

ACCREDITATION GUIDE
for
OPHTHALMIC LABORATORY TECHNOLOGY
PROGRAMS

Commission on Opticianry Accreditation
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The COA accredits two-year opticianry degree programs and one-year ophthalmic laboratory technology certificate programs in the United States and its territories. This document applies to the 1-year laboratory certificate programs.

PREFACE

The ultimate goal of the Commission on Opticianry Accreditation as an accrediting agency is to assist ophthalmic laboratory technician programs in producing well-educated, competent graduates to provide professional services to the public.

Accreditation should encourage programs to implement sound innovations and well-considered improvements as a result of the extensive self analysis and self evaluation which is inherent in the accreditation process.

Our aim in this guide is to provide specific information to ophthalmic laboratory technician programs for completing the Self Study Report and preparing for the on-site evaluation by a team selected by the Commission.

If we may be of service or if additional information is required, please direct inquiries to:

Director of Accreditation
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FOR
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GLOSSARY

American Board of Opticianry: The American Board of Opticianry (ABO) is an independent corporation for voluntary certification of dispensing opticians. It administers the National Opticianry Competency Examination (through the Professional Examination Service) for individuals who wish to establish their competency to dispense Rx eyeglasses. The ABO also administers the Master in Ophthalmic Optics Examination for more experienced opticians.

Application for Accreditation: The application specifies factual information about the program to determine initial eligibility for accreditation. The application is to be completed and returned by the program in accordance with the instructions. The application is reviewed by the Commission. If considered eligible, the program is invited to fulfill the next requirement in the process, the Self Study Report.

Checklist: A checklist is used by the on-site team in evaluating the program. The checklist is based on the *Essentials*.

Compliance: To adhere to the provisions of the *Essentials* to the greatest possible extent.

Course Description: A narrative describing course content in terms of major areas of instruction.

Course Outline: A topic outline listing the major subjects covered to show overall course content.

Curriculum: Curriculum refers to the course of studies suggested in the *Essentials* and leading to the associate degree or certificate.

Degree Program: A degree program culminates in a recognized degree, normally an associate degree, granted by a postsecondary educational institution which meets the eligibility requirements specified in the *Essentials*. The document conferring the degree may be a diploma, certificate, or other appropriate documentation attesting to the completion of the program.

Educational Foundation in Ophthalmic Optics: The Educational Foundation in Ophthalmic Optics (EFOO) solicits, manages, and administers donations. These are then disseminated in the form of grants or loans to opticianry organizations "seeking to further the field of ophthalmic optics." A limited number of loans or grants are made to students in approved opticianry programs.

Essentials: *The Essentials of an Accredited Educational Program for Laboratory Technician Program* - referred to as the *Essentials* - is contained in its entirety in Section III of this Guide. The document specifies the minimum standards to be achieved by an educational program.

Guidelines: Guidelines are explanatory statements which clarify the *Essentials* and are enclosed in parentheses. Guidelines are used to give examples of how *Essentials* may be interpreted to allow for flexibility, yet remain within the framework of the *Essentials*.

In the *Essentials* and Guidelines, the following auxiliary verbs are used:

- (1) Shall - expresses what is mandatory
- (2) Must - expresses an imperative need or indispensable item
- (3) Should - expresses ethical obligation or propriety
- (4) May - expresses freedom or liberty to follow a suggested alternative
- (5) Could - suggests an alternative for meeting the intent.

Housing Institution: The housing institution is the institution responsible for the effectiveness of the educational program. The institution will publish the credited courses in public documents, received tuition for enrollment in the program, grant credit and degrees, and in general, carry out the responsibilities specified in the *Essentials*.

Lesson Plan: A document used by the instructor to manage the instructional activity. The lesson plan contains a list of objectives and other instructions or information needed by the instructor for guiding the students in effective attainment of the lesson objectives.

Master Plan: An overall plan that outlines or specifies the objectives and into which the details of other specific plans are fitted; a plan that gives overall guidance.

Mission, Goals and Objectives: Goals refer to those long-range purposes or aims which the institution or program must sustain year after year. Goals define those end results to be achieved. Goals, taken collectively, constitute the mission of the institution or program. Objectives refer to those relatively short-term conditions to be achieved within a given period of time which are measurable evidence of progress toward achievement of the goals of the institution or program.

National Academy of Opticianry: The National Academy of Opticianry (NAO) is an independent, non-profit educational organization. Its sole objective is to improve the educational qualifications of ophthalmic professionals who serve the public, and it provides these dispensers and technicians with programs and services to meet the educational requirements needed for state licensure and/or certification by the American Board of Opticianry (ABO). The NAO serves no political or commercial interests. It is an individual membership organization offering home study courses, review materials, review courses and seminars.

National Contact Lens Examiners: The National Contact Lens Examiners (NCLE) is an independent corporation that offers a competency examination for contact lens technicians who wish to establish their credentials to serve the public. The NCLE administers the Contact Lens Registry Examination through the Professional Examination Services and is a non-member body governed by a Board of Directors.

National Federation of Opticianry Schools: The National Federation of Opticianry Schools (NFOS) represents formal opticianry education in the United States. Its goals are to: upgrade the standards of opticianry education; facilitate the exchange of teaching methods; achieve uniformity of education in opticianry; and aid other national opticianry organizations in their efforts.

Noncompliance: Failure to comply with the provisions of the *Essentials*.

Objective: A specification of precisely what behavior the student is to exhibit, the conditions under which the behavior will be accomplished and the minimum standard of acceptable performance.

Opticians Association of America: The Opticians Association of America (OAA) is the national volunteer trade and political association of retail opticianry. It promotes the business interests of opticians and optical firms in the legislative and regulatory areas and fosters a better public understanding and acceptance of retail dispensing as part of the eyecare delivery system. Virtually all state opticianry associations are affiliated with OAA.

On-Site Evaluators: On-site evaluators are appointed by the Commission to perform the on-site evaluation.

