



COLLEGE OF
OPTOMETRISTS IN
VISION DEVELOPMENT

PREVENTION • ENHANCEMENT • REHABILITATION

International Examination and Certification Board

Fellowship Certification Guide

Updated: May 9, 2018

This guide supersedes all older versions.

College of Optometrists in Vision Development

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Updated: May 9, 2018

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I. Welcome

The International Examination & Certification Board (IECB) of the College of Optometrists in Vision Development (COVD) welcomes you as an enrollee in the Fellowship Process. This guide will serve to acquaint you with the background information, references, requirements and procedures for becoming a Board Certified Fellow of the College of Optometrists in Vision Development.

A. What is a Fellow?

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

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. The section on learning objectives will give you a good overview of the subject areas in which a Fellow has been certified to have advanced knowledge and competence. After you have successfully completed your Fellowship certification, we urge you to stay abreast of advances in the field, as well as encourage you to accept new responsibilities and leadership roles.

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. Fellowship Process Overview

A. The Fellowship Process

1. Eligibility and Enrollment

- U. S. and Canadian 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.
- International Candidates must be optometrists or the equivalent thereof in a country other than the United States and Canada.
- COVD membership is not a requirement to be an eligible candidate for Fellowship, but members are entitled to discounted certification fees and education discounts.
- The first step is to complete the Fellowship Process Application (Appendix A).
 - Once your application is accepted, your 4 year enrollment period begins and you may begin the Fellowship Process.

- It is strongly recommended that when the candidate begins the Fellowship process, that he/she be thoroughly familiar with this Certification Guide. COVD will post updated versions, which occur annually, as soon as they are available. The updated version supersedes any previous guide.
 - If a candidate enters a new year during their active candidacy and an updated guide is released, that guide must be used for all remaining work. It is the candidates' responsibility to check the website for the most updated version of the Fellowship guide.
- Once enrolled, you have up to four years to complete the Fellowship process. Candidates may re-apply for additional enrollment periods. International candidates may have an additional 2 years to complete the process from their first enrollment period and can also re-apply for additional time. Fees paid in the initial enrollment periods do not carry over to subsequent re-enrollment requests.
 - **Timeline** – It is your responsibility to follow the Fellowship Timeline (Appendix B) and submit all materials, forms, and fees prior to or on the deadline date, should you plan on completing the process during that year.

2. Phase One: Guided Study

The Guided Study portion of the Fellowship process is designed to facilitate study through completion of six Open Book Questions and three Case Reports regarding patients you have worked with directly in your practice. The goal is to provide you with the opportunity to expand your knowledge base as you discuss your rationale for treatment of different types of visual disorders. 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.

Step 1: This step in the Fellowship process involves documentation that you are experienced in vision development and vision therapy by meeting the following three criteria:

- A. You have completed at least 3 years of licensed post-graduate clinical experience, including your year(s) of residency education, if applicable;
- B. You have been involved in direct clinical diagnosis and management of office-based vision therapy for 2 years and a minimum of 1000 hours.
- C. You have submitted documentation of at least 100 hours of continuing education in vision development, binocular vision, visual perception/visual information processing and vision therapy completed within 5 years prior to your application. The following number of hours can be applied to the 100 hour requirement:
 1. Formal 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 who have 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 equated to the emphasis of VT in their residency; where at least 50% of the time spent doing therapy will equate to the total of 100 hours and 25% of time spent doing vision therapy will equate to 50 hours and so forth.

Note: If you have engaged in other activities that added to your knowledge base or clinical skills in the area of VT, please submit the hours. Your submission will be reviewed, by the IECB, to determine if the hours can count toward the CE requirement.

The CE requirement of 100 hours must be completed before the Formal Candidacy Phase of the Fellowship process. You may apply and begin the Guided Study portion of the process, however we recommend you have a plan in place to ensure your CE hours are met PRIOR to when you want to take the Multiple Choice Examination and Oral Interview (Formal Candidacy).

Step 2: Selection of a mentor to work with you throughout the process.

Any active Fellow can serve as a mentor for the Fellowship process. If you need assistance in finding a mentor, the Fellow Mentor Committee Chair can assist you regarding the selection of a mentor to work with. *See page 31 for contact information, or email cert@covd.org for next steps.*

Step 3: Preparation and Submission of written answers to six Open Book Questions (OBQs) (OBQs begin on page 14 of this guide) AND three written clinical Case Reports (Case Reports begin on page 15 of this guide).

