



COLLEGE OF
OPTOMETRISTS IN
VISION DEVELOPMENT

PREVENTION • ENHANCEMENT • REHABILITATION

International Examination and Certification Board

Optometric Vision Therapist Certification Guide

Updated: May 2, 2019

This guide supersedes all older versions.

College of Optometrists in Vision Development

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I. Welcome

The International Examination & Certification Board (IECB) of the College of Optometrists in Vision Development (COVD) welcomes you as a candidate in the Certified Optometric Vision Therapist (COVT) Process. This guide will serve to acquaint you with the background information, references, requirements and procedures for becoming a board certified optometric vision therapist. It is recommended that you become acquainted with this guide in full prior to beginning the process and as a reference as you progress through the certification process.

A. What is a Certified Optometric Vision Therapist (COVT)?

A COVT works under the direct supervision of a board certified Fellow and 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 COVT 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.

B. IECB Mission Statement

The mission of the IECB is to evaluate and certify the advanced competency of optometrists and vision therapists in providing 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 in a collegial environment.

II. COVT Process Overview

A. The COVT Process

1. Eligibility and Enrollment

To apply as a candidate for COVT certification you must:

- Be actively engaged in providing vision therapy under the direct supervision of a current Fellow of the College of Optometrists in Vision Development (FCOVD) OR FCOVD-A, who is a licensed OD. Have at least 2000 hours of on-the-job clinical experience in providing vision therapy **OR** have an AA degree (or higher) with emphasis on the behavioral sciences, vision development or vision rehabilitation plus 1000 hours of on-the-job vision therapy clinical experience. The candidate must submit a copy of the diploma for an AA or higher degree. In addition, the IECB and/or the Credentialing Director may request a transcript of classes

taken to validate the types of courses completed to obtain the AA or higher degree.

- Submit a completed application with the application fee to the COVD International Office.

To complete certification you must:

- Have a completed application and fee on file with the COVD International office.
- Adhere to the Timeline requirements for completion of the Open Book Questions (OBQs). You must provide written approval from **BOTH** your FCOVD and COVT mentor for your response to *each* of the nine OBQ's and electronically submit them to cert@covd.org. Your written answers to these questions will then be reviewed by members of IECB.
- Successfully complete a Multiple Choice Examination (MCE) and Oral Interview administered by the International Examination and Certification Board of COVD. Prior to the MCE, you must pay the examination fee.

2. Phase One: Guided Study

The OBQs are provided to help prepare you for the MCE and the Oral Interview phases. They are designed to deepen your understanding about specific aspects of developmental optometric care and vision therapy. The list of Learning Objectives and Recommended Study References at www.covd.org/covt, is designed to guide your study in specific topical areas of developmental optometric care and vision therapy.

The nine Open Book Questions (OBQs) are listed beginning on page 7.

Prior to your first OBQ submission you must complete the COVT Open Book Questions Review Fee Payment form (Appendix B), or make payment online at <https://www.covd.org/store/default.aspx> and submit a copy of the receipt with your OBQ's. You will then be eligible to submit your set of OBQ's, with mentor approvals, so that submissions of OBQs can be processed by the COVD office and sent to an IECB review team. You will receive a response approximately six to eight weeks after your approved submission is received. The IECB Chair, or Vice Chair, will send a letter with feedback and status of completion following each set of submissions. If revisions are requested, the letter will provide specific instructions on revision requests. You will respond directly with the requested content in the letter. Upon successful completion of your OBQs, you will be invited by a letter from the IECB Chair or Vice Chair to move on to Formal Candidacy.

3. Phase Two: Formal Candidacy

The final phase in the COVT process consists of the Multiple Choice Examination (MCE) and Oral Interview. Before you can begin this phase you must have all OBQ's completed, with no pending revisions. In addition, you are asked to submit

the COVT Examination Fee with payment (Appendix C), or make a payment online <https://www.covd.org/store/default.aspx> and submit a copy of the receipt prior to scheduling your MCE.

Step 1: Successful completion of the MCE.

- This is a 75 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 COVTs and Fellows and edited for content and clarity, and are analyzed by experts in standardized test design after each test administration.
- You are allowed up to 2 hours and 15 minutes to complete the examination.
- The IECB Chair will send a letter with results which will include information regarding your completion of the examination, and will include a note with topical areas of additional learning based on your individual performance. This information is provided for your preparation for any additional attempt(s) at the MCE, if needed, and can also be used to aid in preparation for your Oral Interview as any identified areas of additional learning will be made part of your file which your Oral Interview review team will have access to.

