

International Examination and Certification Board

Fellowship Certification Guide

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This guide supersedes all older versions.

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I. Fellow of the Optometric Vision Development & Rehabilitation Association

The International Examination & Certification Board (IECB) of the Optometric Vision Development & Rehabilitation Association (OVDRA) welcomes you as a candidate in the Fellowship Process. This guide will serve to acquaint you with the background information, references, requirements and procedures for becoming Board Certified Fellow of the Optometric Vision Development & Rehabilitation Association.

It is strongly recommended that when the candidate begins the Fellowship process, that he/she be thoroughly familiar with this Certification Guide. OVDRA will post updated versions, which occur annually, as soon as they are available. The updated version supersedes any previous guide.

A. What is a Fellow of the Optometric Vision Development & Rehabilitation Association (FOVDR)?

A Fellow has demonstrated advanced competency in the areas of vision development, visual information processing, binocular vision, vision therapy and vision rehabilitation.

The learning experience you are embarking on will be a rewarding one. Not only will you benefit from expanding your knowledge through guided study, but you will also gain satisfaction through public recognition of your achievement. Following completion of your FOVDR certification, you will be urged to stay abreast of advances in the field, as well as encouraged to accept new responsibilities and leadership roles within our organization.

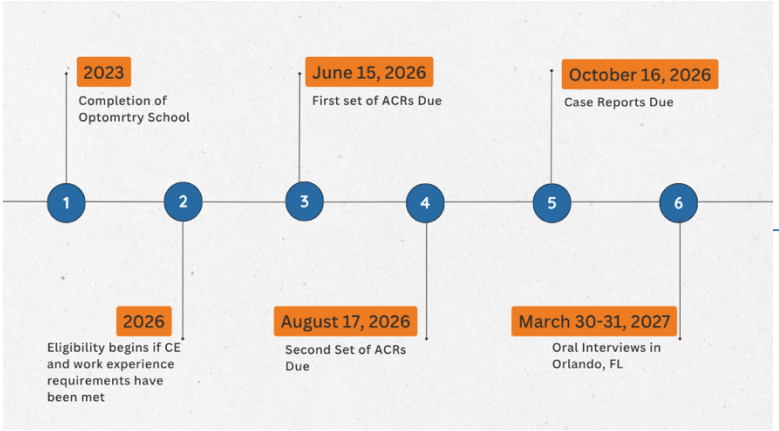
FOVDRs promote and advocate for the developmental and behavioral philosophy of vision care by educating their community through words and actions. They are required to regularly enhance their professional knowledge through continued education and engagement with peers. Additionally, FOVDRs are encouraged to provide mentorship and service.

B. Mission of the International Examination and Certification Board

The mission of the IECB is to evaluate and certify the advanced competency of optometrists and vision therapists in providing vision care as related to development and behavior. This mission is accomplished by encouraging continuous learning and providing an evaluation process culminating in the identification of those professionals with demonstrated knowledge and clinical skills in vision care as related to development and behavior. The certification process is designed to encourage professional growth.

II. Fellowship Process Overview

The Fellowship Process: Eligibility and Enrollment



Multiple Choice Exam Weeks:

October 19-23, 2026
January 18-22, 2027

Requirements to apply for FOVDR certification:

A. Candidates must be optometrists who have graduated from a school or college that has been accredited by the Accreditation Council on Optometric Education (ACOE), or an international equivalent thereof prior to July 2023 to complete the process in 2027.

1. International Candidates must be optometrists or the equivalent thereof in their country.

2. OVDRA membership is not a requirement to be an eligible candidate for Fellowship, but members are entitled to discounted certification fees and education discounts.

B. Candidates have direct involvement in the clinical diagnosis and management of office-based vision therapy for a minimum of 2 years and 1000 hours.

C. Provide documentation of at least 100 hours of continuing education in vision development, binocular vision, visual perception, visual information processing, and vision therapy completed within 10 years prior to your application.

Hours that can be applied to the 100-hour requirement:

1. Formal Continuing Education (CE) courses – up to 100 hours

2. Independent study – up to 30 hours. The candidate will provide a list of topics studied and resource material used (textbooks, journal articles, webinars, etc.).

3. Optometric Study Group participation – up to 20 hours. The candidate will provide a list of meetings attended and discussion topics.

4. Credit from completion of a residency program. Those accredited residencies with components of their program in Vision Therapy including: Brain Injury Vision Rehabilitation, Low Vision Rehabilitation, Pediatric Optometry or Vision Therapy and Rehabilitation, and/or whose residency Area of Emphasis is either Neuro-Optometric Rehabilitation, Pediatrics, or Vision Therapy and Rehabilitation will be eligible for a percentage of hours waived that is equated to the emphasis of VT in their residency.
    a. Continuing Education Credit
        i. At least 50% of the time spent doing therapy will equate to the total of 100 hours.
        ii. At least 25% of time spent doing vision therapy will equate to 50 hours
        iii. You must document clinical therapy time when submitting your CE with your supervisor approving the amount through an attestation on the submission.

    b. Residents Examination Administration

        i. Residents have the opportunity to take the Multiple-Choice Examination (MCE) at the end of their residency.

            1. For residencies at an academic institution, the test must be taken at the same date and time by all residents in an appropriate location at your institution. The exam must not be proctored by an optometrist, optometry student, OVDRA member, healthcare professional, or relative of any candidate.

            2. For private practice residencies, the test must be taken at the same date and time in an appropriate location at an accredited educational institution or learning center and proctored by an accredited individual who is not an optometrist, optometry student, OVDRA member, healthcare professional or relative of any candidate. This method might result in an expense that would be you or your residency supervisor's responsibility.

            3. The exam must be given at a date and time of your choosing, during the assigned week of the year, typically in June. Contact the International Office for the assigned week or review the published timeline for the year of which you

are testing.

ii. Residents who pass the Multiple-Choice Examination are given credit for that portion of the Fellowship process upon enrollment.

1. Our policy is that residents take the test on a voluntary basis.

2. A successful completion of the MCE will expire after 5 years. Candidates for fellowship must apply prior to this deadline in order to utilize their MCE for the process.

D. Submit a completed application through the Certemy portal with the application fee payable to the OVDRA International Office.