Your answers to the OBQs and Case Reports must be submitted to the COVD office for review by emailing cert@covd.org. It is advised to submit three questions or cases together by each deadline. Fellowship Guided Study Open Book Questions and Case Reports Payment Form (Appendix C) must be submitted at the same time or prior to the first submission of OBQs. This payment can also be made online at www.covd.org/store.

Your mentor must acknowledge in writing that the OBQs and Case Reports have been reviewed and approved by him/her prior to the IECB Review Team receiving the material. Mentors should send approvals directly to cert@covd.org.

The section starting on page 15 of this Certification Guide titled *Format, Submission, and Review Guidelines for Open Book Questions (OBQs) and Case Reports* provides the details of how to submit the OBQs and Case Reports.

Three IECB members will perform a detailed review of your submitted OBQs and Case Reports. These reviewers will provide you with recommendations for additional learning to expand your knowledge on specific topics that will prepare you for Formal Candidacy of the Fellowship process, namely, the Multiple Choice Examination (MCE) and Oral Interview. Your Guided Study materials (OBQs and Case Reports) remain anonymous throughout the review process.

PLEASE NOTE: This process may take up to eight weeks from the time you submit your OBQs and Case Reports until you receive a letter from the IECB Chair notifying you of whether you have completed the particular OBQ(s) or Case Report(s). The Chair will also notify you by email when you've completed the Guided Study phase of the process.

3. Phase Two: Formal Candidacy

The final phase in the Fellowship process consists of the Multiple Choice Examination (MCE) and Oral Interview. Before candidates can begin this phase, OBQs and Case Reports must be completed, and the Fellowship Multiple Choice Examination and Oral Interview Payment Form must be received and processed. (Appendix D), payment can also be made online at www.covd.org/store.

Step 1: Successful completion of the MCE.

The MCE is a 100 question multiple choice test. Candidates are allotted up to 3 hours to complete the examination. International test takers may request additional time. 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, and are analyzed by experts in standardized test design after each test administration.

Candidates will receive information post-exam on content areas that have been flagged for additional learning based on your scores in those topical areas. These areas are added to your candidate files and IECB reviewers will have access to these flagged content areas for further probing during your Oral Interview.

If a candidate does not receive a passing grade on the examination, the candidate can request that the IECB Chair provide a report of the test's topic areas indicating where the candidate's performance was weak.

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%

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 week in January as specified in Appendix B (Fellowship 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 expected of a center/proctor and forms that need to be completed to schedule the test administration. If a candidate who uses this option does not pass the MCE, he/she can take another examination at the COVD Annual Meeting (see Option 2 below) at no additional cost. The candidate must contact the COVD office to arrange taking the test at the Annual Meeting.

Option 2: At the COVD Annual Meeting. The test administration is given on the Monday prior to the beginning of the Annual Meeting. The examination start time will be in the morning hours in order to allot the full 3 hours.

Step 2: Successful completion of the Oral Interview

The oral interview is given only at the COVD Annual Meeting. Interviews are scheduled Monday through Wednesday before the General Meeting begins.

The oral interview is conducted by three IECB members in a private setting 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

Case Reports and any flagged content areas from the MCE. Should the reviewers have further questions and need more time, an additional interview may be scheduled with two reviewers who were not involved with the first Oral Interview as well as the IECB Chair or Officer. (An original Oral Interview team member will also be present as an observer.) There is no additional fee for a 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 fellowship process.

Step 3: Fellowship Induction

Once you have successfully completed the Multiple Choice Examination and Oral Interview, you are invited to participate in the induction of new Fellows during the induction banquet at the COVD Annual Meeting.

4. Phase Three: Maintenance of Certification (MOC): The current MOC process is based primarily on continuing education. Certification is good for five years. Fellows are required to recertify every five (5) years. You must provide the following to the COVD office, either periodically during the five years, or prior to the expiration of your certification:

- A minimum of seventy-five (75) total continuing education hours averaged over a 5-year period (15 hours/year) in which the content areas of the continuing education emphasize behavioral vision, vision therapy, strabismus, amblyopia, vision and child development, learning related vision problems, perception cognition and/or acquired brain injury.
- A current Curriculum Vitae
- Visit www.covd.org/moc for the most up to date MOC criteria and additional topics for education credit.

B. Residents and the Fellowship Process

Doctors in a residency with a program designation of 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 at an accredited school or college of optometry or private practice have the opportunity to take the Multiple Choice Examination (MCE) at the end of their residency. Residents who pass the Multiple Choice Examination are given credit for that portion of the Fellowship process. Further, credit towards the 100 hours of required continuing education will be awarded based on the residency inclusion of vision therapy. Those residencies who have components of their program that focus in vision therapy will be eligible for a percentage of hours waived that equated to the emphasis of VT in their residency; where at least 50% of the

time spent doing therapy will equate to the total of 100 hours and 25% of time spent doing vision therapy will equate to 50 hours and so forth. The Doctors' residency does also count towards the required time in active clinical practice, qualifying for one year of eligibility.