You have two options for taking the MCE:

- ***Option 1: At an accredited educational institution in your local community.*** The test must be taken during the designated week as specified in Appendix D (COVT Timeline). You make arrangements with a local college, university, library or learning center to take the exam, and you must supply a qualified proctor. The COVD office will provide you with the requirements and forms that need to be completed to schedule the test administration. If a candidate who uses this option doesn't pass the MCE, he/she can take the examination again at the COVD Annual Meeting (see Option 2 below). The candidate must contact the COVD office to arrange taking the test at the Annual Meeting and submit the retake payment prior to scheduling the exam.
- ***Option 2: At the COVD Annual Meeting.*** The test administration is given on the Monday prior to the beginning of the Annual Meeting at 1pm.

Step 2: Successful completion of the oral interview

The oral interview is given only at the COVD Annual Meeting. Interviews are scheduled before the general meeting begins; typically Monday, Tuesday and Wednesday.

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 OBQs and areas of additional learning as indicated by your MCE results. Should the reviewers have further questions, an additional interview may be scheduled with two reviewers 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 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 the Multiple Choice Examination and Oral Interview, you will be invited to participate in the induction of new COVTs during the induction banquet at the COVD Annual Meeting.

4. Phase Three: Maintenance of Certification

To meet the requirements for your maintenance of certification you must:

- Maintain continuous employment with, or be under the direct supervision of an active FCOVD or FCOVD-A, who is a licensed OD. Your Certification once awarded, is good for a five year period before your certificate expires. Current MOC applications, templates and details can be found at www.covd.org/moc.
- **Inactive Status:** If you no longer work for, or are under the supervision of a current FCOVD or FCOVD-A, your certification status will become inactive. It is your responsibility and part of the COVT Code of Conduct, or that of your sponsoring OD, to alert the COVD International Office of any status change.

III. Open Book Questions (OBQs)

Please prepare your answers to the following questions using the Format, Submission, and Review Guidelines for OBQs on page 8. See Appendix F for a Sample OBQ Submission.

Your doctor and mentor must send an email to cert@covd.org acknowledging they have reviewed and approved your submission(s), listing the specific questions being submitted. This must be done for each time submissions are sent. **Answers will not be submitted to the IECB Review Board without both doctor and mentor approval.**

1. Discuss eye movements in optometric vision therapy in the following areas:
 - a. fixations
 - b. pursuits
 - c. saccadesInclude a working definition, how therapy is sequenced in your office, how the level of difficulty is modified, and provide examples.
2. Discuss accommodation in optometric vision therapy. Include a working definition, how therapy is sequenced in your office, how the level of difficulty is modified, and provide examples.
3. Discuss how plus and minus lenses affect accommodative and vergence demand. Include how lenses are used in optometric vision therapy to guide these areas of function and provide examples.
4. Discuss binocular function in optometric vision therapy with patients who do not have strabismus or amblyopia. Include a working definition, how therapy is sequenced in your office, how the level of difficulty is modified, and provide examples.
5. Discuss prisms and their use in optometric vision therapy, including how prisms can be used with specific VT techniques, in the following areas:
 - a. monocular
 - b. dissociating
 - c. vergence
 - d. yoked
6. Discuss amblyopia treatment in your office. Include how the treatment for patients with strabismic amblyopia and refractive amblyopia differs.
7. Discuss the treatment of strabismus in your office. Include the factors of eso/exo/hyper, constant/intermittent, and comitancy.
8. Discuss optometric vision therapy goals and procedures in your office relating to vision perception and information processing.
9. Describe your understanding of vision and how this impacts how you interact with your patients. Discuss varying methods of patient motivation, goal setting, compliance and progress assessment.