To complete certification you must:

1. Complete the certification process within four years of your FOVDR application being accepted. Candidates, whose primary language is not English, may request a two-year extension to complete the process.

2. Candidates need to use the most recent version of the Fellowship guide when completing the process over multiple years.

3. Connect with a FOVDR Mentor. The FOVDR mentorship committee consists of current Fellows who are dedicated to assisting and guiding you through the certification process. Dr. Daniella Rutner will help match you with a mentor, if you do not already have one. You and your mentor should inform Daniella of your partnership by emailing her at drutner@sunyopt.edu.

4. Adhere to the Timeline requirements for completion of the Applied Clinical Responses (ACRs), Case Report submission and fee payments. Your FOVDR mentor should help you throughout the process as you reflect, write and discuss your responses. You must provide written approval from your FOVDR mentor for your response to *each* written submission and electronically submit them to cert@ovdra.org. Your written answers to these questions will then be reviewed by members of IECB.

5. Successfully complete a Multiple-Choice Examination (MCE) and Oral Interview administered by the International Examination and Certification Board of OVDRA.

Phase One: Guided Study

1. The Guided Study portion of the Fellowship process includes completing six Applied

Clinical Responses and three Case Reports regarding patients you have worked with directly in your practice.

a. This process provides you with the opportunity to communicate your knowledge in the areas of vision development, binocular vision, visual information processing, vision rehabilitation and vision therapy.

b. While vision is a process that involves the integration of all aspects of the visual as well as other sensory systems, certain questions may ask you to isolate one or more aspects of vision in order to evaluate your expertise in this particular area.

c. Candidates must be able to explain their answers with developmental and behavioral rationale for the testing and treatment being described.

d. It is appropriate to use the words or concepts of others in your answers. However, it is important to clearly state how *you* apply these words or concepts in *your* clinical activities.

2. Answer the question asked, in its entirety.

    a. Before preparing your answers to the following ACRs, thoroughly read *Format, Submission, and Review Guidelines for Applied Clinical Responses (ACRs) and Case Reports*. Submissions not meeting the format and submission guidelines will be immediately returned directly to the candidate for editing without any review from the IECB.

    b. If you do not successfully complete an ACR the IECB Chair will inform you by email and include the comments from the IECB review team that must be addressed in a revision.

3. Submit through the Certemy Platform

    a. The papers are submitted three at a time in numerical order.
    b. Please review the details of how to submit the ACRs and Case Reports. Documents should contain your Candidate number. This is a blind process; your name should not be on your submissions.
    c. You are encouraged to work on the Guided Study requirements at your own pace with your mentor, keeping in mind the deadlines for completion the year you plan to sit for your Oral Interview.
    d. You must have your mentor's approval prior to submissions of ACRs being processed by the OVDRA office and sent to an IECB review team.
    e. We recommend reviewing the timeline with your mentor prior to starting the process so you can coordinate effectively and allow sufficient time for them to provide feedback before your final submission.

4. Review Process

    a. You will receive a response approximately **six to eight weeks** after your approved submission is received.
    b. The IECB Chair will send a letter with feedback and status of completion following each set of submissions.
    c. The reviewers will provide you with recommendations for additional learning to expand your knowledge on specific topics that will prepare you for the Multiple-Choice Examination (MCE) and Oral Interview.
    d. If revisions are requested, the letter will provide specific instructions on revision requests. You will respond directly with the requested content in the letter and do not need to rewrite the paper, only provide answers to the follow-up questions. Please submit your revisions to cert@ovdra.org Upon successful completion of your ACRs and case reports, you will be invited by a letter from the IECB Chair to move on to Formal Candidacy.
    e. After the initial submission, a maximum of two revisions may be completed for each submission within the same year in which you plan to sit for the oral interview. If the submission does not meet the required standard after two revisions, it will need to be resubmitted in the following year. You are welcome to continue working on and submitting other papers during this time. Please note that requiring multiple revisions may indicate areas where further development is needed, and in such cases, an additional year in the process will be required before becoming eligible for an interview.

Phase Two: Formal Candidacy

The next phase in the FOVDR process consists of the Multiple-Choice Examination (MCE) and Oral Interview. At this time, you will submit the final payment for examination administration through www.OVDRA.org/store.

Step 1: Multiple Choice Examination (MCE)

1. This is a 100-question multiple choice test. Performance is reported as pass or fail based on criterion-referencing (not graded on a curve—you are not competing against the other candidates in your year). Raw scores are not relevant to the process and are not released. The questions have been written by Fellows and edited for content and clarity. Results are analyzed by experts in standardized test design after each test administration.

2. You are responsible for making arrangements with a local college, university, library or learning center to take the exam, and you must supply a qualified proctor. The OVDRA office will provide you with the requirements and forms that need to be completed to schedule the test administration. You may also take the exam during the Residency week in June if you are local to one of the colleges. You must take the exam on the same

day and time as the residents.

a. You are allowed up to 3 hours to complete the examination.

b. All testing materials and information will be sent directly to the proctor prior to the test date.

c. You will need to have photo identification for verification by the proctor.

d. You will not be allowed to bring any materials, notes, books, food, drink, calculators, computers or phones into the examination room.

e. Bring with you several #2 pencils for use in completing the examination score sheet.

f. The proctor will open the sealed envelope containing the examination in your presence and will provide instructions and answer any questions you may have about completing the answer sheet.

3. You are eligible to take the MCE after your application has been accepted. The MCE must be taken during the designated week in October or January as specified in the FOVDR Timeline. The MCE must be passed prior to scheduling your Oral Interview.

4. The IECB Chair will send a letter with results which will include information regarding your completion of the examination. If needed, you may retake this examination (additional fees will apply). If a passing score is not received, the examination can be taken again during the next scheduled administration. Candidates must submit the MCE registration and retake fee prior to the examination.

Step 2: Oral interview

The Oral Interview takes place only at the OVDRA Annual Meeting. Interviews are scheduled on the Tuesday and Wednesday prior to the start of the general meeting.

The Oral Interview is conducted by two IECB members and typically lasts 30 minutes. During the interview, you will be asked questions primarily relating to the reviewers' comments you received about your ACRs, cases and areas of additional learning as indicated by your MCE results. Should the interviewers have further questions, an additional interview may be scheduled with two interviewers who were not involved with the first oral interview and the IECB Chair or Officer. (An original oral interview team member will also be present as an observer.) There is no additional fee for the second oral interview. There is an option for a third oral interview that is conducted in the fall via virtual platform only.