Policy

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

1. MCE Schedule for Residents

- For in-house residencies, 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, COVD member, healthcare professional or relative of any candidate.
- 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, COVD member, healthcare professional or relative of any candidate. This method might result in an expense that would be your or your resident's responsibility.
- 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. (See Appendix B: Fellowship Timeline)

2. Registration for the MCE

- **Select a Local Site (this step may be completed by the Residency Director):**

Contact your local educational institution or testing facility to determine if they can arrange for a qualified proctor to administer the written examination to you. The proctor may not be an optometrist, optometry student, COVD member, healthcare professional or relative of any candidate. You may select the time you wish take the exam.

- **Register for the Written Examination**

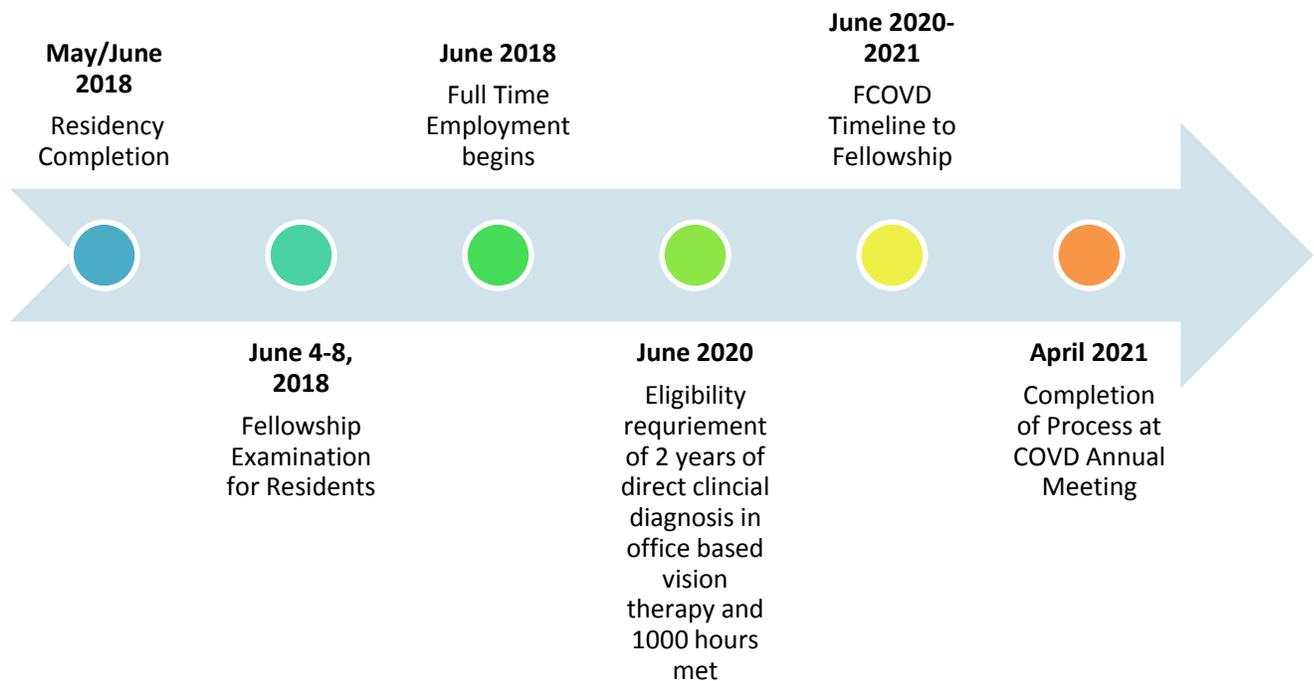
Once the local site and proctor have been selected, complete the Written Examination Registration Form for Residents and email to Katie@covd.org or fax to the COVD International Office at 330-995-0719.

3. Taking the Written Examination

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

You will need to have photo identification for verification by the proctor. You will not be allowed to bring any materials, notes, books, food, drink, calculators, computers or phones into the examination room. Bring with you several #2 pencils for use in completing the examination score sheet. 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. You will have up to 3 hours to complete the examination.

- Resident to Fellow Timeline Sample:



C. Learning Objectives and Study Outline

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. It is not required or expected that you will complete the process in one cycle.

The examination phase will further explore your understanding of these clinical issues.