IV. Format, Submission, and Review Guidelines for OBQs

- A. It is your responsibility to follow the COVT Timeline (Appendix D) 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 sent via email to cert@covd.org and must be written in English.
- C. All OBQ 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.
 - 3. Footer: Insert document type and page numbers in footer of document (Example: *OBQ #1, page 1 of 3*).
 - 4. Each response should be no less than one page and no more than three pages, double spaced.
 - 5. At the top of first page, type **OBQ #__** and type the question in its entirety.
 - 6. Please do not submit OBQ's singularly. If a deadline requests 3 OBQ's be submitted, please submit three OBQ's, even if sending prior to the deadline.
 - 7. All submissions should be submitted as a PDF with the file name as follows
 - 1. Candidate Number OBQ #__
- D. Write in a clear and concise manner and proofread your materials carefully. Remember to use the spell check.
- E. Use standard optometric terminology. Reviewers may not understand your clinical "shorthand" or conventions.
- F. Do not assume that the reviewers know what you are thinking. Please explain your answers in detail.
- G. Each OBQ must be submitted as a separate attachment in the email. Attachments submitted which contain one file with more than one OBQ will *not* be processed.
- H. Your doctor and mentor *must* read your OBQ answers *prior* to any submission. They must both send an email to cert@covd.org stating they have read and approved the submission.

COVT Application Payment Form

Payments can also securely be made online in the COVD Store. To receive member pricing you must be logged in to your COVD account.

<https://www.covd.org/store/default.aspx?>

COVT Application Fee: _____ \$100.00 COVD Member _____ \$150.00 Non-Member

Candidate Name: _____

METHOD OF PAYMENT

____ 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.

Credit Card Information:

Name as it appears on card: _____

Billing Address: _____

Credit Card #: _____

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

Signature of cardholder: _____

Mail: College of Optometrists in Vision Development
 (COVD)
 215 West Garfield Road, Suite 200
 Aurora, OH 44202

FAX: 330-995-0719

-APPENDIX B-

COVT Open Book Questions Review Fee Payment Form

Payments can also securely be made online in the COVD Store. To receive member pricing you must be logged in to your COVD account.

<https://www.covd.org/store/default.aspx?>

COVT OBQ Fee: _____ \$225.00 COVD Member _____ \$300.00 Non-Member

Candidate Name: _____

METHOD OF PAYMENT

____ 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.

Credit Card Information:

Name as it appears on card: _____

Billing Address: _____

Credit Card #: _____

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

Signature of cardholder: _____

Mail: College of Optometrists in Vision Development
 (COVD)
 215 West Garfield Road, Suite 200
 Aurora, OH 44202

FAX: 330-995-0719

COVT Examination Fee Payment Form

Payments can also securely be made online in the COVD Store. To receive member pricing you must be logged in to your COVD account.

<https://www.covd.org/store/default.aspx?>

COVT Fee: _____ \$325.00 COVD Member _____ \$375.00 Non-Member

Candidate Name: _____

METHOD OF PAYMENT

____ 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: _

Mail: College of Optometrists in Vision Development
 (COVD)
 215 West Garfield Road, Suite 200
 Aurora, OH 44202

FAX: 330-995-0719

-APPENDIX D-

Summary of COVT fees 2019-2020

COVT

COVD Member COVT Fees	
Application Fee	\$100.00
Open Book Questions Review Fee	\$225.00
Examination Fee ¹	\$325.00
Total - COVD Member COVT Fees:	<u>\$650.00</u>

Non-Member COVT Fees	
Application Fee	\$150.00
Open Book Questions Review Fee	\$300.00
Examination Fee ¹	\$375.00
Total – Non-Member COVT Fees:	<u>\$825.00</u>

Multiple Choice Examination Retake Fee ²	\$150.00
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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.

-APPENDIX E-

2020 Timeline for COVT Candidates

Once you have applied for Certification as an Optometric Vision Therapist, 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 and Oral Interview in 2020, you must adhere to the following deadlines.**

The COVD 50th Annual Meeting will be held April 21st-25th, 2020 in Toronto, Canada

Responses to Open Book Questions must be sent electronically to the COVD International Examination and Certification Board (IECB) Credentialing Director at: cert@covd.org.

Normal review process will take six to eight weeks. If the reviewers request more information (revisions), an additional six to eight weeks may be needed to complete the review process. Please plan submissions accordingly.

July 8, 2019	Three or more Open Book Questions due. Open Book Question Review Fee due.
September 9, 2019	Three or more Open Book Questions due.
November 11, 2019	Remaining Open Book Questions due.

Revision Deadline Policy

If revisions are requested, you must reply to the reviewers' comments and questions no later than TWO week from the date of the IECB Chair's letter if you plan to complete the process this year.

