



COLLEGE OF
OPTOMETRISTS IN
VISION DEVELOPMENT

PREVENTION • ENHANCEMENT • REHABILITATION

International Examination and Certification Board

Optometric Vision Therapist Certification Guide

Updated: May 2023

This guide supersedes all older versions.

College of Optometrists in Vision Development

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Certified Optometric Vision Therapist

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.

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.

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

A COVT has demonstrated advanced competency in the areas of vision development, visual information processing, binocular vision, vision therapy and vision rehabilitation. They work with a licensed OD member of OVDRA to deliver Optometric Vision Therapy to the best of their abilities.

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

B: Mission of the International Examination and Certification Board

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

COVT Process Overview

The COVT Process: 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, which can be patient care in the exam room or therapy room, in-office education related to therapy or observation in the therapy room.
- Submit a completed application through the Certemy portal with the application fee payable to the COVD International Office.

To complete certification you must:

- Complete the certification process within four years of your COVT application being accepted. Candidates, whose primary language is not English, may request a two-year extension to complete the process.
- Connect with a COVT Mentor. The COVT mentorship committee consists of current COVTs who are dedicated to assisting and guiding you through the certification process. The COVT mentorship committee chair, James Smith, will help match you with a mentor, if you do not already have one. You and your mentor should inform James of your partnership by emailing him at james@emergentvt.com.
- Adhere to the Timeline requirements for completion of the Open Book Questions (OBQs). Your FCOVD and your COVT mentor should help you throughout the process as you reflect, write and discuss your responses. You must provide written approval from your 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.

Phase One: Guided Study

The Open Book Questions (OBQs) are provided to help prepare you for the Multiple-Choice Exam (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 papers are submitted three at a time, in the order of your choosing. You will need your mentor's approval 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.

Phase Two: Formal Candidacy

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

Step 1: Multiple Choice Examination

- 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. Results 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.
- You may take the MCE at ANY point during the candidacy process once your application has been accepted. The MCE must be taken during the designated week in October or January as specified in the COVT Timeline. The MCE must be passed prior to scheduling your Oral Interview.
- You will 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.
- The IECB Chair will send a letter with results which will include information regarding your completion of the examination. If needed, you may retake this examination (additional fees will apply).

Step 2: Oral interview

The Oral Interview is given only at the COVD Annual Meeting. Interviews are scheduled before the general meeting on 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 all steps of the process you will be invited to participate in the induction of new COVTs during the induction banquet at the COVD Annual Meeting.

Phase Three: Maintenance of Certification

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

- Be employed by or under the direct supervision of a licensed member optometrist of COVD. Your certification, once awarded, is good for a five-year period before expiring.
- Earn 30 points through continuing education, publication, participation, and volunteering for the organization. Current MOC details can be found at www.covd.org/moc.
- **Inactive Status:** If you no longer are under the direct supervision of a current member doctor, 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.

Open Book Questions (OBQs)

Please prepare your answers to the following questions using the Format, Submission, and Review Guidelines for OBQs.

Your doctor and mentor should review all of your submissions prior to uploading the documents to Certemy. Your COVT mentor must formally acknowledge that they have reviewed and approved your submission(s). **Answers will not be submitted to the IECB Review Board without mentor approval.**

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.
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. Define convergence insufficiency convergence excess, divergence insufficiency, divergence excess and general binocular vision dysfunction. Include how therapy is sequenced in your office, how the level of difficulty is modified, and provide examples of how you approach these conditions differently.
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, comitancy, eccentric fixation and anomalous correspondence.
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.

Format, Submission, and Review Guidelines for OBQs

- A. It is your responsibility to follow the COVT Timeline and submit all materials, forms, and fees prior to or on the deadline date. No exceptions are made for missed deadlines if the candidate seeks to complete the process during that year.
- B. All submissions must be uploaded into Certemy and must be written in English.
- C. All 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. Do not place your name on any part of the submission.
 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 OBQs singularly. Please submit papers in groups of 3, even if sending prior to the deadline.
 7. All submissions should be submitted as a PDF with the file name as follows
Candidate Number OBQ #__
- D. Write in a clear and concise manner and proofread your materials carefully. Remember to use 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. Your doctor and mentor *must* read your OBQ answers *prior* to any submission. Your COVT mentor must formally approve the submission.

Honesty Policy and Social Media Policy:

A candidate is expected to be the author of all 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.

During the process you will work with colleagues and mentors to formulate responses, however do not gather answers by soliciting questions to a large body of individuals on social media platforms.

Summary of COVT Fees

COVT

COVD Member COVT Fees	
Guided Study Fee ¹	\$325.00
Examination Fee ²	\$350.00
Total - COVD Member COVT Fees:	<hr/> \$675.00

Non-Member COVT Fees	
Guided Study Fee ¹	\$450.00
Examination Fee ²	\$400.00
Total – Non-Member COVT Fees:	<hr/> \$850.00

Multiple Choice Examination Retake Fee ³	\$175.00
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¹ The application fee and OBQ fee were once paid 2 in two installments, based on feedback we have bundled this first payment into one, there is no increase to the application fee and OBQ fee.