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

III. Open Book Questions

The Open Book Questions (OBQs) are designed to provide a vehicle through which you communicate your knowledge in the areas of vision development, binocular vision, visual information processing and vision therapy. 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. Candidates must be able to explain their answers with developmental and behavioral rationale for the testing and treatment being described.

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.

If you do not successfully complete an OBQ, the IECB Chair will inform you by email and include the comments from the IECB review team that must be addressed. The letter additionally contains the format the candidate must use in addressing the questions/comments. The question does not need to be rewritten in entirety, only the questions posed by the review team need to be addressed. The candidate should also indicate the number of the revision at the top of each page, (Revision #1, Revision #2) when responding.

Before preparing your answers to the following OBQs, thoroughly read *Format, Submission, and Review Guidelines for Open Book Questions (OBQs) and Case Reports* that starts on page 18.

Open Book Questions:

1. From a developmental and behavioral perspective, discuss tests and treatment related to accommodative abnormalities. This may include: accommodative insufficiency, infacility, lack of sustainability, and excess. Discuss how you decide if lenses, prisms and/or vision therapy are indicated and outline your treatment plan.
2. From a developmental and behavioral perspective, discuss tests and treatment related to non-strabismic binocular abnormalities. These conditions may include: convergence insufficiency, convergence excess, and divergence insufficiency, divergence excess,

and vertical deviations. Discuss how you decide if lenses, prisms, and/or vision therapy are indicated and outline your treatment plan.

3. From a developmental and behavioral perspective discuss tests and treatment related to strabismus and amblyopia. These tests should include, but not be limited to, evaluation of anomalous correspondence and eccentric fixation. Discuss your treatment modalities for strabismus and amblyopia including occlusion/penalization therapy. Describe how these tests help you decide which treatment is indicated including referral, lenses, prisms and/or vision therapy and outline your treatment plan.
4. Explain how developmental milestones can impact visual information processing and behavior relative to academic performance. Please refer to Section C 'Learning Objectives and Study Outline' of this certification guide, beginning on page 10, for examples.
5. Discuss the application of lenses and prisms beyond refractive and prismatic compensation. Include the influence of lenses and prisms on visual stress, visual behavior, visual development, and in vision therapy/rehabilitation.
6. Describe your model of vision and how it was derived. Include in it your definition of vision and how vision influences a person's development and behavior.

IV. Case Reports

Before preparing your case reports, thoroughly read *Format, Submission, and Review Guidelines for Open Book Questions (OBQs) and Case Reports* that starts on page 18.

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. All clinical findings must be included to support the diagnoses, treatments, and follow-up care. If the outcomes were not optimal, the self-critique must indicate how they could have been improved. (See Appendix F 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 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. 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. Therapeutic Lens Treatment (Non-compensatory): The case should include the use of developmental and/or rehabilitative use of 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.

B. Content of Case Reports

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

1. Type of Case: (i.e., Learning-related, Strabismus/Amblyopia, or Lens Treatment)
Note this on the top of each page.
2. History: 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?
10. Submit a copy of a typed report you have sent to another health care or related professional as an example of your office communication concerning one of your three cases. (Be sure to delete your patient's name as well as your own.)

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. The letter contains instructions regarding the format you must use in addressing the comments. The question will not need to be rewritten in entirety, only the questions posed by the review team need to be addressed. You should also indicate the number of the revision at the top of each page, (Revision #1, Revision #2.)

C. Substitution of Published Case Reports

You may substitute published case reports for the required written case reports if the case report was 1) published in a refereed journal, 2) you were the first author, and 3) it is a direct substitute for the required case report (e.g., a published case report on the management of an exotropic patient, which included vision therapy as a component of the plan, could substitute for the required case report on strabismus or amblyopia). If you are unsure whether a published case report will qualify, please forward the case report to the IECB for review well in advance of the deadline. The IECB Chair, and officers, will review the potential submission decide whether or not a published case report is acceptable and meets the substitution requirements.

The review committee may ask for a supplement to the published case report to clarify certain aspects of the case (e.g., more detail of the office and home therapy process might be necessary.)

D. Honesty Policy

A candidate is expected to be the author of all Case Reports and answers to Open Book Questions 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.

V. Format, Submission, and Review Guidelines for Open Book Questions and Case Reports

Submissions not meeting the following format, review and submissions guidelines will be immediately returned directly to the candidate for editing without any review from the IECB.