In order to take the Multiple Choice Examination (MCE) and Oral Interview, a candidate must have successfully completed all the Open Book Questions. Once completed, you will be notified in a letter of the requirements and fees for scheduling the MCE and Oral Interview.

January 13-20, 2020	Candidates taking MCE prior to Annual Meeting must take it during the assigned week at a location of your choosing. Registration for the January MCE must be completed by 12/27/2019. Candidates must have ALL OBQ's completed with no outstanding revisions to be eligible.
March 2, 2020	All final Open Book Questions and Case Report revisions must be completed to qualify for taking MCE and Oral Interview at the Annual Meeting in April. All outstanding certification fees must be paid.
April 20, 2020	Multiple Choice Examination for candidates taking exam on-site or retaking exam at the Annual Meeting in Toronto, Canada
April 21-22, 2020	Oral Interviews conducted at the Annual Meeting in Toronto, Canada

-APPENDIX F-

Contact Information

COVD Credentialing Director

Katie Kirschner, MS
215 West Garfield Rd, Ste 200
Aurora, OH 44202

P: 330.995.0718

F: 330.995.0719

E: Cert@covd.org

E: Katie@covd.org

COVT Mentor Committee:

If you are interested in having COVD assist with connecting you with a mentor, please contact Robert Nurisio, COVT at rnurisio@gmail.com .

COVT Learning Objectives and Recommended Study References

The below list encompasses learning objectives, followed by sources that are deemed appropriate by FCOVD's and COVTs who have been active in the certification process. You will not be tested on specific information from any of specific cited sources. The sources list is to be used as a resource to utilize with recommendations from your doctor and mentor.

A recommended strategy is to first read the Learning Objectives below and then the required Open Book Questions (found inside the Candidate Certification Guide). This should alert you to areas that you feel you need more knowledge, and then choose the sources that cover these areas. Your doctor may have some of these sources, but all are available in the indicated sources.

The following breakdown of suggested learning objectives should be considered a starting point for the candidate to determine current areas of knowledge and additional learning opportunities.

Learning Objectives:

1. *The candidate should understand and be prepared to discuss definitions of the conditions, abilities and skills listed below. They should know the signs, symptoms and avoidance behaviors associated with deficiencies specified and how these deficiencies may impact performance. They should also be familiar with vision therapy techniques for treatment of the following:*
 - A. Refractive Status:
Hyperopia, myopia, astigmatism, presbyopia, anisometropia and types of ophthalmic devices to compensate for these conditions
 - B. Eye Movements:
Monocular & binocular accuracy, stability, control & automaticity
Fixations
Pursuits
Saccades
 - C. Accommodation:
Expected monocular and binocular sufficiency, stability, flexibility and clinical values
Accommodative insufficiency, Accommodative excess
Accommodative instability, Accommodative infacility
 - D. **Non strabismic/amblyopic deficiencies of binocular vision**
Esophoria, exophoria, hyper/hypo phoria
Convergence Insufficiency, Convergence Excess Divergence Insufficiency, Divergence Excess
Suppression, Levels of Binocular Fusion used in therapy
 - E. Amblyopia:
Refractive versus strabismic versus deprivation
Effects on visual function beyond acuity
Eccentric fixation

- F. Strabismus:
 - Direction of turn, constant versus intermittent, comitant versus non-comitant
 - Motor Fusion (eye position, comitancy) versus sensory fusion (first, second, and third degree fusion and monocular fixation in a binocular field, Suppression)
 - Direction of strabismus (Esotropia, Exotropia, Hypertropia)
 - Constant versus Intermittent
- G. Vision perception and information processing:
 - Primitive reflexes, body schema, laterality, directionality
 - Visual intersensory integration (visual-motor, visual-auditory, visual-vestibular)
 - Visual thinking (visualization, visual imagery)
 - Perceptual style (reflective versus impulsive, central versus peripheral)
- H. Visual field defects (hemianopsia, neglect)
- 2. *Be prepared to discuss the tools for vision therapy in terms of:*
 - A. Lenses (monocular, binocular, dissociated)
 - B. Prisms (monocular, binocular, yoked, dissociated)
 - C. Filters (anaglyph, polaroid, graded occlusion)
 - D. Occlusion (central, peripheral, selective, full, direct, indirect)
 - E. Monocular fixation in a binocular field (MFBF) versus bi-ocular
 - F. Vision therapy procedures in terms of:
 - 1. Target selection
 - 2. Working distance
 - 3. In instrument techniques versus free space techniques
 - 4. Levels of demand (multisensory and cognitive loading)
- 3. *Communication with doctor/parent/patient to maximize outcome*