Opticianry: The term opticianry is used in the broad sense to include both ophthalmic dispensing and ophthalmic laboratory technology.

Potential Compliance: Deficiency(s) in meeting the provision(s) of the *Essentials* that the institution/program is capable of correcting within a reasonable period of time.

Professional Development: A process involving systematic growth in a particular field through increased knowledge, expertise and ability. The goal of professional development is to improve proficiency through education, training and experience. Professionalism is based on sound knowledge and requires a high level of training, both in the classroom and on-the-job. Development is the process of growth and evolution which is designed to increase a person's potential so professionalism is achieved and improved through the vehicle of development.

Self Study Committee: It is expected that a program will form a self study committee and appoint a highly qualified chairperson. The self study committee *must* have representation from the administration, faculty, students, advisory committee, and other interested and affected groups.

Self Study Report: The Self Study Report is prepared by a program applying for initial accreditation or for reaccreditation. It is a self evaluation and, as a required part of the accreditation process, provides a unique opportunity to the program for the administration, faculty, students, advisory committee and all affected groups to work together as a cohesive group. They are expected to assess, reaffirm, and build upon existing strengths; identify and correct present weaknesses; and plan for future development. The data gathering is time-consuming but a necessary learning process in the development of a self study. A well-organized program should have most of the necessary data routinely available.

Syllabus: A course control document used for course planning, organization, validation and operation. Generally, for every block of instruction within a course, objectives, duration of instruction, support materials and guidance factors are listed.

Validity: The degree of compliance with which inferences can be drawn about the quality of an accredited institution or program by virtue of its compliance with these standards.

SECTION 1

INTRODUCTION

PURPOSE OF ACCREDITATION

Specialized accrediting agencies, such as the Commission on Opticianry Accreditation, exist to assess and verify educational quality in various professions or occupations to ensure that individuals entering those disciplines will be qualified. The accrediting agency develops the educational standards by which programs are evaluated based on the skills and knowledge necessary for that profession, conducts program evaluation, and publishes a list of accredited programs that meet the national accreditation standards.

Simply stated, accreditation is recognition by a body that a program has voluntarily undergone a comprehensive study which has demonstrated that the school has set appropriate educational objectives for students who enroll; that the school does in fact perform the functions that it claims; and that the school furnishes materials and services that enable students to meet those stated objectives.

Historically, accreditation may be said to:

- Foster excellence in education through the development of standards for assessing educational effectiveness
- Encourage improvement through continuous evaluation and planning
- Assure the educational community, the general public, and other agencies or organizations that an institution has clearly defined and appropriate objectives and appears to be accomplishing these objectives: maintains conditions under which achievement can be reasonably expected; and offers promise that this will continue to be the case.

HISTORY

The Commission on Opticianry Accreditation (hereafter referred to as the Commission or COA) was formed in 1979 in Washington, D.C., as a non-profit corporation without members. It was officially incorporated to serve as an independent agency for the sole purpose of accrediting ophthalmic dispensing and ophthalmic laboratory technician programs in the United States and its territories.

The Commission's predecessor, the National Academy of Opticianry, was recognized by the ophthalmic profession for 35 years as the accrediting agency for education programs. The National Academy of Opticianry had responsibility at that time for certifying individual opticians, as well as for providing continuing education programs for practitioners.

In 1975, the Academy applied to the U.S. Office of Education for official recognition of its school accrediting function. The Office of Education recommended the formation of a separate agency whose sole purpose was accrediting ophthalmic dispensing and ophthalmic laboratory technician programs. Today's Commission was formed as an autonomous organization on this recommendation.

In 1985, the United States Department of Education (USDE) recognized the Commission as the accrediting body for two-year ophthalmic dispensing and one-year ophthalmic laboratory technology programs. In 2006 the current recognition expired, and the USDE indicated to the Commission that it is no longer eligible for recognition because the programs are using institutional accreditation rather than programmatic accreditation for federal funding of students and programs. At its meeting on January 26, 2009, the Council for Higher Education Accreditation (CHEA) Board of Directors reviewed the recommendation of the CHEA Committee on Recognition regarding the eligibility application submitted by Commission on Opticianry Accreditation (COA). The Board of Directors determined that the COA is considered eligible to undertake a recognition review. COA will complete a self-evaluation providing evidence that it meets the 2006 CHEA recognition standards. The CHEA Committee on Recognition will review the self-evaluation, the observation visit report, oral presentation by the COA and any third party comment at its November 2009 meeting and make a recommendation to the CHEA Board of Directors. The CHEA Board of Directors will make the final determination of recognition status. Until that action, the committee's recommendation is an interim determination only.

COA continues to develop and maintain education standards for ophthalmic education programs to ensure the flow of competent professionals into the industry.

GOALS OF THE COMMISSION

The Commission was formed to:

- Engage in such activities as are necessary to accredit postsecondary educational programs for ophthalmic laboratory technicians, to provide assistance to educational institutions that will enable such institutions to develop ophthalmic laboratory technology programs of the highest quality, and to disseminate information by appropriate means to identify those educational programs adequately prepared to offer postsecondary educational programs in ophthalmic laboratory technology.
- Develop and maintain educational standards for accreditation including criteria and guidelines.
- Prepare manuals and other materials required by institutions undertaking or planning to undertake ophthalmic laboratory technician educational programs.
- Recognize changing needs of individuals, the public, and ophthalmic laboratory technology in general and implement advances in knowledge and ability through curriculum development to meet those needs.
- Assure opticianry firms, opticians, consumers, government and other interested parties, that graduates of accredited postsecondary ophthalmic laboratory technology educational programs have been provided the educational background to be competent opticians.