There is no score or grade that is determined from the Oral Interview. Results of the Oral Interview are used to determine if you have successfully completed the certification

process.

Step 3: Formal Induction

Once you have successfully completed all steps of the process you will be invited to participate in the induction of new Fellows during the induction banquet at the OVDRA Annual Meeting.

Phase Three: Maintenance of Certification

1. Your fellowship certification, once awarded, is good for a five-year period before expiring.

2. To meet the requirements for your maintenance of certification (MOC) you must earn 75 points through continuing education, publication, participation, and volunteering for the organization. Current MOC details can be found at www.OVDRA.org.

Applied Clinical Responses (ACRs)

Please prepare your answers to the following questions using the Format, Submission, and Review Guidelines for ACRs. You will submit ACRs 1-3 on or before the first deadline, ACRs 4-6 by the second deadline, and the Case Reports by the final deadline.

Your mentor should review all of your submissions prior to uploading the documents to Certemy. Your FOVDR mentor must formally acknowledge that they have reviewed and approved your submission(s). Mentors must email cert@ovdra.org to submit approval. **Answers will not be submitted to the IECB Review Board without mentor approval.**

1. From a functional perspective, discuss tests and treatments for accommodative abnormalities including insufficiency, infacility, lack of sustainability, and excess. Explain the functional testing you complete to determine the need for lenses, prisms, and vision therapy. Discuss **your** sequence of therapy with specific examples. How would your treatment differ based on diagnosis?

2. From a functional perspective, discuss tests and treatments for non-strabismic binocular abnormalities, including convergence insufficiency, excess, divergence insufficiency, excess, and vertical deviations. Explain the functional testing you complete to determine the need for lenses, prisms, and vision therapy. Discuss **your** sequence of therapy with specific examples. How would your treatment differ based on diagnosis?

3. From a functional perspective, discuss tests and treatments related to strabismus and amblyopia. Discuss similarities and differences in testing and treatment between refractive and strabismic conditions. Be sure to include suppression, anomalous correspondence, eccentric fixation, and occlusion/penalization therapy. Describe how these tests help you decide which treatment is indicated including referrals, lenses, prisms and vision therapy. Discuss **your** sequence of therapy with specific examples. How would your treatment differ based on diagnosis?

4. Define and outline your testing protocol for visual perception and visual information processing. Explain how deficiencies in these areas can impact development, rehabilitation and performance in school, work, hobbies, and sports. Discuss **your** sequence of therapy with specific examples. How would your treatment differ based on diagnosis?

5. Discuss the application of lenses, tints, partial occlusion and prisms beyond their conventional use for compensation and differentiate between compensatory and therapeutic treatment. Describe their impact on visual development, visual stress, attention/behavior, balance, gait, and vestibular integration. Finally, outline how **you** use these tools in a vision therapy and rehabilitation program.

6. Describe your concept of vision and how it has evolved. Explain how vision relates to developmental milestones, behavior, and performance. Discuss the influence of developmental differences, learning experiences, and neurological challenges on visual function in education, sports, and activities of daily living.

IV. Case Reports

Before preparing your case reports, thoroughly read *Format, Submission, and Review Guidelines for Applied Clinical Responses (ACRs) and Case Reports*. Submissions not meeting the format, and submission guidelines will be immediately returned directly to the candidate for editing without any review from the IECB.

If you have questions about the appropriateness of a case you have selected, please talk to your mentor and if there are still questions, contact the IECB Chair for guidance. The cases you select must be at a stage where treatment is complete and not be in active progress. You should have been directly involved in management of the case, such as planning therapy activities, loading and unloading (in cases where therapy is involved) so that you are closely involved with care of the patient you present. All clinical findings must be included to support the diagnoses, treatments, and follow-up care. Please provide all of the actual numerical data. If the outcomes were not optimal, the self-critique must indicate how they could have been improved**. (**See Appendix J for a Sample Case Study Report).

A. Case Report Topics:

1. **Learning Related Visual Perceptual/Visual Information Processing Deficits:** Clinically how do you evaluate and manage children or adults with learning related vision problems? The report must address the role of developmental milestones. The report must also show that the patient has deficits in one or more of the areas of visual perceptual/visual information processing that impact the patient's behavioral development and learning abilities. The deficits must be determined by standardized testing of one or more of these areas. Additionally, but not in lieu of standardized testing, non-standardized measures can be used, such as observation of various patient behaviors and performance. Include any classroom, workplace or daily living recommendations you would discuss with others involved in this patient's care. Clearly indicate how your optometric vision therapy addresses these deficits. A case where the patient's deficits that impact learning are primarily because of anomalies of pursuit and/ or saccadic eye movements, and/or accommodation, and/or strabismus and/or non-strabismic binocular anomalies, will not be accepted.

2. **Strabismus**: The report must include the findings of a thorough strabismic diagnostic protocol and a detailed description of the optometric vision therapy that was conducted. The patients' strabismus must be **constant at all times and at all distances**; any instance where there is intermittency of the eye turn is not acceptable (a centration point may be present). Further, the report of a patient whose strabismus resolves as the result of compensatory lenses, such as a fully compensated accommodative esotropia, or the use of minus lenses to induce accommodative convergence in a case of exotropia, is also not acceptable. The patient may or may not have an accompanying amblyopia.

It is preferable that the treatment has resulted in improvement in cosmesis (reduced amplitude or frequency) and/or in sensory or motor status. **However, if no such improvements were evident, the critique must address the factors that precluded such improvements, what improvements were made, and/or what vision therapy or other management measures could have been taken.** Include the aspects of the development and behavior that you consider important with this patient.