Recommended Study References

Applied Concepts in Vision Therapy

Dr. Leonard Press (Editor)

OEPPF

The Vision Therapist's Toolkit

Thomas Headline, Irene Wahlmeier, Vicki Bedes

OEPPF

Helping Children Overcome Learning Difficulties

Dr. Jerome Rosner

Amazon.com

Thinking Goes to School

Drs. Furth and Wachs

OEPPF

Sensory Integration and the Child

A. Jean Ayres
Amazon.com

The Piaget Primer: Thinking, Learning, Teaching

Ed Labinowicz
Amazon.com

Optometric Management of Learning-Related Vision Problems

Drs. Mitchell Scheiman and Michael Rouse
OEPPF

Vision: Its Development in Infant and Child

Arnold Gesell et, al.
OEPPF

Tests and Measurements for Behavioral Optometrists

Drs. Harold Solan and Irwin Suchoff
OEPPF

Cognitive Development: Piaget's Theory

Dr. Irwin Suchoff
OEPPF

Primitive Reflex Training Program: Vision Therapy at Home

Visual Dynamix
OEPPF

OEPPF Monographs and Publications

- Visual Perception (Vision Therapist Vol 38, #2, 96/97)
- Visual Thinking for Problem Solving (Vision Therapist Vol 38, #3, 96/97)
- Tools of Behavioral Vision Care: Lenses, Occluders & Filters (Vision Therapist Vol 38, #1, 96/97)
- Tools of Behavioral Vision Care: Prisms (Vision Therapist Vol 37, #4, 95/96)
- Nonstrabismic Vergence Problems (Vision Therapist Vol 38, #4, 96/97)
- Focusing on Accommodation (Vision Therapist Vol 35, #4, 93/94)
- Amblyopia (Vision Therapist Vol 34)
- Sanet Volumes
- Pursuits and Saccades: Theories and Testing
- Guiding Strabismus Therapy (Lora McGraw)
- Begin Where They Are! (Kathy Nurek and Donna Wendleburg)
- Basic Visual Skills (Lora McGraw)

COVT Multiple Choice Examination (MCE) Study Outline

The following breakdown of the clinical topic areas covered by the MCE for the Certified Optometric Vision Therapist certification will be helpful in your preparation for taking the 75 question multiple choice examination:

- 1. Eye Movements (5 questions)**
 - a. Fixations, pursuits, saccades
 - b. Definitions, characteristics, symptoms when deficient, therapy
- 2. Refractive Conditions (5 questions)**
 - a. Myopia, hyperopia, astigmatism, presbyopia, anisometropia
 - b. Definitions, characteristics, symptoms, therapy
- 3. Strabismus (5 questions)**
 - a. Esotropia, exotropia, hyper-hypo tropia
 - b. Definitions, findings, symptoms, therapy
 - i. Esotropia: basic, accommodative, divergence insufficiency, infantile
 - ii. Exotropia: basic, divergence excess
 - iii. Hyper-hypo tropia
 - c. Comitant versus non-comitant strabismus
 - i. Definitions
 - ii. Implications for vision therapy
 - iii. Anomalous correspondence
- 4. Non Strabismic Anomalies of Binocular Vision (6 questions)**
 - a. Esophoria, exophoria, hyper-hypo exophoria
 - i. Definitions, testing findings, symptoms, therapy
 - ii. Esophoria: basic, convergence excess, divergence insufficiency
 - iii. Exophoria: basic, convergence insufficiency, pseudo convergence insufficiency, divergence excess
 - iv. Hyper-hypo phoria
- 5. Amblyopia (5 questions)**
 - a. Refractive versus strabismic versus deprivation
 - i. Definitions, testing, findings, symptoms, therapy
 - ii. Eccentric fixation
 - iii. Suppression
- 6. Accommodation (5 questions)**
 - a. Accommodative infacility, accommodative inaccuracy, accommodative insufficiency, accommodative instability, ill-sustained accommodation
 - i. Definitions, testing, symptoms, therapy
- 7. Visual Perception/Visual Information Processing (13 questions)**
 - a. Definitions, testing, findings, symptoms, therapy
 - i. Primitive reflexes
 - ii. Body scheme
 - iii. Laterality