1. It is your responsibility to follow the Fellowship Timeline (Appendix B) 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.
2. All submissions must be sent via email to cert@covd.org and must be written in English.
3. All OBQs and Case Report submissions must use the following format:
 - a. Submissions must be typed, 12-point font, double-spaced and submitted as a .PDF
 - b. Header: List the assigned candidate number in the header of each page.
 - i. This is to be the ONLY identifier on your .PDF documents. DO NOT include your name within your document or as a title you use to save your document.
 - c. Footer: Insert document type and page numbers in the footer of document (Example: *OBQ #1, page 1 of 5 –or- Case Report [name of case type], page 1 of 15*).
 - d. Each individual file should be named and saved using your candidate number, followed by the question number. For example: F100000 OBQ 1, or F100000

Case 1

- e. OBQs
 - i. Each response should be no less than one page and no more than five pages, double spaced.
 - ii. At the top of first page only, type **OBQ #__** and **type the question** in its entirety.
 - f. Case Reports
 - i. No more than 15 pages, double spaced.
 - ii. At the top of first page, list the **Type of Case** (i.e., Learning Related Vision Problem, Strabismus or Amblyopia, or Lens Treatment)
 - g. Copies of forms, letters, and reports may be scanned and sent separately as Adobe (.pdf) files. When including a copy of a form, letter, or report on your letterhead, delete or black out any information that identifies you as the doctor.
4. Write in a clear and concise manner and proofread your materials carefully. Remember to use the spell check.
 5. Record the numerical findings and pertinent patient's behavioral changes of all of your clinical tests.
 6. Use standard optometric terminology. Reviewers may not understand your clinical "shorthand" or conventions.
 7. Photocopies of VT work-ups, chart/file notes are not acceptable.
 8. Do not assume that the reviewers know what you are thinking. Please explain your answers and comments in detail, especially with regard to your rationale for diagnosis and management decisions.
 9. Each OBQ and Case Report must be submitted as a separate file. Files submitted which contain more than one OBQ or Case Report will *not* be processed.
 10. Mentors *must* read your OBQ responses and Case Reports *prior* to any submission. They must send an email to cert@covd.org stating that they have reviewed and approved your submission(s). The mentor must list the specific OBQ# or Case Report title being submitted which they have approved.
 11. You may submit these materials any time prior to the deadline. However, please submit a minimum of what the timeline indicates. For example, if three questions are due, please submit at least 3. Do not submit individual questions.



Fellowship Process Application

Name _____

Address (Office) _____

City _____ State/Country _____ Postal Code _____

Phone (Office) _____ (Home) _____

Email: _____

Optometry School: _____ Year Graduated: _____

Residency Program (if applicable): _____ Year Completed: _____

- **PLEASE ATTACH A CURRICULUM VITAE: A current Curriculum Vitae (CV) including professional activities, lectures, research, published papers, memberships and offices held in professional organizations (optometric and non-optometric) must be submitted with this application.**
- **PLEASE INCLUDE DOCUMENTATION OF REQUIRED CE: 100 hours of continuing education in vision development, binocular vision, visual perception/ visual information processing and vision therapy is required. If not included on your CV please attach a supplemental document. The following number of hours can be applied to the 100 hour requirement:**

- Formal CE courses – up to 100 hours
- Independent study – up to 30 hours. The candidate will provide a list of topics studied and resource material used (textbooks, journal articles, webinars, etc.)
- Optometric Study Group participation – up to 20 hours. The candidate will provide a list of meetings attended and discussion topics.
- Completion of one year residency with a program designation of pediatric optometry, or vision therapy and rehabilitation. A residency accredited by the Accreditation Council of Optometric Education automatically fulfills the 100 hour CE requirement.

If you have engaged in other activities that added to your knowledge base or clinical skills in the area of VT, please submit the hours. Your submission will be reviewed to determine if the hours can count toward the CE requirement.

Statement of Attestation

- I understand that acceptance of this application for the Fellowship Program begins my four year enrollment period. I hereby warrant that I am **currently licensed** and in good standing in the state/country in which I practice and that I am currently providing clinical testing in the areas of vision and development and performing treatment utilizing vision therapy/rehabilitation. *Please provide the requested information regarding your optometry license in the United States or the International equivalency.*
 - **State of Licensure and License Number:** _____
 - **Licensure Start Date (MM/YYYY):** _____
- I grant permission to the COVD International Examination & Certification Board to communicate with the person selected to be my mentor in order to provide him or her with information about my progress in the Fellowship process.
- I acknowledge that it is the exclusive right of the COVD International Examination & Certification Board (IECB) to evaluate any and all materials submitted or gathered in the course of the Fellowship process. I further acknowledge that it is the exclusive right of the College to decide whether this information meets the qualifications for Fellowship.