3. **<u>Therapeutic Lens Treatment</u> (Non-compensatory):** The case should include the use of developmental and/or rehabilitative lenses, prisms, filters and/or sector occlusion with no active vision therapy as the treatment. The case should specify the diagnosis(es). Include a discussion of how the treatment impacted the patient's visual stress, visual behavior and visual development. Your case should demonstrate an improvement in performance or development. Follow up visit(s) to evaluate improvements are required. Discussion should include what testing or performance measures led to your lens choice.
   - To note: The various ways lenses are used are described differently by different clinicians. The IECB *does not intend* to establish definitions that other clinicians should use. For this case we will put forth a definition for compensatory in order to better communicate to candidates what the intentions of this case are.
     (1) Definition: compensatory
       (a) A lens prescription whose ***only*** intention is to compensate for a refractive error or strabismic angle is compensatory.
       (b) Such as the following, ***unless*** a behavioral or developmental explanation is included, this type of case will not be acceptable.
         i) A -2.00 myope receives -2.00 lenses.
         ii) A +1.50 hypermetrope receives +1.50 lens.
         iii) Vertical prism is prescribed for a vertical deviation to alleviate diplopia.

B. Required content areas of Case Reports

All case reports must contain the following sections (your final draft *must* address all nine of the content headings listed below). Please limit to no more than 15 pages double-spaced including tables and appendices.

We recommend you follow the guidelines of Vision Development & Rehabilitation journal as much as possible. We encourage you to submit your work for publication after the review. https://www.editorialmanager.com/vdr/account/Authors_Final.pdf

1. <u>Type of Case</u>: (i.e., Learning-related, Strabismus/Amblyopia, or Lens Treatment) Note this on the top of each page.

2. <u>History</u>: Please use the patients' initials (do not use patient's name on any materials). Note the entering complaint, signs and symptoms, onset, frequency and severity of symptoms. Address significant developmental and educational history.

Give a brief summary of previous evaluations, pertinent family eye and medical history, the patient's medical history and medications.

3. Diagnostic Data: List all tests by name. List results and observations (quantitative & qualitative). Tests should rule out and define problems.

4. Diagnosis or Diagnoses: Diagnosis should be supported by history, test results, and observations. Relevant interpretation of the data should also be included.

5. Prognosis: The patient's and doctor's goals should be listed. Also, the prognosis for reaching the goals should be provided.

6. Treatment: Write out lenses and prisms initially prescribed and the rationale. Summarize therapeutic procedures including order of implementation and purpose of procedures chosen, frequency of visits, duration of treatment, progress evaluations and resulting changes in therapy process.

7. Outcome of Case: Provide the results of treatment, your impressions of the results, whether patient's goals and doctor's goals were met, and changes in performance.

8. Follow-Up Care: Provide the disposition of case with results, future considerations, final prognosis and subsequent care.

9. Critique: Please address the following questions.
   (A) Are there any general or specific items in this case that did not make sense?
   (B) Are there any additional tests that, in hindsight, you might have performed during the original or progress evaluation(s)?
   (C) Are there any therapeutic techniques you wish you had, in hindsight, utilized?
   (D) Who was more satisfied with the outcome; doctor, patient or patient's family?
   (E) What would you have done differently? What did you learn?

If you do not successfully complete a Case Report, the IECB Chair will inform you by letter and include the comments from the IECB review team that must be addressed.

C. Honesty and Social Media Policy

A candidate is expected to be the author of all Case Reports and answers to the Applied Clinical Responses as work he/she submits. By seeking credit or recognition for work that is not his/her own, a candidate engages in an act of dishonesty that is a serious offense in a professional community. There are two kinds of dishonesty: cheating and plagiarism. Cheating includes giving or receiving assistance on an examination or assignment in a way not specifically permitted. Plagiarism includes the use of another's scholarship, words, ideas, or artistic product without proper citation or

acknowledgment. In all written work, the standard guide for citation or acknowledgment will be The Publication Manual of the American Psychological Association.

Although you must document those you quote, the quote will not be accepted as representing what you think. You must follow a citation with your own thoughts or conclusions and how you apply them clinically.

During the process you may work with colleagues and mentors to formulate responses, however gathering answers by soliciting questions to a large body of individuals on social media platforms is strictly prohibited.

D. Artificial Intelligence (AI) Policy

All submissions for fellowship or certification should be fully prepared by the applicant. The process is itself a learning opportunity as you reflect on your daily practices and refer to recommended resources that solidify and clarify your understanding. However, plagiarism from those resources is unacceptable.

AI writing tools, outside of improving spelling, translation, and/or grammatical errors, do not support the learning goals of this certification process and are **not permitted.**

Mentors and members of the IECB will have access to appropriate software to evaluate the use of generative artificial intelligence and plagiarism. If at any time in this certification process it is determined that artificial intelligence and/or plagiarism has knowingly been used for your submission, you will be required to re-write your submission. If you have questions about what constitutes a violation of this statement, please email Cert@OVDRA.org

Format, Submission, and Review Guidelines for ACRs

A. It is your responsibility to follow the FOVDR Timeline and submit all materials, forms, and fees prior to or on the deadline date. No exceptions are made for missed deadlines if the candidate seeks to complete the process during that year.

B. All submissions must be uploaded into Certemy and must be written in English.

C. All ACR submissions must use the following format:

1. Submissions must be typed using 12-point font, double-spaced, and submitted as a .PDF format.
2. Header: List the assigned candidate number in the header of each page. Do not place your name on any part of the submission.

3. Footer: Insert document type and page numbers in footer of document (Example: *ACR #1, page 1 of 3*).
4. Each response should be no less than two pages and no more than five pages, double spaced.
5. At the top of first page, type ***ACR #***__ and type the question in its entirety.
6. Each ACR must be submitted as a separate .pdf file. Please submit papers in groups of 3, even if sending prior to the deadline.
7. All submissions should be submitted as a PDF with the file name as follows

Candidate Number___ ACR #___

Your name should not be on your submissions. This is a blind process.

D. <u>All Case Reports must use the following format:</u>

1. Submissions must be typed using 12-point font, double-spaced, and submitted as a .PDF format.
2. Header: List the assigned candidate number in the header of each page. Do not place your name on any part of the submission.
3. Footer: Insert document type and page numbers in footer of document (Example: *Strabismus Case, page 1 of 9*).
4. Each case report should be no more than 15 pages, double-spaced, including tables and appendices.
5. At the top of the first page, list the ***Type of Case*** (i.e., Learning Related Vision Problem, Strabismus, or Lens Treatment)
6. Each Case Report must be submitted as a separate .pdf file. Please submit papers in groups of 3, even if sending prior to the deadline.
7. All submissions should be submitted as a PDF with the file name as follows

Candidate Number ___Case Report____

Your name should not be on your submissions. This is a blind process.