- iv. Directionality
- v. Visual motor hierarchy
- vi. Visual perceptual areas (e.g., form discrimination, form constancy, closure)
- vii. Visual integrative areas (e.g., visual motor, visual auditory).
- viii. Perceptual/cognitive styles (e.g., simultaneous vs. successive; central vs. peripheral; impulsive vs. reflective)

8. Special Populations (5 questions)

- a. Autism Spectrum Disorders
- b. Acquired Brain Injury
 - i. Definitions, visual characteristics, therapy

9. Tools of Vision Therapy (26 questions)

- a. Lenses
 - i. Compensatory
 - ii. Monocular
 - iii. Binocular
 - iv. Dissociated (as with flippers)
- b. Prisms
 - i. Compensatory
 - ii. Monocular
 - iii. Binocular
 - iv. Disassociating
 - v. Yoked
- c. Filters
 - i. Methods of graded occlusion
 - ii. Anaglyphs, Vectograms;
 - iii. Monocular fixation in a binocular field (MFBF)
- d. Levels of demand
 - i. When and how to increase or decrease the level of demand of procedures (or loading).
 - ii. Self-directed versus therapist directed
- e. Procedures in terms of:
 - i. Target selection
 - ii. Working distance
 - iii. In instrument versus free space

-APPENDIX I-

COVT Sample OBQ Submission

OBQ 1: Discuss eye movements in optometric vision therapy in the following areas:

- a. fixations b. pursuits c. saccades

Include a working definition, how therapy is sequenced in your office, how the level of difficulty is modified, and provide examples.

Fixations - Definition: The neuromuscular act of eyes, specifically the fovea's, aiming the eye or eyes at a specific spot in space.

Accurate fixations are important so the patient can keep objects clear and they can identify them. The goal of fixation therapy is to help the patient be able to determine where they are looking in space and whether the target is in its real location. Fixations have to be accurate so that the patient can progress to pursuits and saccades.

In our office we would begin with basic exercises, which help us evaluate where we need to begin therapy. Once we have established the capability of our patient After Image Fixation might be an appropriate exercise for us to work on. The patient wears a patch over one eye and fixates on the central fixation dot on the camera strobe. An After Image is generated on the fovea. This image will let the patient know where they are looking. During these exercises I observe the patient's posture and head movements. I want the patient's eyes to move independently from their head and body. I can also observe whether or not they can maintain fixation on a target, or if there are limitations in where they are able to focus their gaze.

Questions I ask myself when observing therapy include; Does the patient find the target immediately or do they have to search to find the target? Does the patient notice if they are not looking where they have been asked to look? In some cases this exercise has been too challenging for our patients who are not anywhere near fixating accurately on the target. If the patient is not self-aware and cannot focus on smaller objects we may make the focal point larger and more interesting by using a fun sticker. Also, some patients may have specific extraocular muscle weaknesses which would affect their ability to fixate in various areas of gaze. The patient needs to have the ability to know when they are missing information. Also, adding a timer or cognitive element might encourage them to see how long they can hold a fixation while concentrating on something else. We typically begin with monocular activities and work towards binocular activities as the patient's abilities improve.

Pursuits - Definition: A pursuit is a smooth eye movement, in which the eye or eyes track an object such as a moving ball while maintaining accurate fixation.

Once the patient is able to maintain accurate fixation, we progress to pursuits. The goal of vision therapy is to have the patient to be able to follow an object with their eyes without losing track of it and without head movements. I am looking for smooth movements of the eyes; without being jerky. We begin with patching one eye. I will inquire with the patient as to how their eye is feeling and if they feel a difference between their right and left eye.

