

Ohio State Board of Optometry

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In this packet you will find an Application for Optometric Continuing Education. Please visit the Board's website at www.optometry.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 scientific and clinical education 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

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, to the end that the utilization and application of new techniques, scientific and clinical advances and the achievements of research will assure comprehensive care to the public. Utilize the addendum on page 4 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 therapy inclusive of keratoconus and post-surgical treatments.

Functional Vision/Pediatrics (FV)

Those portions of contact 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.

Glaucoma (GL)

The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and the outcomes of therapeutic regimens for the ocular condition involving the relationship of intraocular pressure and abnormal optic nerve function.

The study and clinical training of any ophthalmic surgical procedure of the eye and adnexa (not to include any other procedures covered in other categories.)

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.

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.

management of the disease and disorders of the nervous system, both systemically, and as it relates directly to the eye and visual system.

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.

COURSE PRESENTATION

Recorded Media (RM)

- Video
- DVD/CD-Rom or similarly recorded medium
- Audio (cassette, CD, etc.)
- Correspondence (book magazine, etc.)
- Internet Course

Grand Rounds (GR)

- Presentation of clinical cases and/or observations

Lecture (L)

Panel (P)

Workshop (WS)

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Neuro-Optometry (NO)

The study of the etiology, clinical evaluation, diagnosis, treatment and

Peri-Operative Management of Ophthalmic Surgery (PO)

BOARD APPROVAL	
Year ending _____	_____
Course No. _____	_____
Total hours _____	_____
Pharm. hours _____	_____
Not approved hours _____	_____
Approval by _____	_____

OHIO STATE BOARD OF OPTOMETRY
APPLICATION FOR OPTOMETRIC
CONTINUING EDUCATION
(PRINT/TYPE ALL INFORMATION)

Prior to completing this application, please read the instructions on page 1 of this packet. Complete all sections of the application. If you have any questions, please call the Board at 1-614-466-5115 before submitting the application.

NAME OF SPONSORING INDIVIDUAL OR ORGANIZATION	TELEPHONE NUMBER
STREET ADDRESS	CITY, STATE, ZIP
PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM	TELEPHONE NUMBER
STREET ADDRESS	CITY, STATE, ZIP

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 4 of this packet is to be utilized for the narratives. Page 2 lists the appropriate alpha designators to be used for identifying the Course Category i.e. CL (Contact Lens) and Course Presentation i.e. L (Lecture.)

Do not submit courses related to practice management, business administration or jurisprudence as they WILL NOT be approved.

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 State Board of Optometry, 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 renewal applicant 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 State Board of Optometry 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.

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 State Board of Optometry relative to continuing education.

Signature of Person Responsible for Continuing Education Program

Date