

4725-9-03 Board approval of continuing education.

Continuing education programs must meet the following requirements in order to receive board approval and credit.

(A) Programs shall relate to the practice of optometry that will contribute to the advancement, extension and enhancement of professional skill, clinical and scientific knowledge of the participants and enable them to render continuously better and more comprehensive optometric service to the recipients of their care.

(B) Speakers, lecturers and others participating in the presentation of the programs must be recognized as possessing requisite qualifications and being expert and of recognized repute in their area of instruction.

(C) Programs shall be available to all Ohio optometrists. Limitations may be necessary based on space, time or format of presentation and must be so noted on application. Any program that is too restrictive may be denied approval.

(D) Programs cannot be used to market the sponsor's/presenter's products or services.

(E) The board will not approve for continuing education credit lectures or articles written by the optometrist requesting the credit.

(F) Practice management and/or ethics jurisprudence courses are approved for a maximum of two hours continuing education credit in any one compliance year.

(G) Written home study or electronic media (cd-rom, internet, webinars) courses will receive credit when the board is provided a record showing results of tests given on the course which is graded by an accredited optometric college or institution as approved by the board. No more than ten hours credit will be granted in this category in any one year unless the optometrist can document inability to attend live, on-site courses. This does not preclude a presenter from using electronic media programs in conjunction with their presentation.

(H) One hour of credit requires at least fifty minutes of instruction.

(I) Cardiopulmonary resuscitation refresher training is acceptable for up to three hours credit for any one continuing education period once every two years. The three hours can be utilized for pharmacology continuing education compliance.

(J) Grand rounds, surgery observation, and other procedure oriented methods may be approved for continuing education credit. No more than eight hours credit will be granted in this category in any one year.

(K) Licensees may be granted up to no more than eight hours credit per CE year by providing volunteer health care services to indigent and uninsured persons at a rate of one credit hour for each sixty minutes spent providing volunteer health care services. The licensee must provide the services without receiving any compensation or other form of remuneration. Hours will not apply towards the ten pharmacology hour requirement.

R.C.	<u>119.032</u>	review	dates:	08/20/2014	and	08/20/2019
Promulgated			Under:			<u>119.03</u>
Statutory			Authority:			<u>4725.09</u>
Rule		Amplifies:		<u>4725.09,</u>		<u>4725.16</u>
Prior Effective Dates:	3/10/75, 7/28/08, 10/1/11					

FAQ – Volunteer CE: All hours MUST be pre-approved by the Board:

Q: What does providing health care to indigent and uninsured persons as a volunteer mean?

A: Providing diagnosis, care, or treatment without the expectation of receiving, and without receipt of any compensation or other form of remuneration, from an indigent and uninsured person, another person on their behalf, any health care facility or location, any nonprofit health care referral organization, or any other person or government entity.

Q: Does the person have to be BOTH indigent AND uninsured in order to claim CE credit for my volunteer services?

A: Yes, the person must meet both requirements to qualify.

Q: What does indigent and uninsured mean?

A: Relative to being indigent, the person's income is not greater than two hundred per cent of the federal poverty line, except in any case in which paragraph (3) below includes a person whose income is greater than two hundred per cent of the federal poverty line, AND;

1. The person is not a policyholder, certificate holder, insured, contract holder, subscriber, enrollee, member, beneficiary, or other covered individual under a health insurance or health care policy, contract, or plan.
2. The person is a policyholder, certificate holder, insured, contract holder, subscriber, enrollee, member, beneficiary, or other covered individual under a health insurance or health care policy, contract, or plan, but the insurer, policy, contract, or plan denies coverage or is the subject of insolvency or bankruptcy proceedings in any jurisdiction.
3. Until June 30, 2019, the person is eligible for the Medicaid program or is a Medicaid recipient.

Q: What is the federal poverty line?

A: Current poverty guidelines can be found on the U.S. Department of Health & Human Services website at: <https://aspe.hhs.gov/poverty-guidelines>

Q: Is it my responsibility to verify that a person is indigent and uninsured?

A: Yes.

Q: How do I document time providing health care to indigent and uninsured persons as a volunteer?

A: A log should be kept documenting the date(s) the activity occurred, the time devoted, the name of the organization(s) on whose behalf the services were provided and an attestation that the persons for which services were provided meet the requirements of being indigent and uninsured. Click here for a form to track your hours.

Q: Do I need to submit documentation of my volunteer hours to the Board?

A: Yes, you must submit evidence to the Board. Keep in mind you must maintain documentation for no less than two full years from the completion of the volunteer activity.

Q. Am I immune from civil action for treating indigent and uninsured persons?

A. To qualify for immunity, you must comply with the provisions of [Ohio Revised Code Section 2305.234](#).

Q. Am I required to obtain informed consent before treating an indigent and uninsured person?

A. Yes, refer to [Ohio Revised Code Section 2305.234](#).

Q: What is the maximum amount of continuing education hours I can earn each CE year?

A: 8 hours.

**Documentation of CE Credit for
Providing Health Care to Indigent & Uninsured Persons**

This form may be duplicated as necessary

Doctor's Name _____ License No. _____

Date Activity Occurred	Time Devoted	Name of Organization	Comments

TOTAL HOURS

I attest that the information provided on this form and any attachment(s) is true, correct and complete. I further attest that the individuals for which services were provided meet the requirements of Board Rule 4725-9-03 (K). I understand that making a false, fraudulent or deceitful statement and/or being unable to provide proof of earning the CE hours as attested may result in disciplinary action against me.

Doctor's Signature _____

Date _____