One of the exercises I like for pursuits is the Marsden ball exercise. The patient is asked to stand up and stand approximately 5 feet from the ball with feet shoulder width apart. I begin by moving the ball with my hand in X, Y, and Z axis slowly, and asking the patient to keep their gaze on a particular letter of the ball. I ask the patient if they are able to keep a letter on the ball in clear focus with it moving. If the letter is not in clear focus, then it could be decreased acuity, problems with the accommodation system not working properly, or they are not really fixating on it. If the exercise is too difficult, I may have the patient lie on the floor. This reduces distractions from the room, gives kinesthetic feedback and helps the patient keep their head still. An interesting sticker may be added to the bottom of the ball for children who may have difficulty focusing on a letter. To load this exercise, I then have them find different letters on the ball, and have them spell out different words, such as their name, to make it a little more challenging. If the patient is able to focus clearly on the ball I may swing the ball forward-and-back, side-to-side, or rotate it in a circle. Adding a balance board, walking rail, or answering questions can be used to increase the difficulty. This demand is similar to classroom situations in which you are asked use multiple senses, such as listening and writing or looking and talking at the same time. Other pursuit exercises include Hart Chart Rotation, pegboard rotation, marble roll, and balloon bounce. Once the patient has mastered monocular pursuits, we move onto binocular exercises.

Saccades - Definition: Saccades are voluntary, quick and accurate movements of the eye from one object in space to another object in space.

A saccade always starts and ends with a fixation. A successfully treated patient will be able to move his or her eyes from one object to another quickly, accurately and without much effort, independently with an absence of head movements. The patient should be aware of his or her peripheral vision, as this will help them to know how far they have to move their eye to find the target without overshooting the target.

Early in therapy, I talk with the patients about their peripheral vision and help them have a

definition for this word. We do several examples in which we look at objects closer and then further away, so the patient can see the difference in the amount they are able to see if they keep their peripheral vision open. Saccades are very important for reading. The more a patient is able to keep their periphery open, the easier reading will be for them. If the patient is reading, and can see the beginning of the next line of text in his periphery, he will be able to accurately make the jump to the next line and not lose his place, which will help him gather information quickly, making reading easier and more enjoyable. Again, I will work on monocularly and then move to binocularly.

One saccade exercise is the Door Saccade Exercise. I have the patient stand up with balanced posture; feet shoulder width apart with a patch on one eye. The patient is asked to stand approximately five feet from the door. Vertical strips with large-font lettering are placed on the door jambs. The strips are about three feet apart. The patient is asked to read the letters in one of several patterns, such as a zigzag pattern. The patient should keep their head still, with their eyes doing all the work. If the patient is unaware that they are moving their head during this activity, I may hold their head, or put a beanbag on their head to raise their awareness. I also watch their body language to see if they slouch, lean or sway. To decrease the difficulty of this exercise I would decrease the length of the strip, have the patient move further away or let them move their head until they are better at it. To load this exercise, I may have the patient alternate their gaze from the top letter of the strip to the bottom letter on the other strip. As accuracy improves, a metronome can be added, or other speed variable involving a timer. I let the patient adjust the metronome to find the maximum speed they think they can say the letters accurately on the beat. I ask them if they thought they were on beat. Then we will discuss whether or not they were actually on beat. Do they think they could do it better, faster or slower? The timer helps encourage the patients to set their own goals and gives repeatable feedback. To load this exercise even further and make it more challenging for the patient, I would add faster rhythm, a timer, a balance board, walking rail or trampoline. When these exercises become easier, we move to near point saccade exercise like strip saccades, Michigan Tracking, and letter and number tracking. The near point exercises replicate everyday reading situations. Fixations, pursuits and saccades are basic skills that help form the building blocks for other skills in vision therapy.

International Examination and Certification Board

Guidelines for Candidates with Disabilities

The International Examination and Certification Board (IECB) of the College of Optometrists in Vision Development, 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 College of Optometrists in Vision Development, 215 W. Garfield Rd., Ste. 200, Aurora, OH 44202, you can also send directly to cert@covd.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.

If you have questions about this process, contact Katie Kirschner at katie@covd.org or by calling the COVD office at 330-995-0718.

Following Documents:

Guidelines for Documentation of Disabilities

Request for Accommodations Form

Guidelines for Documentation of Disabilities

The following are guidelines adopted by the COVD 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

Please provide the following information to the International Examination and Certification Board (IECB) of the College of Optometrists in Vision Development to document your request for accommodations under the ADA during the Fellowship or Certified Optometric Vision Therapist certification process:

Name _____
last first middle initial

Gender male female

Address _____
street

_____ 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) _____

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 College of Optometrists in Vision Development 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 _____

Mail completed form to: College of Optometrists in Vision Development, 215 W. Garfield Rd., Ste 200, Aurora, OH 44202

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: _____

Print Name: _____

Date: _____