By initialing this box, I attest the application materials are accurate to the best of my ability and I confirm that it is my responsibility to follow the Fellowship Candidate Guide and all processes within. I understand there are absolutely no exceptions made for missed deadlines.

Signature

Date

Payment must be submitted with application. *If payment is made online, please include a receipt with your application submission.*

FCOVD Fee: _____ \$300.00 COVD Member _____ \$415.00 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 B-

2019 Timeline for Fellow Candidates

Once you have met eligibility requirements and applied for Fellowship, 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 2019, you must adhere to the following deadlines.**

The COVD 49th Annual Meeting will be held April 9th-13th in Kansas City, Missouri.

PLEASE NOTE:

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.

June 4, 2018	Three or more Open Book Questions due. Signed Guided Study Form and Payment due.
July 23, 2018	Remaining Open Book Questions due
September 10, 2018	All Case Reports due

Revision Deadline Policy

If revisions are requested, 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.

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

January 7-11, 2019	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 12/21/2018. <i>Test for RESIDENTS ONLY will be administered June 4-8, 2018.</i>
February 22, 2019	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 08, 2019	Multiple Choice Examination for candidates taking exam on-site or retaking exam at the Annual Meeting in Kansas City, MO.
April 9-10, 2019	Oral Interviews conducted at the Annual Meeting in Kansas City, MO.



Fellowship Open Book Questions and Case Reports Payment Form

If payment is made online, please submit a receipt with OBQ's

FCOVD Fee: _____ \$450.00 COVD Member _____ \$550.00 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:

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



Fellowship Multiple Choice Examination and Oral Interview Payment Form

If payment is made online, please submit a receipt with MCE registration

FCOVD Fee: _____ \$630.00 COVD Member _____ \$905.00 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:

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 E-

COVD Fellowship Recommended Study References

The primary resource for writing your responses to the OBQ's and your cases should be your clinical experience. Your writing should not reflect your expertise in quoting back passages from various references but instead your understanding and how you practice. 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/or more solid approach. The following list of references is only meant as a *potential* 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 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

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 and Diagnosis and Treatment of the Pediatric Patient

Duckman R. Lippincott 2006

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 Parents 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

Press LJ. OEPF 2008

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 Nearpoint Vision Disorders

Birnbaum MH. OEPF 2008 (reprinted)

Optometric Management of Reading Dysfunctions

Griffin JR, Chirstenson GN, Wesson MD, Erickson GB. Butterworth – Heinemann 1997

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

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, Nearwork, 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. OEPPF 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. OEPPF 1988

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

Lens Power in Action
Kraskin R OEPPF 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. OEPPF 2008

Neuro-Visual Processing Rehabilitation: An Interdisciplinary Approach
Padula, MW. OEPPF 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) OEPPF 2001

Clinical Management of Binocular Vision 3rd 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) OEPPF 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/>

Schools and Colleges of Optometry, Bookstores and Libraries.
Items: Textbooks to purchase or borrow.

Other Resources:

FCOVD Mentor Committee Chairs

Dr. Surbhi Bansal

bansal.surbhi87@gmail.com

Dr. Kavita Malhotra

DrMalhotra@cox.net

COVD International Office

215 West Garfield Rd., Ste. 200

Aurora, OH 44202

330-995-0718 (phone) 330-995-0719 (fax)

Web: www.covd.org

Contact cert@covd.org

Sample Case Study Report

The following sample report is provided as an example to assist you in preparing your reports.

Case Report #2: Strabismus

History:

M.J., an 18 year- old college student, was referred by a local optometrist for a strabismus evaluation and possible therapy. Her history was significant for a moderate turn in the left eye and mild amblyopia. Her main complaint related to asthenopia associated with reading and computer use. On rare instances she was aware of momentary diplopia. Prior ophthalmologic exams resulted in her parents being told that her vision was good and that the turn was relatively small. No treatment, including glasses, was ever recommended. Since entering college M.J. reported increased visual discomfort due to the amount of reading and computer work required of her. Her health was excellent, with no medications used, and her family's ocular and medical histories were unremarkable.