BENEFITS OF ACCREDITATION

Some major benefits of accreditation for ophthalmic laboratory technician programs are the following:

- Counselors, employers, educators, federal and state government officials (including state licensure boards) and professional associations rely on the accredited status of the program as an index of the quality of graduates.
- Accreditation constitutes an expression of confidence in the policies and procedures of the accredited program.
- The accreditation process involves an external source of stimulation to improve the overall quality of the program through the use of the Self Study Report and through periodic evaluations by an outside agency.
- Accreditation assures high standards and educational quality through adherence to established standards, criteria and policies.

COMMISSIONERS

The Commission, through its composition, has the responsibility to reflect the broad interest that exists in the profession, the business and educational communities, and the general public.

Of the 12 commissioners, four are appointed by the National Academy of Opticianry, four by the Opticians Association of America, two by the National Federation of Opticianry Schools from schools accredited by the Commission, and two are appointed by the Commission from the public to represent the general interest of the public. All commissioners are appointed in accordance with nondiscriminatory practices.

It is the policy of the Commission to solicit suggestions of the names of individuals who could serve constructively as public members of the Commission and who can represent adequately the general interest of the public.

To ensure the public members' ability to serve in an objective and impartial manner in representing the public interest, nominees for this position may not be educators in or members of the profession of opticianry, or in any way related to the eyecare profession. Although not a requirement, the Commission prefers to appoint public members who have an interest in consumer affairs.

The term of office for all commissioners is three years, and no more than two terms may be served consecutively.

FUNDING OF THE COMMISSION

The Commission on Opticianry Accreditation is incorporated not-for-profit in the District of Columbia and is a tax-exempt organization under Section 501 (c) (3) of the Internal Revenue Code.

The Educational Foundation in Ophthalmic Optics, National Academy of Opticianry, and National Federation of Opticianry Schools each contribute to the costs of the Commission. The annual fee paid by accredited programs also help defray the costs.

The Commission on Opticianry Accreditation will not accept a donation from any source except those which can be applied impartially in furtherance of its tax-exempt objectives. It will not accept any contribution that is conditioned on uses contrary to its mission.

CONSULTANTS

An important goal of the Commission is to offer assistance and guidance to ensure quality in ophthalmic laboratory technician programs.

To accomplish this goal, the Commission has formed a body of consultants whose members, in order to avoid a conflict of interest, will serve neither as on-site evaluators nor as commissioners. These consultants, who are selected in accordance with nondiscriminatory practices, represent the fields of ophthalmology, opticianry, optometry, and general education. They will be available upon request to consult with and advise the programs. If a site visit is involved in the consultation, expenses must be borne by the program requesting the visit.

ETHICAL EDUCATION PRACTICES

The Commission expects ophthalmic laboratory technician programs and institutions to abide by the following ethical practices.

Announcements

Institutional and program advertising and announcements must reflect accurately the ophthalmic laboratory technician program and must not misrepresent or mislead.

According to COA policy (Policy and Procedures Manual) for Public disclosure of accreditation status by program and/or institution:

If a program elects to make a public disclosure of its accreditation status granted by the Commission on Opticianry Accreditation, the program must disclose that status accurately and include the specific academic and/or instructional program(s) covered by that status. Additionally, the name, address, and telephone number of the COA must be accurately and be included in the disclosure.

Ethical practices are stated or implied in the *Essentials*.

Section II

ACCREDITATION INFORMATION

ACCREDITATION PROCESS STEPS

Programs must complete the application for accreditation to initiate the accreditation or reaccreditation process. The application form may be obtained from:

Commission on Opticianry Accreditation
PO Box 592
Canton, NY 13617
director@COAccreditation.com

The application for accreditation must be prepared in accordance with instructions, signed by the institution's chief executive officer and program director, and returned to the Commission. The application is evaluated and the program asked to prepare a Self-Study Report if the application indicates basic eligibility.

The sequence from this point is:

- Program prepares and submits the Self Study Report
- Self-Study Report reviewed by Commission representatives
- On-site evaluation dates are established in conjunction with the housing institution, program, and Commission
- The on-site evaluation is conducted
- The Evaluation Report is prepared and sent to the program director for review
- The institution responds to the report and may file supplemental materials pertinent to the facts and conclusions in the report
- The Evaluation Report and the response are evaluated by the Commissioners at a scheduled meeting
- The Commission determines the accreditation classification and notifies the chief executive officer of the institution of its decision in writing.

TIMETABLE

- Application, signed by chief executive officer and program director, is returned to the Commission.
- Self-Study Report is prepared by the program and is submitted and received by the Commission a minimum of 30 days prior to on-site date.
- On-site evaluation is usually conducted within 30 days but no sooner than 45 days after the Commission's receipt of an acceptable Self-Study Report.
- Evaluation Report is sent to the institution's chief executive officer and program director normally within 60 days after the on-site visit to permit correction of any factual errors.
- Institution responds to Commission on the report and has the option of filing supplementary material pertinent to the report's facts and conclusions within 30 days.
- The Evaluation Report and the institution's response are reviewed by the Commission at its next scheduled meeting and a final decision is made concerning accreditation classification.
- The Commission notifies the chief executive officer of the institution and program director of the decision within 30 days after meeting.
- The accreditation process should take approximately 18 months. The program may expedite the process by submitting the required documents in advance of the deadline established. The time taken to obtain accreditation may be longer if deadlines are not observed, or if the application or Self Study Report is not completed satisfactorily.

FEES

All fees must be paid in order to maintain accreditation status or to undergo evaluation. All invoices will be sent to the program director unless otherwise specified. All payments are to be returned with a copy of the invoice and are due as stated on invoice.

Administrative Fee

An administrative fee of \$500.00 is charged and payment must accompany applications submitted by programs applying for initial accreditation to the Commission.

Late Fee for Self Study

A late fee of \$200.00 is charged for Self Studies that do not arrive in the COA office submitted beyond the required 30 calendar days prior to the on site.

