



## Application for Fellowship Maintenance of Certification

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Practice Name \_\_\_\_\_

Main Office Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

***Practice Setting ( please check all that apply ):***

- Private Practice
- Hospital Clinic
- University Clinic
- Other \_\_\_\_\_

Phone (Office) \_\_\_\_\_ (Mobile/Home) \_\_\_\_\_

Email: \_\_\_\_\_



215 West Garfield Road, Suite 200 • Aurora, OH 44202  
Phone: 330 995 0718  
Fax: 330 995 0719 • Website: [www.covd.org](http://www.covd.org)

***Preferred Method of Communication (please check all that apply):***

- Email
- Mail to ( please circle one ) Office / Home
- Phone (please circle one) Office / Mobile or Home
- Social Media. Please provide social media handle(s)\_\_\_\_\_

***The following can be found on your certificate or in your COVD Member profile:***

Initial Certification Date: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

**REQUIRED APPLICATION DOCUMENTS**

*The following material must be submitted along with this form. Incomplete submissions will not be processed.*

- **Receipt of online or phone payment/check as applicable to your application**
  - Payments can be made <https://www.covd.org/store/default.aspx?>
  - MOC Fees summary can be reviewed on page 4

- **Print Name (with designations) as it will appear on your**

**certificate:** \_\_\_\_\_

- **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.*
- **INCLUDE DOCUMENTATION OF REQUIRED CE/PROFESSIONAL DEVELOPMENT.** *Please complete the table at the end of this application, on page 5 and provide all supporting documents as needed. For CE you can submit your COVD CE account list, your ARBO account or your tracking method for state licensure, original certificates of completion for CE not required unless your MOC application is selected for a random audit of materials.*



## MAINTENANCE OF CERTIFICATION STATEMENT OF ATTESTATION

*IECB is the certifying board of COVD which has been charged with certain responsibilities related to ongoing professional development of board certified fellows and optometric vision therapists. To implement these goals, IECB has established criteria for the maintenance of certification. Maintenance of certification by IECB indicates ONLY that the individual has fulfilled the eligibility requirements and successfully completed the requirements for which the individual qualifies.*

- 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):** \_\_\_\_\_
- In completing this maintenance of certification application for Fellows, I fully understand that this is the maintenance application only, and does not guarantee the successful completion of the maintenance of certification. The IECB will review the documents provided to assure standards are met for maintenance.
- I understand that it is my responsibility to provide the IECB and COVD International Office with any requests for supporting materials as they relate to this application, including my CE hours which may be audited at any time.
- I understand that I am obliged to inform the COVD International Office of changed circumstances that do or will affect my maintenance of certification application.
- Upon acceptance of this maintenance of certification application, I authorize COVD to include my name on a list of certified individuals and agree to use the FCOVD designation. I understand and agree that the IECB and COVD International Office may use my application data for statistical and research purposes.
- My signature below attests that I have read and adhere to the IECB Code of Conduct and that all information provided on this application is accurate.

Signature \_\_\_\_\_



## FELLOWSHIP MAINTENANCE OF CERTIFICATION FEES SUMMARY

### **FCOVD & FCOVD-A**

#### **COVD Member FCOVD and FCOVD-A Fees**

Processing Fee <sup>1</sup>	\$	75.00
6-12 Month Past Due Processing Fee	\$	150.00

#### **Non-Member FCOVD and FCOVD-A Fees**

Processing Fee	\$	75.00
6-12 Month Past Due Processing Fee	\$	150.00
Annual Non-Member Fee*	\$	100.00

*for each nonmember year the fee must be paid, up to 5 years for a max total not including the processing fee of \$500.00*

<sup>1</sup>Initial processing fee for COVD MEMBERS is WAIVED if materials are submitted on or before 10/31 of the year Maintenance of Certification is due

## FCOVD Maintenance of Certification Table

You are required to earn a total of **10 points** over the course of **5 years**. Points can be earned from the following areas:

MOC Point Categories:	Total Points Earned:	Maximum Points Accepted:	Point Tally for Maintenance of Certification
<b>Continuing Education Hours</b> <b>1 point per 7.5 hours</b> (15 hrs/year) Accepted CE topics include: developmental optometry, traumatic brain injury, vision therapy or rehabilitation	Can earn 10 points with CE alone: 75 hours	10	
<b>COVD Volunteer Service</b> Committee or subcommittee member or liaison <b>1 point/year</b>	Max = 2 years	2	
<b>FCOVD Mentorship</b> Mentoring a colleague who successfully completes the FCOVD process, <b>1 point per FCOVD</b>	Max = 2 fellows	2	
<b>COVD Annual Meeting Lecturer</b> Presentation of Continuing Education <b>2 points/meeting</b>	Max = 2 meetings	4	
<b>COVD Poster or Oral Research/Case Report or Panel Participant Presentation</b> Content related to developmental optometry, traumatic brain injury, vision therapy or rehabilitation. Posters at other meetings may qualify <b>1 point/poster, presented cases</b> <b>(each poster/case report may only count once)</b>	Max = 4 posters/cases presented	4	
<b>Article Author</b> *Publication in a peer reviewed journal on the topic of vision development, diagnosis or treatment related to developmental/behavioral optometry <b>2 points/article</b>	Max = 2 articles	4	
<b>Book Chapter Author/Co-author</b> *Book publication on the topic of vision development, diagnosis or treatment related to developmental/behavioral optometry <b>3 points/chapter</b>	Max = 1 chapter	3	
<b>Point Total:</b>			