E. Write in a clear and concise manner and proofread your materials carefully. Remember to use spell and grammar checks.

F. Use standard optometric terminology. Reviewers may not understand your clinical "shorthand" or conventions.

G. Photocopies of VT work-ups or chart notes are not acceptable.

H. Record the numerical findings and pertinent patient's behavioral changes of all of your clinical tests.

I. Do not assume that the reviewers know what you are thinking. Please explain your answers in detail.

J. Your mentor *must* read and approve your ACR answers *prior* to any submission.

Mentor must submit approval to cert@ovdra.org.

Contact Information

OVDRA Credentialing Director

215 West Garfield Rd, Suite 260
Aurora, OH 44202

P: 330.995.0718
F: 330.995.0719

E: Cert@covd.org

FOVDR Mentor Committee

Dr. Joanna Carter, OD, FOVDR
Dr. Daniella Rutner, OD, MS, MBA, FAAO, FOVDR, FNAP
FOVDRMentorship@gmail.com

Summary of FOVDR Fees 2026-2027

OVDRA Member Fees	
Guided Study Fee	$ 800.00
Examination Fee[1]	$ 700.00
Total - OVDRA Member Fees:	$ 1,500.00

Non-Member Fees	
Guided Study Fee	$ 1,000.00
Examination Fee[1]	$ 1,000.00
Total – Non-Member Fees:	$ 2,000.00
Multiple Choice Examination Retake Fee[2]	$250

[1] includes initial sitting for the multiple-choice examination and the oral interview
*[2] payment must be received for **each** subsequent attempt on the multiple-choice examination.*

2026-2027 Timeline for Fellow (FOVDR) Candidates

Once your Fellowship Application has been accepted, you have up to four years to complete the certification process. Candidates, whose primary language is not English, may request a two-year extension to complete the process.

If you plan to take the Multiple-Choice Examination (MCE) and Oral Interview in 2027, you must adhere to the following deadlines. Candidates may take the MCE at ANY point in the process once the application is received, but it must be completed prior to scheduling your Oral Interview. Residents take the exam in June.

The OVDRA Annual Meeting is scheduled for March 30 – April 3, 2027 in Orlando, Florida

Applied Clinical Responses (ACRs) and Case Reports submissions must be sent electronically following the process guidelines available in the candidate guide at www.covd.org/fellowship. All documents must be loaded as evidence files into Certemy no later than MIDNIGHT EST on the due date to be accepted.

The normal review process will take eight weeks. If the International Examination and Certification Board (IECB) reviewers request more information (revisions), an additional six to eight weeks may be needed to complete the review process. Please plan submissions accordingly. If you have revisions, email them to Lauren at Cert@ovdra.org

Revision Deadline Policy	If revisions are required, you must reply to the reviewers' comments and questions no later than TWO weeks from the date of the IECB Chair's letter if you plan to complete the process this year. Submit mentor approved revisions in the same way you submit ACRs.
June 1-5, 2026	Resident Exam Week. *Residency Directors/Supervisors will be provided with registration details*
June 15, 2026	First set of Applied Clinical Responses and Review Fee due
August 17, 2026	Remaining Applied Clinical Responses due
October 5, 2026	Deadline to register for the October Multiple Choice Examination
October 16, 2026	All Case Reports due
October 19-23, 2026	Fall Multiple Choice Exam Week
December 14, 2026	Deadline to register for the January Multiple Choice Examination
January 18-22, 2027	Winter Multiple Choice Exam Week
February 26, 2027	All final Applied Clinical Responses, Case Report revisions and successfully passing the Multiple-Choice Exam must be completed to qualify for taking the Oral Interview at the Annual Meeting in March. All outstanding certification fees must be paid. Deadline to register for the Oral Interview
March 30-31, 2027	Oral Interviews conducted at the Annual Meeting in Orlando, FL

FOVDR Learning Objectives, Critical Concepts, and Recommended Study References

The below list encompasses learning objectives followed by sources that are deemed appropriate by candidates active in the certification process. Use this information as a resource in addition to recommendations from your mentor. New and updated list of Articles and References have been updated on the website. It is highly recommended to refer to the organization's website as new information is added.

The Fellowship process is designed to help you expand your knowledge base in all aspects of behavioral vision care. You will be challenged in your written responses by your mentor and members of the review board.

Advanced competency is expected in the following principles and procedures for each clinical condition. The first phase of your fellowship process will help you obtain and articulate a deeper understanding of these principles. The examination phase will further explore your understanding of these clinical issues.

A recommended strategy is to first read through the Learning Objectives and then the required Applied Clinical Responses found inside the Candidate Certification Guide. Determine your current areas of knowledge and topics that present an additional learning opportunity. Choose the sources that cover these areas of further study.

Learning Objectives:

1. **Principles and Procedures** – You should be able to define and explain:

    a. The unique qualities, and scientific and clinical principles of each clinical condition.
    b. The epidemiological and demographic characteristics of each clinical condition.
    c. The characteristic history, and signs and symptoms for each clinical condition.
    d. How to assess each clinical condition, including specific test protocols and their interpretation.
    e. The differential diagnosis for each clinical condition.
    f. The specific treatment and management of each clinical condition including:
        1) Prognostic indicators
        2) Treatment options
        3) Duration and frequency of treatment
        4) Treatment philosophy and goals
        5) Specific lens treatment and therapy procedures including rationale for that which is prescribed whether lenses or vision therapy
        6) Ergonomics and visual hygiene

7) Outcomes to determine successful completion of treatment
8) Frequency of follow-up care and patient instructions
9) Referral criteria (medical, neurological, educational, etc.)