Clinical findings:

1. Unaided V.A. was O.D. 20/20, O.S. 20/25-3. At near the O.D. was 20/20 reduced Snellen and 20/30 – O.S., reduced Snellen. The O.S. V.A. through a 2.2xTelescope was 20/20+1
2. Unilateral and alternate cover testing at distance, 12[^] O.S. Esotropia and 15[^] O.S. Esotropia at 16". A repeat of the unilateral cover test at 16" wearing +2.50 sph. O.U. resulted in the esotropia reducing from 15[^] to 10[^]O.S. Esotropia.
3. An unstable centration point was noted at 2" (confirmed by a worth 4 dot test and repeat cover testing) A centration range, extending from 2" out to 5" was noted, beyond which the O.S. suppressed.
4. Motilities were unrestricted, although the O.S. exhibited occasional loss of fixation and periodic "jerky" movements (Maples standards)
5. In the distance, with a +5.00 fogging lens on the right eye, a spontaneous uncrossed (normal correspondence) diplopia was reported.
6. Refraction (dry) O.D. +.75 sph =20/20, O.S. +1.00 sph =20/25-2

7. Distance phoria (with dry refraction prescription in place) yielded an O.S. suppression laterally and vertically.
8. MEM lag = +1.50 O.D., O.S.
9. Cross cylinder =1.00 add O.D., O.S.
10. Near phorias (with+ 2.50 sph O.U.)- intermittent diplopia with unstable fusion at 10[^] BO O.S.
11. Amps. O.D. 9 O.S. 2 inches
12. Visuoscropy unsteady central O.S.
13. Randot Stereopsis no response, Wirt Rings with +2.00 sph. O.U, M.J. perceived ring# 1 correctly, Quoiets testing at 6" (through +2.00 sph.) M.J. showed some binocular integration from 2" out to 6". Beyond that distance her performance deteriorated.
14. Bagolini lenses-intermittent O.S. suppression with +2.00 sph OU... The response on Bagolini lenses was consistent with normal correspondence
15. The referring doctor reported that ocular health was negative. His cycloplegic examination did not reveal hyperopia of a greater degree than was evident in my dry refraction.

Diagnosis:

- 1) Constant, moderate O.S. Esotropia
- 2) Partly accommodative O.S. esotropia
- 3) Shallow O.S. strabismic amblyopia
- 4) Normal Correspondence
- 5) Accommodative insufficiency
- 6) Unsteady O.S. direct foveal fixation

Prognosis and goals:

M.J.'s prognosis for improving the O.S.V.A., making near vision activities more comfortable and establishing some binocularity was good. I explained my goals for therapy, (which included developing binocular vision) and M.J. and her parents felt that these were desirable goals. The patient was scheduled for 12 weeks of therapy followed by a reevaluation on week 13. She was advised that therapy might extend to 25 or 30 visits. M.J. indicated that she would be returning to

school at the end of her summer break and could only come for approximately 14 sessions. Twice weekly, therapy was not possible due to financial constraints.

Treatment

Phase one- I asked the referring doctor to provide M.J. with the follow Rx:
O.D. +0.75 sph, O.S. +1.00 sph with a +1.00 add OU in progressive form.

The patient was advised to use this Rx as much as possible. M.J. wore the Rx full time for 2 weeks prior to starting vision therapy (VT). At the first visit a circular piece of translucent tape was placed on the O.D. lens to cover the visible iris area. This was intended to eliminate the need for occlusion and to encourage peripheral binocularity. Office and home VT initially stressed R/G T.V. trainer, Jensen Rock to improve O.S. accommodation, Monocular Accommodative Rock(O.S.) with +/- 1.50 lenses, near-far rock, and the Brock's "streak" technique to reinforce Normal Correspondence (N.C.) and simultaneous awareness. I also loaned M.J. a pair of training glasses (+2.00 sph. O.U.) to wear while doing the pointer and straw technique.

At 10 weeks of VT, cover testing at distance was 10[^] O.S. Esotropia and 8[^]O.S. Esotropia through the add at near. The centration range now extended out to 10" through the add.

At this point I added the Brock string technique with cover/uncover of the O.D. I also gave M.J. a red clip on lens to wear over the O.D. training rx 2 hours daily for antisuppression.

At 13 weeks, I removed the right translucent tape and placed binasal tapes on both lenses. VT now stressed physiological diplopia, prism reader (with red lens on the O.S.) to maintain simultaneous vision. Binocular Accommodative Rock (B.A.R.) with suppression controls was also started.

The O.S. VA was now 20/20-2 at distance and 20/25 reduced Snellen at near through the add. At this time M.J. indicated that reading was much more comfortable. She reported an occasional momentary diplopia when she removed her glasses at night. Since she would be returning to

school shortly, I did a fixation disparity test. Her responses varied between O.S. suppression and an eso “slip” which was neutralized with 8^ΔBO. With an 8^ΔBO before the O.S., M.J. felt that she was using both eyes more easily. I indicated to the patient that a prescription with the prism ground in could be obtained if necessary.

Vergence ranges at this time were as follows:

At distance that BO vergence findings were x/2/-6.