Site Visit Expenses

Each program must reimburse the Commission for the costs of any on-site evaluation. An invoice for these expenses will be forwarded to the program director. The guidelines for fees, expenses and preparing the visit are as follows:

- Commercial travel reimbursement is limited to the mode and cost documented. Airfare is limited to round-trip coach fares. All team members are urged to take advantage of any cost reducing fees.
- Private auto travel is reimbursed in keeping with the federal government allowance per mile, parking and tolls. Total reimbursement for private auto travel will not exceed round-trip coach fare.
- Rented auto costs are to be reimbursed if:
 1. lower cost transportation is not available
 2. two or more site members are traveling together to and/or from the site
 3. commercial travel is not available to and from the site or such travel would result in further expense, e.g., additional meal and lodging costs.
 4. use of the rental car in accordance with the preceding guidelines is documented in the expense voucher.
- Lodging and meal costs are to be reasonable and customary rates for locations convenient to the site being visited.
- Expenses which are not reimbursable include alcoholic beverage costs, valet services (cleaning).

- Multiple programs visited on the same trip will be billed proportionately for the costs of the on-site evaluation according to the following guidelines:
 1. a percentage of the travel costs of the team
 2. the costs of meals and lodging associated with the day(s) on which a particular program is being visited.

Program officials are encouraged to cooperate in arranging suitable accommodations convenient to all parties concerned and at the most economical rate. The following are suggested arrangements for cost reduction:

- Accommodations at hotels or motels providing discounts to the institution. (Normally the program director is asked to make reservations at his/her choice of hotel.)
- Local travel provided by the program director i.e., travel between hotel and institution, and to and from the airport.
- On-site group luncheons as time permits.

Annual Accreditation Fee

An annual accreditation fee of \$1,250.00 will be charged each accredited program for the academic year 2009-10. This fee is subject to change.

Invoices for annual accreditation fees will be issued in May each year for the following academic year (i.e., September 1 - August 31) and are due by November 1 of that year. A \$200.00 fee will be assessed for delinquent fees.

Programs that have been granted initial accreditation will be billed on a prorated basis from the date of the on-site evaluation visit to the beginning of the next academic/fiscal year. The invoice for this prorated period will be issued in conjunction with the next regular billing that follows the Commission's accreditation decision on that program.

If any accredited program shall fail to make payment within 60 days after notice that payment is due, its accreditation may be withdrawn.

Refunds

The administrative fee and annual accreditation fee are non-refundable.

SIZE OF TEAM AND VISIT DURATION

The Commission pursues its public assurance responsibility with primary reliance on the on-site evaluation. This visit to the site of the program must be conducted in a professional manner, including business attire. Team members' ability to evaluate and report must not be compromised by economic pressures. Thus, the number of team members, usually three, may vary depending on the size of the program and other circumstances involved.

The amount of time available for the site visit is as important as the size of the team to an effective evaluation. Thus, the length of the visit may vary in relation to the program involved. Program officials are encouraged to discuss team size and visit length with the Executive Director or accreditation coordinator of the Commission during the planning of the visit. The Commission will consider suggestions made by the program officials.

The Team Chairman, in conjunction with the Commission's staff and the program's officials, is responsible for the implementation of the guidelines for the efficiency of the site visit. Circumstances may exist or arise in programs to cause variation from the general guidelines used for planning purposes.

TEAM SELECTION, QUALIFICATIONS AND RESPONSIBILITIES

All persons who serve as evaluators are selected in accordance with nondiscriminatory practices on the basis of relevant experience and training. In choosing a team, the Commission has a working pool of qualified ophthalmic professionals and ophthalmic general educators, and tailors the team to the needs of the program being evaluated. In addition, each team will include one evaluator who is (or has been within the past five years) a full-time instructor/ professor at a COA accredited program. At least one member will be a Commissioner.

On-site evaluation teams are usually composed of three members, including a chairperson. The list of proposed names is sent to the chief executive officer and program director allowing sufficient time for review and comment with respect to any perceived conflict of interest. If no objection is raised, the visit will proceed as scheduled.

All evaluators are responsible for studying the *Essentials* and the Self-Study Report beforehand in order to be prepared for the visit. They are expected to conduct an impartial and objective evaluation. All information obtained while serving as an evaluator, including discussions, is considered privileged information and is regarded by the Commission as strictly confidential.

PROTOCOL FOR INSTITUTIONS AND PROGRAM OFFICIALS

To ensure open discussions, institution and program officials should not be present when the on-site evaluation team conducts conferences with faculty, advisory committee members and students.

In order to avoid any situation, which might be considered as suggesting a conflict of interest, no invitations for social functions should be extended to or accepted by individual evaluators during the visit.

OBSERVERS

It is the policy of the Commission to participate whenever feasible in joint on-site evaluations with representatives of other accrediting organizations. With the permission of the institution, the Commission will invite said organizations to appoint a representative to accompany the on-site evaluation team during the entire course of the visit. Such representatives advise and consult with the Commission's evaluators and participate fully in the team's activities.

As part of the Commission's on-site evaluation training program, qualified observers may accompany the on-site team to learn about the on-site evaluation process. Such individuals are present only as observers of the process.

Expenses incurred by observers will not be charged to the institution.

MEETINGS AND MATERIALS REQUIRED

The on-site evaluation enables the team to:

- Observe the program operating in its own setting
- Confirm the information submitted in the Self-Study Report
- Review supplementary material
- Promote communication among all levels of personnel involved.

The visiting team requires time to meet as a committee at the beginning and conclusion of the visit, but otherwise has no rigid schedule for the balance of the visit. The team may either stay together as a unit during the visit, or proceed individually to review various aspects of the program.

The following outline provides a general format of the on-site evaluation.

- I. Evening before visit - Planning session for the team members to review among themselves the agenda and the Self-Study Report
 - Day 1* - In-briefing of chief executive officer. Discussion of Self-Study Report with Program Director and faculty members.
 - Day 2* - Conferences and observation.
 - Day 3* - Executive session of COA evaluation team members. Out-briefing of dean, Program Director, faculty, advisory committee, and chief executive officer, if possible.