² includes initial sitting for the multiple-choice examination and the oral interview

³ payment must be received for **each** subsequent attempt on the multiple-choice examination.

2023-2024 Timeline for Certified Optometric Vision Therapist Candidates

Once your Certified Optometric Vision Therapist (COVT) application has been accepted, you have up to four years to complete the certification process. Candidates, whose primary language is not English, may request a two-year extension to complete the process.

If you plan to take the Multiple-Choice Examination (MCE) and Oral Interview in 2024, you must adhere to the following deadlines. Candidates may take the MCE at ANY point in the process once the application is received, but it must be completed prior to scheduling your Oral Interview

The COVD Annual Meeting is scheduled for April 9-13, 2024 in San Francisco, CA

Revision Deadline Policy	If revisions are required, you must reply to the reviewers' comments and questions no later than TWO weeks from the date of the IECB Chair's letter if you plan to complete the process this year. Submit mentor approved revisions in the same way you submit OBQs.
July 12, 2023	First set of 3 (or more) Open Book Questions and Review Fee due
September 18, 2023	Second set of 3 (or more) Open Book Questions due
October 9, 2023	Deadline to register for the October Multiple Choice Examination
October 23-27, 2023	Fall Multiple Choice Exam Week
November 17, 2023	Remaining Open Book Questions due
December 18, 2023	Deadline to register for the January Multiple Choice Examination
January 22-26, 2024	Winter Multiple Choice Exam Week
March 1, 2024	All final Open Book Questions and revisions must be completed to qualify for taking the Oral Interview at the Annual Meeting in April. All outstanding certification fees must be paid. Deadline to register for the Oral Interview
April 9-10, 2024	Oral Interviews conducted at the Annual Meeting in San Francisco, CA

Responses to Open Book Questions (OBQ) must be sent electronically following the process guidelines available in the candidate guide at www.covd.org/covt. All documents must be loaded as evidence files into the tracking system no later than MIDNIGHT EST on the due date to be accepted.

The normal review process will take eight weeks. If the International Examination and Certification Board (IECB) reviewers request more information (revisions), an additional six to eight weeks may be needed to complete the review process. Please plan submissions accordingly.

Contact Information

COVD Credentialing Director

215 West Garfield Rd, Suite 260
Aurora, OH 44202

P: 330.995.0718

F: 330.995.0719

E: Cert@covd.org

COVT Learning Objectives and Recommended Study References

The below list encompasses learning objectives, followed by sources that are deemed appropriate by candidates active in the certification process. You will not be tested on specific information from any of the 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 through the Learning Objectives and then the required Open Book Questions found inside the Candidate Certification Guide. Determine your current areas of knowledge and topics that present an additional learning opportunity. Choose the sources that cover these areas of further study.

Learning Objectives:

- 1) 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. The candidate should also be familiar with vision therapy techniques for treatment of the following:
 - a) Refractive Status:
 - (a) Hyperopia (hypermetropia), myopia, astigmatism, presbyopia , anisometropia and
 - (2) types of ophthalmic devices to compensate for these conditions
 - b) Eye Movements:
 - (a) Monocular & binocular accuracy, stability, control & automaticity
 - (b) Fixations
 - (c) Pursuits
 - (d) Saccades
 - c) Accommodation:
 - i) Expected monocular and binocular sufficiency, stability, flexibility and clinical values
 - (a) Accommodative insufficiency, Accommodative excess
 - (2) Accommodative instability, Accommodative infacility
 - d) Deficiencies of binocular vision
 - (a) Esophoria, exophoria, hyper/hypo phoria
 - (i) Convergence Insufficiency, Convergence Excess
Divergence Insufficiency, Divergence Excess
 - (b) Suppression, Levels of Binocular Fusion used in therapy
 - e) Amblyopia:
 - (1) Refractive versus strabismic versus deprivation
 - (2) Effects on visual function beyond acuity
 - (3) Eccentric fixation

- f) Strabismus:
 - i) Direction of turn, constant versus intermittent, comitant versus non-comitant
 - ii) Motor Fusion (eye position, comitancy)
 - iii) Sensory Fusion (first-, second-, and third-degree fusion and monocular fixation in a binocular field, Suppression)
 - iv) Direction of strabismus (Esotropia, Exotropia, Hypertropia)
 - v) Constant versus Intermittent
 - g) Vision perception and information processing:
 - (1) Primitive reflexes, body schema, laterality, directionality
 - ii) Visual intersensory integration (visual-motor, visual-auditory, visual-vestibular)
 - (1) Visual thinking (visualization, visual imagery)
 - (2) Perceptual style (reflective versus impulsive, central versus peripheral)
 - h) Visual field defects (hemianopsia, neglect, spatial inattention)
- 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:
 - i) Target selection
 - ii) Working distance
 - iii) In instrument techniques versus free space techniques
 - iv) 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

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, and how the level of difficulty is modified.