At “16” through +2.00 DS, OU, BI vergence findings were x/8/-10

M.J. returned to school with instructions to continue her home vision therapy and to wear the prescription full time if possible.

When she returned home for her Christmas break she indicated that she had been doing as much home VT as her school schedule allowed. She continued to be asymptomatic with her reading and computer activities.

Her status at this time was as follows: Cover test distance with RX worn= 6^Δ→8^Δ left Esotropia. with an occasional intermittent movement noted. At near through the add she exhibited a 5^Δ to 6^Δ intermittent left Esotropia. Her amps were now OD=9D and OS= 5D. I indicated to M.J. that since she would be home for 5 weeks additional office V.T. would be beneficial. The patient declined any additional office VT citing ongoing family financial constraints and the fact that she was quite comfortable doing all near point activities. A follow up was scheduled when she returned for her summer break.

Self critique

The prescription and VT addressed the patient’s asthenopic symptoms and her occasional diplopia, and made her essentially asymptomatic. I would have liked to continue VT to further improve binocularity with and without her prescription.

In reviewing my treatment plan, I could have initially done more monocular OS therapy stressing motilities, accommodative amplitude, hand eye coordination and fixation stability. However, given the patient’s time and financial constraints and her increased comfort level the case worked out well.

-Appendix G-



Certification Fees

COVT

COVD Member COVT Fees

Application Fee	\$ 100.00
Open Book Questions Review Fee	\$ 210.00
Examination Fee	<u>\$ 290.00</u>
Total - COVD Member COVT Fees:	\$ 600.00

Non-Member COVT Fees

Application Fee	\$ 125.00
Open Book Questions Review Fee – Non-Member	\$ 265.00
Examination Fee- Non-Member	<u>\$ 360.00</u>
Total – Non-Member COVT Fees:	\$ 750.00

FCOVD

COVD Member FCOVD Fees

Application Fee	\$ 300.00
Open Book Questions & Case Report Review Fee	\$ 450.00
Examination Fee	<u>\$ 630.00</u>
Total - COVD Member FCOVD Fees:	\$ 1380.00

Non-Member FCOVD Fees

Application Fee	\$ 415.00
Open Book Questions & Case Report Review Fee	\$ 550.00
Examination Fee	<u>\$ 905.00</u>
Total – Non-Member FCOVD Fees:	\$ 1870.00

FCOVD-A

COVD Member FCOVD-A Fees

Application Fee	\$ 305.00
Examination Fee - COVD Member	<u>\$ 385.00</u>
Total- COVD Member FCOVD-A Fees:	\$ 690.00

Non-Member FCOVD-A Fees

Application Fee	\$ 390.00
Examination Fee	<u>\$ 500.00</u>
Total – Non-Member FCOVD-A Fees:	\$ 890.00

Maintenance of Certification Fees (MOC)

COVT

COVD Member COVT MOC Administrative Fee	\$	75.00*
Non-Member COVT MOC Fee		
\$25/year for each non-member year plus admin	Up to \$	200.00

FCOVD & FCOVD-A

COVD Member Fellow MOC Administrative Fee	\$	75.00*
Non-Member Fellow MOC Fee		
\$100/year for each non-member year plus admin	Up to \$	575.00

*Members may receive a waived administrative fee if MOC materials are submitted by 10/31 in the year of expiration.

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.
- 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 the COVD office at cert@covd.org or phone 330-995-0718).

Information to follow:

Guidelines for Documentation of Disabilities

Request for Accommodations Form

Guidelines for Documentation of Disabilities

The following are guidelines adopted by the COVID 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:	<input type="checkbox"/> reading disability	<input type="checkbox"/> writing disability
language impairment:	<input type="checkbox"/> receptive language disorder	
	<input type="checkbox"/> expressive language disorder	
	<input type="checkbox"/> mixed or other language disorder _____	
mental health impairment:	<input type="checkbox"/> attention deficit/hyperactivity disorder	
	<input type="checkbox"/> anxiety disorder	
	<input type="checkbox"/> other mental health disorder _____	
sensory impairment:	<input type="checkbox"/> visual disability	
	<input type="checkbox"/> hearing disability	
physical impairment:	<input type="checkbox"/> mobility disorder	
	<input type="checkbox"/> neurological disorder	
	<input type="checkbox"/> 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 _____

Send completed form to: College of Optometrists in Vision Development, 215 W. Garfield Rd., Ste 200, Aurora, OH 44202
or email to: cert@covd.org, or fax to: 330-995-0719

-Appendix I-

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 whom 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: _____

Updated 1/26/2015