- II. After consultation with the chairperson of the visiting team, the program director should schedule the remainder of the visit to include the following types of activities:
 - Classroom visitations (one must be in session)
 - Tour of learning resource centers (library, audio-visual)
 - Advisory committee conference
 - Student conferences (Separate conferences should be held for first and second year students and should include at least 75% of each respective class, if possible.)
 - Faculty conference
 - Administrative conference
 - Tour of program facilities (laboratories, clinics, lecture rooms)
 - Laboratories and clinics in session.

III. Listed are some of the records and documents the program should have available for review by the evaluators to substantiate and supplement the Self Study document:

- Mission, goals and objectives statement
- Course outlines and examples of lesson plans
- Annual report of the work of the department
- Student work accomplishments
- Admissions, attendance, achievement, and evaluation records
- Advisory committee minutes
- Catalog
- Curriculum outlines
- Samples of examinations and tests
- External and internal studies of students' performance (including graduates) which determine if the program is achieving the program/institution's own stated educational goal.

PROGRAM DIRECTOR'S RESPONSIBILITIES

A highly coordinated effort among the program's staff, team members, and Commission staff is required in planning a successful site evaluation. The following is an outline of specific responsibilities of the program director.

Prior to the Site Visit

- Complete and submit four copies of the Self Study Report to the Commission
- Provide additional material if requested by the team chairperson and/or Commission staff
- Plan tentative schedule/agenda of events and mail to the Commission staff at least six (6) weeks prior to visit
- Make final schedule based upon response from team chairperson or Commission staff
- Make hotel or motel reservations for team members and notify Commission staff
- Provide Commission staff with a copy of a final schedule/agenda

During the Site Visit

- Arrange team transportation from airport, lodging, etc., to contain costs
- Provide secure and private location for team where materials can be left securely and where confidential discussion can be held
- Introduce team to institutional personnel
- Supervise initial tour of institutional and program facilities
- Facilitate keeping schedule "on-time" by verifying appointments scheduled with individuals involved, i.e., administrators, students, advisory committee
- Obtain additional data and information as requested by the team
- Arrange for noon meal accommodations using institutional facilities, if available.

Following Site Visit

- Review the report of the on-site evaluation for content accuracy
- Complete critique of accreditation process and return to the Commission staff
- Submit Progress Report by deadline, if requested
- Reimburse the Commission for the expenses and other direct visit expenses discussed in the section on "Fees."

CONFIDENTIALITY

Any data or information, written or verbal, involved with the accreditation of a program is considered privileged and confidential information. Unauthorized disclosure of any information obtained through service on a site visitation, as a Commission or a staff member, is considered a breach of confidence.

THE EVALUATION REPORT

At the conclusion of the visit, the team holds an executive meeting to prepare the first draft of its Evaluation Report. The team's recommendation to the Commission about the level of accreditation is not discussed at the out-briefing.

Within thirty (30) days after the site visit, the team chairperson sends a copy to the other team members for comment and approval. The Evaluation Report is then forwarded to the Commission.

The Commission sends a copy of the Evaluation Report without recommendation as to accreditation classification to the institution normally within 60 days of the site visit. Sufficient time (30 days) will be allowed for the institution's chief executive officer to comment, correct any factual errors and file, if necessary, supplementary materials relating to the findings and conclusions.

The Commission will review the team's Evaluation Report and the chief executive officer's response in making a final decision about the level of accreditation to be awarded. The Evaluation Report covers the following areas: administration of program, instructional facilities, curriculum, finances, faculty and students. It includes strengths, recommendations for improvement, and, if appropriate, means for accomplishing the improvements, and any areas in which the program is in potential compliance or non-compliance with the Commission's standards set forth in the *Essentials*. It also touches on any creative and innovative aspects and their effects on the overall program; and the degree of success the program is achieving in meeting its own goals.

A team member, usually the chairperson, will be present when the Commission is reviewing the Evaluation Report submitted by the team.

At a regular or special meeting, the Commission makes a final decision on the level of accreditation to be awarded to the program. The chief executive officer of the institution is then informed officially of the decision in writing with a copy to the director of the program.

DATE OF ACCREDITATION

When a program is initially approved for accreditation by the Commission, the date of accreditation will be retroactive to the first day of the on-site visit.

CONFLICT OF INTEREST

To preclude any conflict of interest, a Commissioner shall not participate nor be present whenever his/her program is under discussion or evaluation. Nor shall a Commissioner cast a vote concerning his/her program.

In addition, the Commission shall not appoint a person as a member of a on-site evaluation team to evaluate an ophthalmic program with which he/she is affiliated or from which he/she was graduated.

INNOVATIONS

Experimentation and innovation in new teaching techniques, curriculum design, or any other special programs contributing to the educational process are encouraged and expected. A reliable and valid evaluation of the data should be made whenever innovation programs are conducted.

Section III
ESSENTIALS OF AN ACCREDITED EDUCATIONAL PROGRAM
FOR
OPHTHALMIC LABORATORY TECHNOLOGY

Available at
<http://coaccreditation.com/essentials-laboratory.pdf>

THE APPLICATION AND SELF-STUDY PROCESS

APPLICATION FOR ACCREDITATION

The application indicates the commitment of the institution and the opticianry program director to the accreditation process. The information on the application provides the Commission with data for initial evaluation of the program and enables the Commission to determine the eligibility of the program for the accreditation process. Applications for accreditation will be accepted at any time.

Ophthalmic laboratory technician programs which have been in operation for one academic year or the equivalent, have graduated their first class, and are interested in initial accreditation by the Commission on Opticianry Accreditation are encouraged to request information concerning the standards and criteria used in the evaluation process. When the commitment has been made to start the process, the application must be prepared in accordance with instructions.