2. Clinical Conditions

a. Strabismus and Amblyopia

1) Amblyopia
   a) Anisometropic / Isometropic Refractive Amblyopia
   b) Strabismic Amblyopia
   c) Hysterical Amblyopia
   d) Form Deprivation Amblyopia
   e) Differential diagnoses in childhood visual acuity loss

2) Strabismus
   a) Esotropia
      i. Infantile
      ii. Accommodative
      iii. Acquired
      iv. Microtropia
      v. Sensory
      vi. Convergence Excess
      vii. Divergence Insufficiency
      viii. Non-accommodative
      ix. Sensory Adaptations
   b) Exotropia
      i. Divergence Excess
      ii. Convergence Insufficiency
      iii. Basic Exotropia
      iv. Congenital
      v. Sensory
   c) Vertical Deviations
   d) Noncomitant Deviations (AV Syndrome; Duane's Retraction Syndrome; Brown's Syndrome; III, IV, VI nerve palsy, etc.)
   e) Differential diagnoses in strabismus

3) Special clinical considerations
   a) Anomalous Correspondence
   b) Eccentric Fixation
   c) Suppression
   d) Motor Ranges

e) Stereopsis
f) Horror fusionalis/intractable diplopia

b. Growth and Development

1) Visual
   a) Infant vision (normal and abnormal ranges of refractive status in infant, toddler, and preschool populations)
   b) Acuity / Binocularity / Stereopsis / Accommodation
   c) Neurological / Cognitive / Behavioral
   d) Developmental milestones
   e) Piaget stages of development

c. Perception and Visual Information Processing

1) Neurological / Psychological
   a) Ambient / focal systems.
   b) Visual perceptual midline
   c) Parvocellular / Magnocellular function
   d) Perceptual Style (central, peripheral)
   e) Impact of colored filters
   f) Attention

2) Intersensory and Sensorimotor Integration
   a) Visual-auditory
   b) Visual-vestibular
   c) Visual-oral
   d) Visual-motor
   e) Visual-tactual

3) Performance indicators
   a) Laterality and directionality
   b) Visual requirements for academic success
   c) Bilaterality
   d) Gross and fine motor ability
   e) Form perception/visual analysis
   f) Spatial awareness
   g) Visualization
   h) Visual memory
   i) Visual sequential memory
   j) Form constancy
   k) Visual speed and visual span
   l) Visual sequencing

d. Refractive conditions and visual skills

    1) Refractive Conditions
        a) Developmental influence on refraction & emmetropization
        b) Aniseikonia
        c) Myopia
        d) Astigmatism
        e) Hyperopia
    2) Ocular Motor Function
        a) Eye movements and reading
        b) Pursuit dysfunctions
        c) Nystagmus
        d) Saccadic Dysfunctions
    3) Accommodation
        a) Role in myopia development
        b) Role in computer-related asthenopia
    4) Fusion in Non-Strabismic Conditions
        a) Fixation disparity
        b) Motor fusion
        c) Sensory fusion

e. Special clinical conditions

    1) Acquired brain injury (traumatic brain injury {TBI} and stroke)
    2) Developmental disabilities (Down Syndrome, Developmental delay, etc.)
    3) Visually induced balance disorders
    4) Motor disabilities (Cerebral Palsy, ataxia, etc.)
    5) Behavioral disorders
    6) Autism spectrum disorders
    7) ADD / ADHD
    8) Dyslexia and specific reading disabilities
    9) Learning Disabilities
    10) Computer Vision Syndrome

3. Vision Therapy Concepts to Consider

a. Peripheral awareness: focal / ambient roles
b. Significant findings which are good or poor prognostic indicators of vision therapy and lens application
c. Development, rehabilitation, prevention, enhancement
d. Behavioral lens application
e. Yoked prism rationale for treatment and application
f. The relationship between the visual and vestibular systems
g. SILO/SOLI

h. Visual stress and its impact on the visual system
i. Role of posture in vision development, comfort and performance
j. Disruptive therapy: Discuss this type of therapy and how it can be used as a clinical therapeutic tool.
k. Relationship of speech-auditory to vision
l. How might television, reading, video gaming, restricted movement, computer work, nutrition, etc. impact vision?
m. Perceptual Style, e.g., spatial/temporal, central/peripheral

Study References

The primary resource for writing your responses to the ACR's and your cases should be your clinical experience. Your writing should reflect your expertise and provide understanding about how you practice. It is not necessary to quote passages from various references. However, you and your mentor may feel that you may benefit from consulting of some of the following reference materials to broaden and deepen your foundation in particular areas. Once you have consulted those mentor-suggested materials and discussed the relevance of that material with your mentor, you may find your approach to your written work taking on a different and more solid approach. The following list of references is only meant as a starting guide for the material you may find helpful in building your knowledge base.

Study materials can be downloaded at the following link on the COVD/OVDRA website:
https://www.covd.org/page/Fellowship

Amblyopia/Strabismus

Amblyopia in Problems in Optometry Vol. 3 (2)
Rutstein RP (ed.) Lippincott 1991

Amblyopia – Basic and Clinical Aspects
Ciuffreda K, Levi D, Selenow A. Butterworth – Heinemann 1991

Applied Concepts in Vision Therapy
Press LJ. OEPF 2008

Binocular Anomalies: Theory, Testing & Therapy (5th ed.)
Griffin JR, Borsting EJ. Butterworth-Heinemann 2011 (2 volumes)

Binocular Vision and Ocular Motility: Theory and Management of Strabismus (4th ed.)
von Noorden GK. CV Mosby Co. 1990

Clinical Management of Strabismus

Calaroso E. and Rouse M. Butterworth – Heinemann 1993

Clinical Uses of Prism: A Spectrum of Applications
Cotter S. Mosby 1995

Crossed & Lazy Eyes
Vergara Gimenez P. OEPF 2016

Effective Strabismus Therapy
Greenwald I. OEPF 1979

Strabismus and Amblyopia.
Getz D. OEPF 1990
Pediatrics and Child Development

Clinical Pediatric Optometry
Press LJ and Moore BD. Butterworth – Heinemann 1993

Visual Development, Diagnosis, and Treatment of the Pediatric Patient, 2nd Edition
Editors: Schnell P, Taub MB, Duckman RH. Lippincott Williams & Wilkins 2019

Developmental Disabilities in Infancy and Childhood. 2nd ed.
Capate AJ and Accardo PJ. Paul Brooks Publishing, 1996

Eye Care for Infants and Young Children
Moore, BD. Butterworths 1997

How to Develop Your Child's Intelligence
Getman G. OEPF

Pediatric Optometry in *Problems in Optometry Vol. 2. (3)*
Scheiman, M editor. J.B. Lippincott 1990

Pediatric Optometry
Jennings BJ, editor. in Optometry Clinics, Appleton & Lange 1996

Principles and Practice of Pediatric Optometry
Rosenbloom AA and Morgan MW. Lippincott 1990

