



STATE BOARD OF OPTOMETRY

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PA Dept of State, Bureau of
Professional and Occupational
Affairs

Attn: State Board of Optometry
2 Technology Park
Harrisburg, PA 17110-2919

OPTOMETRY CONTINUING EDUCATION PROVIDER APPLICATION

You **DO NOT** need to submit an application for further approval if you are a preapproved provider or a Board-approved provider. Educational courses offered by preapproved and Board-approved providers will be accepted as satisfying the continued competency requirement provided that the continuing education course is "relevant to the practice of Optometry".

The Board has preapproved educational courses provided, co-provided or approved by the following entities:

1. The American Optometric Association, and its state affiliates.
2. The Pennsylvania Optometric Association, and its state affiliates.
3. All schools and colleges of optometry, accredited by the Accreditation Council on Optometric Education (ACOE) of the American Optometric Association, or its successor.
4. The College of Optometrists in Vision Development (COVD).
5. The Council on Optometric Practitioner Education (COPE).
6. Continuing education courses offered by accredited medical colleges, as defined in section 2 of the Medical Practice Act of 1985 (63 P.S. § 422.2).
7. The Optometric Extension Program.
8. The American Academy of Optometry and its state affiliates.
9. The American Academy of Ophthalmology and its state affiliates.
10. The American Medical Association and its state affiliates.

Title 49. Professional and Vocational Standards

Part I. Department of State

Subpart A. Professional and Occupational Affairs

Chapter 23. State Board of Examiners of Optometry

§ 23.83. Continuing education subject matter.

(a) Acceptable courses of study are limited to those pertaining to the use of means or methods for examination, diagnosis and treatment of conditions of the human visual system and may include examination for and adapting and fitting of all types of lenses. **The Board will not accept courses of study which do not relate to the actual practice of optometry such as studies in office management and financial procedures.**

(b) Courses that will meet the requirements for certification in the prescription and administration of pharmaceutical agents for therapeutic purposes in accordance with § 4.1 of the act (63 P. S. § 244.4a) shall concern the treatment and management of ocular or oculo-systemic disease.

(c) Courses that will meet the requirements for certification to treat glaucoma in accordance with § 4.2 of the act (63 P. S. § 244.4b) shall concern the treatment and management of primary open angle glaucoma, exfoliation glaucoma and pigmentary glaucoma.

INSTRUCTIONS:

1. The application must be submitted at least 90 days prior to the date of the initial course(s) offered. **Once you have received approval as a provider, you will not need to resubmit for approval of additional courses.**
2. The application must be **typed or printed legibly only**. All questions must be answered completely or the application may be denied.
3. FEE: \$135.00 check or money order payable to "Commonwealth of PA". **Application fees are not refundable.** If you do not receive the Board's approval within one year from the date the application is received, you will be required to

submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

4. Submit a sample course outline, formats used to create detailed course description and specific learning objectives, including determining hourly schedule, procedure for determining licensee's perceptions of the extent to which the objectives have been met, and form used to confirm list of instructors' names, titles, affiliations, degrees and curriculum vitae/resume.
5. Submit a sample of a **Certificate of Completion** to be issued to each attendee. The sample must contain fields for the name of the provider, title of course, date of course, and spaces for inclusion of the name of the attendee, the number of hours completed, signature of person verifying completion and a space entitled "PA Board Approval Number: _____"

6. The PA Board Approval Number will be sent by the Board along with your approval notification. **All provider approvals expire November 30th of each even-numbered year, regardless of the date of issuance and must be renewed biennially.**

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

STATE BOARD OF EXAMINERS OF OPTOMETRY

Mailing Address:

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2601 North Third Street
Harrisburg, PA 17110
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OPTOMETRY CONTINUING EDUCATION PROVIDER APPLICATION

1. _____
Name of Provider (agency, organization, institution, or center)

Principal Contact Person and Title

2. _____
Address City State Zip

3. (_____) _____
Telephone number

4. _____
Email address

Provide the following:

5. Professional Qualifications of Provider:

6. Background information about Provider, including experience in optometric education:

7. Methods of instruction (lecture, group dynamics, audiovisual aids, etc.):

8. Methods of evaluation (indicate methods to be used and how you will use evaluation findings. Attach a copy of evaluation form, if available):

9. What means will be used to publicize and announce the availability of the course(s) to assure open attendance?
Note: When advertising, do not indicate to prospective attendees, in any manner, that approval has been granted unless the provider approval number has been issued by the Board.

10. Describe admission requirements.

11. Describe the method to be used to monitor attendance and satisfactory completion of the course(s).

12. Provide a clear statement of education objectives.

13. Describe the mechanism for measuring the quality of the course(s) being offered.

14. Describe the criteria for selecting and evaluating faculty instructor, subject matter and instructional materials.

15. Describe the criteria for evaluating each course to determine its effectiveness.

Verification

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. § 4911.

Signature of Program Coordinator: _____ Date: _____