Programs due for reaccreditation will be sent the necessary documents at the appropriate time. The application for reaccreditation must be completed in accordance with the instructions. The Commission will request additional information from the program, if necessary, and establish a date for completion of the Self-Study Report.

DEVELOPING AND PREPARING A SELF-STUDY REPORT

The Self-Study Report, a requirement for accreditation, is a major undertaking, which must involve an appropriate proportion of representation from the faculty, administration, student body, advisory committee and other interested and affected groups. It is strongly advised that a program form a self study committee and appoint a competent chairperson.

The self study should not be hurried and done only to fulfill a requirement for accreditation. Learning and benefiting from the process itself, and thereby improving the program's quality, should be primary motivations.

The program has the option of modifying the *Self-Study Report Format*, although the Commission strongly advises using the *Self-Study Report Format for Ophthalmic Laboratory Technician Programs*, which is included as a separate document.

All Self-Study Reports must address each section of the *Essentials* with explanations and appropriate exhibits. There is no prescribed length for the Self-Study Report. However, it is recommended that the narrative not exceed 100 pages, exclusive of substantiating data (samples). The exhibits should be bound separately and indexed, with each section identified by tabs. The report should be concise and contain samples, (exhibits) rather than detailed accounts. The on-site evaluators will examine actual documents during the visit.

In addition to addressing the *Essentials*, the report must contain sections on analysis of the program's strengths and limitations (weaknesses) in light of the *Essentials* and the program / institution educational goals and objectives. Innovations or unique aspects of the program, as well as their effects on the overall program, are to be described in detail.

The report shall be signed by the institution's chief executive officer and the program director. Signatures of all participants in the preparation of the report are desired. Four copies of the Self Study Report must be produced. One must be sent to the Commission office, and one sent to each of the on-site team members at least 30 days prior to the on-site visit.

A program should submit an acceptable Self-Study Report within two years from the date of application. If an acceptable report is not submitted within two years or an extension citing mitigating circumstances approved by the Commission, the program will need to reapply for the accreditation process.

Required Content of the Self-Study Report

The Self-Study Report must contain the following elements:

- Each section of the *Essentials* must be addressed with explanations and appropriate exhibits.
- The report must contain a self analysis assessing the program's strengths and limitations (weaknesses) in light of the *Essentials*. This must include concrete plans to remedy any deficiencies.
- The report must contain a self-analysis in which the program states the program and/or institution's own educational goals and objectives and analyzes the degree to which they have been achieved.

- The report must contain detailed comments on innovations or unique aspects of the program, if any, with an analysis of their effects on the overall program.
- The report must include the separate Safety and Environmental Management Checklist. The program will complete the checklist, indicating a "yes" if the standard is in place and a "no" if it is not. Any items checked "no" should be commented upon. In addition, any appropriate documentation indicating an exemption from the standard should be attached. Upon completion, the Program Director and the designated Safety Officer must sign in the appropriate place. The document is submitted as a component of the Self Study.

SELF-STUDY REPORT FORMAT FOR OPHTHALMIC LABORATORY TECHNICIAN PROGRAMS

This format has been designed as a separate document for use by individuals and/or a committee in completing a self-evaluation and in preparing and submitting a Self-Study Report.

The Self-Study Report is a major source of information about an educational program in relation to the *Essentials*. Administrative officials, faculty, students, advisory committee and other interested parties must be involved in the preparation of the Self-Study Report.

The *Self-Study Report Format* is divided into three major sections. Section I contains the *Essential* (standard), Section II, Self-Study Report Suggestions (an explanation or a suggested response); and Section III, Suggested Exhibits (suggests documentation to be provided as an exhibit). The explanation and exhibits serve in judging compliance with the *Essentials*. The format is included as a separate document.

SECTION V

ACCREDITATION CLASSIFICATIONS

The Commission extends accreditation to ophthalmic laboratory technician programs for periods of time no longer than six years. When the Commission takes action with respect to the accreditation of a program, it will designate the length of time for which accreditation has been granted. The Commission will conduct the next on-site evaluation at the end of the period for which accreditation has been granted.

When the Commission recommends a reduced duration of accreditation for a program with one or more areas of noncompliance that are believed to be readily correctable, it may require a Progress Report by a specific date. In such instances, the Commission may inform the chief executive officer of the institution that, based on the documented correction of the areas of noncompliance, the accreditation award may be extended to the six year maximum duration without requiring a new Self Study Report and site visit.

The usual sequence for the accreditation process is:

- Application for accreditation
- Self Study Report
- On-Site visit by Commission representatives
- Review of Evaluation Report by Commission
- Decision by the Commission
- Written notification of the decision sent to institution's chief executive officer

The Commission on Opticianry Accreditation uses five classifications of accreditation:

- Accreditation
- Provisional Accreditation
- Administrative Probation

Any ophthalmic laboratory technician program granted one of the first three classifications is considered to be an "accredited" program as long as the classification is in effect for that program. If an accredited program (i.e., first three categories) has its accreditation withdrawn or revoked, the program will be so informed in writing by the Commission and be notified of the right to appeal.

CLASSIFICATIONS

Accreditation

Accreditation is a classification granted to an educational program indicating that the program is considered to be in substantial compliance with the *Essentials*.

For a program that is in substantial compliance with the *Essentials*, except for one or more specific areas of noncompliance that are considered to be readily correctable, the program will be required to achieve compliance and submit written evidence of the action to correct these areas.

The institution is provided recommendations regarding the program's noncompliance and may be given a specific length of time (not to exceed eighteen months) to provide evidence in a Progress Report of the action to correct these areas. A program may be recommended for Provisional Status if, in the judgment of the Commission, the Progress Report does not satisfactorily document implementation of the recommendations.

Provisional Accreditation

Provisional accreditation may be granted to a program, which is presently accredited. This classification is granted to a program which has one or more area of noncompliance of such magnitude that appear to threaten the capability of the program to provide an acceptable educational experience for the student, and if not corrected, the withdrawal of the program's accreditation may result. The period of Provisional Accreditation will not exceed 18 months.