Smart in Everything Except School
Getman GN. OEPF 1992

Your Child's Vision: A Parent's Guide to Seeing Growing and Developing

Kavner RS. Simon and Schuster 1985 and OEPF

Vision- Its Development in Infant and Child
Gesell A. Ilg Fl, and Bullis GE. Hafner Publishing Co. 1970

What and how does this child see?
Hyvärinen L and Jacob N. Good Lite and OEPF

Visual Perception, Visual Information Processing, and Learning

Applied Concepts in Vision Therapy 2.0
Press LJ. OEPF 2008, 2023

Developmental & Perceptual Assessment of Learning – Disabled Children: Theoretical Concepts and Diagnostic Testing
Groffman S, Solan HA. OEPF 1994

Optometric Management of Learning Related Vision Problems 2nd ed.
Scheiman MM and Rouse MW. Mosby 2006

Optometric Management of Near point Vision Disorders
Birnbaum MH. OEPF 2008 (reprinted)

Optometric Management of Reading Dysfunctions
Griffin JR, Chirstenson GN, Wesson MD, Erickson GB. Butterworth – Heinemann 1997

See it, Say it, Do it
Hellerstein L. HiClear Publishing 2010.

Tests and Measurements for Behavioral Optometrists
Solan HA and Suchoff IB. OEPF 1991

Thinking Goes to School: Piaget's Theory in Practice
Furth H and Wachs H. Oxford Univ. Press 1975 and OEPF

Visual / Spatial Portals to Thinking, Feeling and Movement
Wieder S and Wachs H. Profectum Foundation 2012

Vision and Reading
Garzia R. Mosby 1996.

Visual Imagery: An Optometric Approach
Forrest E. OEPF 1981.

Visual Processes in Reading and Reading Disabilities
Willows and Kruk, Lawrence Erlbaum Associates 1992

Refractive Conditions and Visual Skills (Accommodation, Vergence, Saccades, Pursuits)

Accommodation, Near work, and Myopia
Ong E and Ciuffreda KJ. OEPF 1997

Applied Concepts in Vision Therapy
Press LJ. OEPF 2008

Binocular Anomalies: Theory, Testing & Therapy (5th ed.)
Griffin JR, Borsting EJ. Butterworth-Heinemann 2011 (2 volumes)

Clinical Management of Binocular Vision: Heterophoric, Accommodative, and Eye Movement Disorders 3rd ed
Scheiman M. Wick B. Lippincott 2008

Clinical Uses of Prism: A Spectrum of Applications
Cotter S. Mosby 1995

Eye Movement Basics for the Clinician
Ciuffreda KJ and Tannen B. Mosby 1995

Optometric Management of Nearpoint Vision Disorders
Birnbaum MH. OEPF 2008 (reprint)

Sports Vision: Vision Care for the Enhancement of Sports Performance
Erickson G. Elsevier 2007

Sport Vision in Optometry Clinics Vol. 3 (1)
Classe J. Appleton & Lange 1993

Stress and Vision
Forrest E. OEPF 1988

Vergence Eye Movements: Basic and Clinical Aspects
Schor CM and Ciuffreda KJ. Butterworths 1983

Lens Power in Action
Kraskin R OEPF 2003

Special Clinical Conditions

(Acquired Brain Injury, Developmental Disabilities such as Down's Syndrome, Autism Spectrum Disorders, Motor Disabilities etc.)

Applied Concepts in Vision Therapy (Chapter 12)
Press LJ. OEPF 2008

Neuro-Visual Processing Rehabilitation: An Interdisciplinary Approach
Padula, MW. OEPF 2012

Visual Diagnosis and Care of the Patient with Special Needs
Taub MB, Bartuccio M, Maino DM Lippincott Williams & Williams 2012

Visual and Vestibular Consequences of Acquired Brain Injury
Suchoff IB, Ciuffreda KJ, Kapoor N (eds) OEPF 2001

Clinical Management of Binocular Vision 3r^{d} Edition (Chapter 20)
Scheiman M & Wick VB Lippincott Williams & Wilkins 2008

Envisioning a Bright Future – Interventions that work for children and adults with Autism Spectrum Disorders
Lemer PS (ed) OEPF 2008

Seeing Through New Eyes: changing lives of children with Autism, Asperger's syndrome and other developmental disabilities through vision therapy
Kaplan M. Jessica Kingsley Publishing 2006

Vision Rehabilitation- Multidisciplinary Care of the Patient Following Brain Injury
Suter PS, Harvey Lisa H (eds) CRC Press 2012

Other /Miscellaneous References

Bibliography of Near Lenses and Vision Training Research
OEPF 1998
(This is a softbound text that lists over 1500 references in 64 categories related to behavioral vision care.)

Optometric Clinical Practice Guidelines
Various authors, all are published by the American Optometric Association

- Care of the Patient with Accommodative and Vergence Dysfunction
- Care of the Patient with Amblyopia
- Care of the Patient with Strabismus: Esotropia and Exotropia
- Pediatric Eye and Vision Examination
- Care of the Patient with Learning Related Vision Problems

Sources for Study References

American Optometric Association
Items: Optometric Clinical Practice Guidelines
www.aoa.org

http://www.aoa.org/optometrists/tools-and-resources/clinical-practice-guidelines

Bernell/U.S.O 1-800-348-2225
Items: Textbooks
andrews1@midwest.net

Optometric Extension Program Foundation (OEPF) 1-949-250-8070 or 1-800-824-8070
Items: Textbooks and other reprints
http://www.oepf.org/

Sample Cases

For an example of an appropriate Strabismus Case to use, please reference the following link:

https://cdn.ymaws.com/covd.site-ym.com/resource/resmgr/vdr/vdr_7_3/vdr7-3_article_bilkhu_web.pdf

For an example of an appropriate Lens Case to use, please reference the following link:

https://cdn.ymaws.com/covd.site-ym.com/resource/resmgr/vdr/vdr_8_2/vdr8-2_casereport_stein_web.pdf

FOVDR Multiple Choice Examination (MCE) Study Outline

The following is the percentage breakdown, by clinical topic areas, covered by the MCE, which may be helpful in your preparation for taking the 100-question multiple choice examination:

Clinical Topic Areas:	% of Questions
Visual Information Processing – diagnosis and treatment	23%
Visual Efficiency/General Skills – diagnosis and treatment	18%
Strabismus – diagnosis and treatment	18%
Amblyopia – diagnosis and treatment	10%
Infant and Preschool Vision Development	10%
General Vision Therapy Concepts	10%
Acquired Brain Injury – diagnosis and management	4%
Special Populations – diagnosis and management	4%
Disease as it relates to Vision Function	3%

IECB Guidelines for Candidates with Disabilities

The International Examination and Certification Board (IECB) of the Optometric Vision Development & Rehabilitation Association, an organization that certifies professionals who specialize in the rehabilitation of individuals with visual disabilities, recognizes its' role in the implementation of the Americans with Disabilities Act (ADA) as amended. The following are guidelines for candidates with disabilities who are applying for test accommodations under the ADA as amended:

- The candidate must inform the IECB of the request in writing, using the *Request for Accommodation* form. Please note that this request must have attached documentation from a qualified evaluator (a physician, psychologist, or optometrist) that demonstrates your disability. Please give your evaluator the *Guidelines for Documentation of Disabilities* to ensure that the IECB has the documentation it needs to comply with the law and to avoid delays in processing your request.
- Please remember to include a personal statement with your form. This personal statement should describe how your disability significantly affects your ability to perform in a standard testing environment.
- Send your Request for Accommodation form, with the personal statement and the evaluator's documentation attached, within 60 days after submission of your Fellowship or COVT Application, to the Optometric Vision Development & Rehabilitation Association, 215 W. Garfield Rd., Ste. 260, Aurora, OH 44202, you can also send directly to cert@OVDRA.org.
- Each request is reviewed and evaluated on an individual basis.
- When the IECB determines that accommodation of your disability is appropriate, they will work with you to determine how best to accommodate your disability for each phase of the examination and certification process.

Guidelines for Documentation of Disabilities

The following are guidelines adopted by the OVDRA International Examination and Certification Board (IECB) for documentation of disabilities for candidates who are applying for test accommodations under the ADA as amended:

- The evaluator must be qualified to conduct the necessary assessments and make the relevant diagnosis or diagnoses. For learning disabilities, this should be a licensed psychologist or psychiatrist who has additional training and experience in the assessment of learning problems in adolescents and adults. For attention disorders, the evaluator should be a licensed psychologist or psychiatrist who has additional training and experience in the assessment of attentional difficulties and the diagnosis of ADHD in adolescents and adults. For physical disabilities, the evaluator should be a physician who has the appropriate training in the relevant specialty area. For vision or hearing disabilities, the evaluator should be an optometrist, ophthalmologist, or audiologist.
- The documentation must be current. Because appropriate accommodations can only be determined based on information about the current impact of the disability on activities of daily living, it is in the candidate's best interest that the information about the impairment be current.
- The documentation must contain the following information:
    - The date of the evaluation;
    - Relevant educational, developmental, and medical history;
    - History of prior accommodation, or rationale for lack of prior accommodation;
    - The tests used to arrive at the diagnosis and the data from these tests;
    - A specific diagnosis or diagnoses that causes impairment, including detailed interpretation of the data and how alternative diagnoses were ruled out, especially in the case of learning disabilities or ADHD;
    - Suggestions for appropriate specific accommodation of the disability;
    - A statement of the qualifications of the evaluator.
- This documentation must be typewritten on the evaluator's letterhead and signed by the evaluator.

Request for Accommodations

Name _____
last first middle initial

Gender ❑ male ❑ female

Address _____

_____
city state/province ZIP/postal code

_____ _____
daytime phone number e-mail address

Nature of disability

learning impairment: ❑ reading disability ❑ writing disability

language impairment:
❑ receptive language disorder
❑ expressive language disorder
❑ mixed or other language disorder _____

mental health impairment:
❑ attention deficit/hyperactivity disorder
❑ anxiety disorder
❑ other mental health disorder _____

sensory impairment: ❑ visual disability
❑ hearing disability

physical impairment:
❑ mobility disorder
❑ neurological disorder
❑ other physical impairment _____

Accommodation requested (not intended to be a comprehensive list of available accommodations)

❑ extended time on written examination ❑ separate room for written examination

❑ extra breaks during written examination

❑ accommodation during oral examination (please describe) _____

❑ other accommodation (please describe) _____

❑ translator/interpreter (at least 30 days prior notice required, we will do our best to accommodate this request, but we cannot guarantee this service.

Language: _____

History of prior accommodation (please check when accommodations were received and describe in your personal statement)

❑ none ❑ optometry school ❑ undergraduate ❑ secondary ❑ elementary

Authorization

I certify that the above and all additional information supplied is true and accurate. I authorize the International Examination & Certification Board of the Optometric Vision Development & Rehabilitation Association to contact the evaluating professional(s) who submitted the attached documentation, or will send documentation under separate cover, of my disability for confirmation, clarification, or further information. I also hereby authorize those professionals to provide the IECB with such information as is necessary to determine the level of disability and appropriate accommodations.

Signature _____ Date _____

Send completed form to: Optometric Vision Development & Rehabilitation Association, 215 W. Garfield Rd., Ste 260, Aurora, OH 44202
or email to: cert@covd.org, or fax to: 330-995-0719

Candidate Appeals Policy

The goal of this policy is two-fold:

(1) Resolution of candidate's concerns to the satisfaction of both the candidate and IECB.

(2) Maintenance of candidate confidentiality throughout the process.

When a candidate for Fellowship or COVT has concerns regarding his/her equity of treatment during the certification process, that person will inform the IECB Chair in writing of the concerns. The following procedure will then be followed:

(1) The IECB Chair will convene a group of three Fellows, at least one being a former IECB member, and all of who are acceptable to the candidate. These fellows (the group) will sign the IECB Confidentiality Form.

(2) The group will be given access to all pertinent written material and given voice or electronic access to the involved IECB members and the candidate.

(3) The group will take no more than three weeks to decide on the validity of the candidate's concerns. They will compose a document that states the reasons for their majority or unanimous decision and forward it to the IECB Chair. The Chair will take appropriate action and send the group's document to the candidate.

The candidate's signature below indicates that he/she was informed of, and understands the IECB's Appeals Process.

Candidate Signature: _____

Printed Name: _____

Date: _____