Vision Professionals Board, this sponsor will submit such evidence as is deemed necessary by the Board to establish compliance with the requirements of any of the above noted Administrative Rules.
4. That this sponsor will submit to the Board written notice of a course offering 30 days prior to the course date. Notice shall include the description, location, date and time of the program to be offered.
5. That all programs given by this sponsor shall be open to all optometrists.
6. That this sponsor will be responsible for assuring that no attendee shall receive C.E. credit for time not actually spent attending the program.
7. That this sponsor is aware that failure to comply with the laws and rules of the Ohio Vision Professionals Board may result in disapproval of this sponsor by the Board.
8. Programs will not be used to market the sponsor's/presenter's products or services.
9. Each hour of credit received must have at least 50 minutes of instruction.
10. That I will forward to ARBO - OE Tracker by fax or email the Non-COPE Course Upload Form with the OE Tracker number for all optometrists in attendance within 5 business days of the course completion.

My signature below confirms that I have read and understand each of the above statements and that I will comply with all the requirements of the Ohio Vision Professionals Board relative to continuing education.

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Signature of Person Responsible for Continuing Education Program

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Date