During a period of Provisional Accreditation, programs are recognized as accredited.

The Commission will provide the institution with a statement identifying each program characteristic, which is judged to be in noncompliance with the accreditation standard. Specific guidance regarding methods of fulfilling the requirements and a deadline for achieving compliance with the standard will be provided. A letter of notification to place the program on provisional status will be sent by United Parcel Service or certified mail to the chief executive officer of the institution.

The Commission may require periodic Progress Reports. An on-site evaluation is usually conducted before the removal of the provisional status is considered. Failure by the program to show evidence of compliance with the standards within the specified time period will normally result in the withdrawal of accreditation.

Administrative Probation

A program may be placed on administrative probation at the discretion of the Director of Accreditation for the following:

- Annual fee more than 30 days late;
- Annual report more than 30 days late;
- Self-study more than 30 days late;
- Progress report more than 30 days late.

Administrative probation will be in addition to any late fee due as a result of the lateness of the report or fee.

Before the program is placed on Administrative Probation, COA informs the program director by certified mail of the relevant requirements, policies and procedures that will be followed. Administrative Probation is not subject to appeal. During a period of Administrative Probation, programs are recognized as being accredited.

If a program is placed on Administrative Probation, the notification letter will state that the program is in non-compliance with requirements for maintaining accreditation and will list the requirements in question. A program's failure to comply with requirements for maintaining accreditation will result in withdrawing accreditation status. Administrative Probation will be removed upon correction of the deficiency.

The chief executive officer of the institution must notify students enrolled in the program those seeking admission, and the applicable state licensing board, that the program's accreditation is probationary.

REACCREDITATION

Accreditation carries a predetermined time limitation, to a maximum of six years. However, accreditation status does not lapse if the next scheduled on-site visit does not occur within that time period. Once an accreditation status has been granted, it can be changed only after appropriate due process. It remains the duty of the Commission to schedule another site visitation, conduct an appropriate evaluation of each program, and decide on an accreditation classification.

WITHDRAWAL OF ACCREDITATION

The Commission on Opticianry Accreditation may withdraw accreditation under the following circumstances:

- A program fails to show evidence of substantial compliance with the *Essentials* within eighteen months. This period may be extended if the program can demonstrate good cause for not bringing itself into substantial compliance with the *Essentials*.
- There are no students in the program for two consecutive years
- The program does not permit reevaluation after due notice
- The institution's chief executive officer requests withdrawal of COA accreditation by submitting a written request to the Commission.

When accreditation is withdrawn, the chief executive officer of the institution is notified of this action by mail through United Parcel Service or certified mail and provided with a written statement of the program characteristics which are judged to be in noncompliance with the *Essentials* and the rationale for the withdrawal of accreditation. The institution may appeal in accordance with established procedures or may reapply for accreditation as a new applicant at a later date.

A student enrolled in the program, when the institution offering the program is notified that accreditation has been withdrawn, who completes the program successfully within the scheduled period, will be considered a graduate of a COA accredited program.

The institution should inform all students enrolled in the ophthalmic laboratory technician program, and those seeking admission, that accreditation has been withdrawn after the institution has been so notified. This notification would be made subsequent to any appeals that might be made.

RECONSIDERATION OF ACCREDITATION

The Commission may reconsider any adverse accreditation decision on its own motion or upon the request of the institution or program. An adverse accreditation decision is an official Commission action, such as the provisional, withdrawal, or denial of accreditation classifications, continuation of an accreditation classification less than Accredited, or the rejection of a Self-Study Report, Progress Report, or Annual Report.

An institution or program desiring the Commission to reconsider an adverse decision must submit to the Commission in writing a "Request for Reconsideration" with substantiating documentation to show to the satisfaction of the Commission that the facts upon which the adverse decision was based no longer exist.

The Commission will consider the "Request for Reconsideration" and any oral presentation which the institution or program may wish to make. If the facts that precipitated the adverse action have been corrected, the Commission will take appropriate action. The Commission will reconsider an adverse decision only if the facts upon which it was based have changed significantly.

In the case of an adverse accreditation decision, the Commission will provide the chief executive officer of the institution concerned a specific statement in writing of reasons for the action taken.

APPEAL OF ACCREDITATION DECISIONS

A. Policy

The Commission provides clearly delineated procedures for programs wishing to appeal action of Non-Accreditation (resulting from accreditation withheld or withdrawn).

B. Procedures

1. Initiation of Appeal

The chief executive officer of an institution housing a program, which has had accreditation withheld or withdrawn by the COA may appeal the decision. The appeal request, in writing, must be received by the executive director of the COA within 30 days after the program received the COA notice of its action to withhold or withdraw accreditation. All correspondence referred to herein shall be sent by certified mail, return receipt requested.

An appeal filed in accord with the COA's appeal procedures shall automatically delay the decision to withhold or withdraw accreditation until final disposition by the Commission of the appeal. There will be no charge in the accreditation classification until after completion of the appeal procedure.

Appeals may be based only on the contention that the Commission's decision was arbitrary or capricious or not supported by documented evidence of noncompliance with the *Essentials*.

2. Appeals Panel

The institution has a right to a hearing before the appeals panel. Representatives of the institution/program may make oral and/or written presentations before the panel, and may respond to questions from the panel. The institution/program has the right to retain counsel during this and subsequent presentations.

The appeals panel shall be composed of three individuals who are familiar with the accreditation process and who have a working knowledge of the *Essentials*. No individual is eligible for the appeals panel who is presently or was previously involved with the particular accreditation activity under consideration; or who is a current Commissioner or currently acts as a Commission consultant.