Eye movements provide the foundation for all other visual abilities. Refined eye movement control allows us to explore the world with our eyes without having to touch the world with our hands.

Fixations involve accurately aiming the fovea (the part of the retina capable of clearest potential vision) at a selected target.

Pursuits are smooth eye movements in which continuous foveal fixation is maintained while following a moving target. Awareness of eye position and eye movement control are all necessary for accurate pursuits.

Saccades are quick, voluntary foveal jumps of attention and alignment from one object in space to another. They, therefore, require an extremely accurate spatial match between where the new target is in relation to the original.

In our office we begin eye movement procedures by giving the patient an opportunity to discover how sensitive and aware they are of their own eyes. Can they feel when they are still, where they are aimed, when they are moving and how they are moving? Open and closed eye thinking activities help to develop this awareness which is necessary for accurate visually or internally directed eye movements. Eye awareness builds internal localization as well as the ability to see, feel, and understand changes in the environment. This is the experience needed for learning how to sustain attention, how to obtain visual information, and how to respond to changes. We begin oculomotor procedures monocularly and proceed binocularly once equality and biocular stability is demonstrated. Observations include the ability to stay on target coupled with awareness of target changes and the ability to reorganize when accuracy is off. Regarding pursuits, we are also observing how smooth is the tracking and how quickly they can be performed. With saccades we look further at appropriate peripheral localization. With all three we watch for freedom of eye movement from other motor systems such as jaw or head tracking, does ability change with a cognitive demand, can other sensory systems be incorporated like rhythm, balancing or walking, can stamina be maintained under challenge, and always inquiring regarding

comfort.

Training fixation is best achieved through procedures that provide enough feedback to inform the patient of accuracy. 'Monocular Prism Saccades' require sustained fixation, awareness of both spatial movement and the physical feeling of the eye movement. Usually, we start with a 15^Δ and as attention and awareness are demonstrated, decrease prism power down to 1^Δ. If a patient is not able to hold steady fixation, is not aware of the internal feeling of eye movements, or does not have accurate spatial localization they will not be able to notice the change the prism has created. When it is necessary to decrease demand options include: using a higher power prism; moving the prism back and forth in front of the eye; increasing working distance, or encouraging the patient to increase (or decrease) peripheral awareness. 'Exact Point' is a fixation activity that allows for tactile localization of fixation for more precise feedback. Demand can be increased by using a metronome to add rhythm integration, putting the chart in different positions of gaze, or using smaller targets. With any fixation activity demand can be decreased by working with larger targets, colorful targets, light-up targets, targets with sound feedback and targets requiring multi-modality involvement such as 'Tweezer Pick Up', 'Cheerio Spearing'. Demand can be increased by reducing the target size, adding speed and stamina to the task, working on a balance board or introducing rhythm demands or distractions.

When working on pursuits, we begin with therapist directed movement of the target while instructing the patient to keep their head still and follow with their eye or 'Head Rotations' (lower level) where the target stays still as the patient moves their head but maintains fixation. We also include 'Eyes Closed Thumb Pursuits', emphasizing the need for the patient to feel where their body is in space for internal control as the stimulation for the eye movement. As we continue providing appropriate opportunities to develop eye movement control, if it is necessary to lower the demand, options include: a larger target; having the patient direct the target or maintain tactile support of the moving target for kinesthetic feedback; provide a target that makes noise or has lights; or use a target the patient relates to such as a picture of a favorite character which the patient could answer very

simple questions about while tracking. To increase the demand, we often work to build in cognitive processing while tracking with counting, math, rhyming words, or conversation requiring the patient to think about the response. Another way to increase the demand is to have the patient stand on a balance board while tracking, requiring additional sensory-motor stimulation with the procedure. Additional pursuit activities include: tracking a letter on a Marsden ball; 'Coin Circles'; 'Visual Tracing'; visually guided mazes; stereo tracking.

Saccadic training begins with the opportunity to discover and learn to use peripheral vision. Peripheral awareness is not only necessary for accurate saccades, but for all other therapy procedures since spatial awareness is key for localization. We typically begin with 'Peripheral Stick Pointing' and then 'Far Saccades' with large, colorful targets placed relatively close together and with a clear instruction of noticing the next target, calculating the distance, and then making the jump. As accuracy is observed, smaller targets can be used such as 'Star Dots', and as larger saccades are possible, 'Four Corner Fixations'. Demand can be increased by creating challenging saccadic patterns-'Column Jumps', adding a metronome, introducing peripheral distraction, standing on a balance board, creating multiple charts for the patient to pattern jump between using flippers to add an accommodative demand, dynamic targets, or including patient movement such as the 'Infinity Walk'. Each of these variations requires accurate spatial planning and greater levels of automaticity.

The Brock String allows for awareness of accurate spatial localization of fixation in space, bead jumps from one string to another require accurate peripheral awareness and saccades, and Brock String rotations work on pursuits.

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. 260, 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, 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 _____

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 (when accommodations were received and describe in your personal statement)

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., Suite 260, 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: _____

Printed Name: _____

Date: _____