



Application for COVT Maintenance of Certification

Name _____ Date _____

Address (Office) _____

Phone (Office) _____ FAX _____ E-mail _____

Employed by _____ Years of employment _____

Supervisor's E-Mail _____

Certification Category

Each certified therapist is **required to supply an updated CV and complete the CE form at the end of this application form, or supply a print out of your tracked CE from your member profile.** The number of education hours required for maintenance of certification is as follows:

Member Category	Minimum hours per year	Total hours over 5 years
COVT	6	30
Fellow	15	75

The following is a listing of the requirements/criteria for acceptable continuing education:

Group A:

1. **Lectures attended at Optometric meetings, seminars, schools and colleges of optometry, etc.**
 - a. In the areas of behavioral vision, vision therapy, strabismus, amblyopia, vision and child development, learning related vision problems, perception cognition, and acquired brain injury may be taken for unlimited continuing education credit.

Group B:

2. **Lectures attended at non-Optometric meetings.**
 - a. Areas including: learning disorders, juvenile delinquency, child development, related psychology, neurology, movement, educational strategies, etc. will be credited to a maximum of 10 hours for the entire maintenance period (5 years).
 - b. Up to four hours of continuing education credit will be accepted for Independent Study or Study Group participation for the entire maintenance period (5 years):
 - c. Receive 2 hours of credit for each book or 1 hour of credit for each article reviewed pertaining to behavioral optometry (up to 4 hours).
 - d. Receive 1 hour of credit (up to 4 hours) for participation in an Optometric Study Group on topics relevant to behavioral optometry
 - e. **Continuing education credit will be accepted for research and articles/publications** in behavioral vision, vision therapy, strabismus, amblyopia, vision and child development, learning related vision problems, perception, cognition and acquired brain injury. (Maximum of 8 hours credit for the entire maintenance period of 5 years).



Payment Information

All applications must be submitted with a MOC processing fee of \$75.00*.

**If you submit the application and CE by October 31st in your maintenance year the processing fee is waived.*

Non-Members are responsible for the additional fee of \$25.00 per non-member year, up to \$125.00 in addition to the \$75.00 processing fee.

There is no membership requirement to maintain certification.

METHOD OF PAYMENT

Payment may also be made online in the COVD store in the Certification Fees category: <https://www.covd.org/store/default.aspx>. Please include receipt of payment with your CE hours if paid online.

___ Check ___ American Express ___ Discover ___ MasterCard ___ Visa

If paying by check: Payment must be drawn on a U.S. bank, in U.S. funds. Make payable to COVD.

If paying by credit card:

Name as it appears on card: _____

Billing Address: _____

Credit Card #: _____

Exp. Date: _____ Security # on back (or front) of card: _____

Signature of cardholder: _____



IECB's Responsibility for Maintenance of Certification

IECB is the certifying board of COVD which has been charged with certain responsibilities related to the education of board certified FCOVD and COVT. To implement these goals, IECB has established criteria for the maintenance of certification. Maintenance of certification by IECB indicates ONLY that the individual has fulfilled the eligibility requirements and successfully completed the requirements for which the individual qualifies.

MOC Statement of Attestation

Please initial each box and sign and date below

1. In completing this maintenance of certification application for Fellows, I fully understand that this is the maintenance application only, and does not guarantee the successful completion of the current maintenance of certification period.
2. My signature below attests that I have read and adhere to the IECB Code of Conduct. Further, I understand that I am obliged to inform the COVD International Office of changed circumstances that do or will affect my maintenance application. I understand that is my responsibility to provide the COVD International Office with any requests for supporting materials as they relate to this application, including my CE hours which may be audited at any time.
3. Upon acceptance of this maintenance of certification, I authorize COVD to include my name on a list of certified individuals and agree to use the COVT designation. I understand and agree that the IECB and COVD International Office may use my application data for statistical and research purposes. I attest that I have no felony convictions related to my current licensing or have disclosed any needed information to the IECB.

Signature: _____



FCOVD Endorsement For COVT's

The supervising and active FCOVD acknowledges that the individual is knowledgeable and skilled in the field, and that the individual is currently employed by or under the direct supervision guidelines for certified optometric vision therapist.

I am a FCOVD optometrist, currently licensed to practice optometry in: _____, and I employ or directly supervise the Certified Optometric Vision Therapist (COVT) that is named on this application.

Doctor Printed Name and Date

X _____
Doctor's Signature