A list of at least 9 individuals qualified to serve as members of an appeals panel shall be maintained under the direction of the COA from recommendations submitted by the National Academy of Opticianry, National Federation of Opticianry Schools, and the Opticians Association of America. This list will be sent to the institution within 20 days of the COA's receipt of the request for an appeal. Within 10 days of receipt of the list, the Commission and the institution shall mutually agree upon three individuals to constitute the appeals panel.

3. Appeals Date and Participants

The appeals panel shall meet within 30 days after they have been selected to serve. The members of the panel shall choose one of their members to chair. The chair shall establish the date, time and place for the panel to convene in consultation with the chief executive officer of the institution appealing the accreditation decision. At least 20 days before, the institution shall be notified by the Commission's executive director of the date, time and place that the appeals panel will meet, and shall be provided with the information on which the decision to withhold or withdraw accreditation was based, including a specific statement of reasons for the decision. At a hearing conducted before the appeals panel, the institution may offer testimony and question any on-site team member who participated in the on-site evaluation of the program. At least 10 days before such a hearing, the institution shall request in writing the presence of any individual whom it wishes to question. Such requests shall be directed to the executive director of the Commission. Commission representatives may be present to provide information as necessary.

4. Appeals Panel Recommendations and Commission Action

The recommendation of the appeal panel shall be based on the evidence presented to the Commission with regard to the conditions which existed in the program at the time of the latest site visit and on information about subsequent changes filed with the Commission prior to, or at the time of the Commission decision. The findings and recommendations of the appeals panel shall be submitted by its chair in writing to the commission within 10 days after the conclusion of the hearing. Final action shall be taken at a regular or special meeting of the Commission. The decision of the Commission shall be final. The executive director of the Commission shall be prompt in notifying the institution's chief executive officer of the Commission's decision. This notification shall state specific reasons for the decision.

5. Cost

The institution making the appeal shall bear the costs involved in the development and presentation of its appeal. Reasonable expenses directly associated with the hearing, such as those for the meeting room and for travel and per diem for members of the panel shall be divided equally between the Commission and the institution making the appeal. Expenses of witnesses directly associated with the hearing shall be borne by the party requesting their presence.

6. Extension of Time Limits

Under extraordinary circumstances, the time limits specified previously may be extended with the mutual consent of the institution and the Commission.

REVIEW OF COMPLAINT

Although the Commission does not serve as mediator of disputes among ophthalmic laboratory technician programs, institutions and other parties, the Commission will consider a complaint from any interested party about the educational quality of a program accredited by the Commission. The Commission strongly encourages the complainant, however, to exhaust other appropriate grievance and review mechanisms before bringing the matter to the Commission.

The following procedure will be used in the investigation of a complaint concerning Commission accredited programs.

- A. Complaints must be submitted in writing to the Commission office within 45 days of the offense. The report must clearly specify reasons for the complaint, the areas in which the complaint relates to the Commission's *Essentials*, the person(s), or group(s) initiating the complaint and their relationship to the program and institution. Available supporting documentation, including a statement of steps taken to resolve the complaint, must be included.

All written complaints will be forwarded to the Chairperson of the Commission for action. The Commission will not intervene for individuals in matters of admission, appointment, promotion, or dismissal of faculty or students. It will intervene only when it believes that the practices or conditions indicate that the program may not be in compliance with the *Essentials* or with established accreditation policies.

- B. The Chairperson of the Commission will determine within a reasonable length of time, not to exceed 30 days, whether or not the complaint appears to be relevant to the program *Essentials* or established accreditation policies.
1. If the Commission determines the complaint does not relate to the *Essentials* or established accreditation policies, the complainant will be notified promptly.
 2. If the Chairperson determines the complaint does relate to the *Essentials* or established accreditation policies, a written acknowledgment of the complaint will be forwarded to the complainant, to the program director, and to the chief executive officer of the institution housing the program within 30 days after determination.
 3. Included in the notification to the chief executive officer will be a description of the complaint and, if appropriate, a request by the Commission Chairperson that the institution conduct an investigation with a report to the Commission Chairperson within 30 days. The Commission Chairperson may also request additional information relative to the complaint from the complainant, the institution, and other sources.
 4. The information obtained from the chief executive officer will be reviewed and considered by the Chairperson prior to further action. If the institution is in substantial agreement with the complaint and proposes to institute remedial action satisfactory to the Chairperson, no further action will be taken. The Chairperson will so notify the complainant. If the institution is not in substantial agreement with the complaint, the Chairperson will appoint a review committee, consisting of three Commissioners, to consider the complaint along with all

relevant information and submit its findings and recommendation to the Chairperson within 90 days. The Chairperson of the review committee may call a committee meeting if he/she deems appropriate.

5. If the review committee finds that the complaint is unsubstantiated or not related to the *Essentials* or established accreditation policies, the Chairperson will so notify the complainant and the chief executive officer of the institution involved immediately after this determination is made.
6. If the review committee find the complaint is substantial and that the program may not be in substantial compliance with the *Essentials* or with established accreditation policies, within a reasonable time the Chairperson will call a special meeting or schedule a conference telephone call of the Commission to consider the findings and recommendations of the review committee if a regular meeting is not scheduled within 90 days.
7. The Commission may take any of the following actions and any others it may consider appropriate.
 - a. Dismiss the complaint.
 - b. Postpone final action on the complaint if there is evidence that the institution and/or program is correcting the situation that warranted the complaint. If a postponement is made, the matter must come before the Commission for final resolution within one year of the postponement.
 - c. Notify the chief executive officer of the institution in question, that the Commission has determined that the institution is not complying with certain requirements of the *Essentials* or established accreditation policies, and recommend changes to be made within a specified period of time. The Commission may request that the institution submit a report outlining plans for dealing with the complaint as well as periodic progress reports.
 - d. Schedule an on-site evaluation.
 - e. Change accreditation classification of the program.
8. The Commission will notify both the chief executive officer of the institution and the complainant of the Commission's actions.
9. If the Chairperson, in consultation with the Commission's Vice Chairperson and its Treasurer, determines that legal counsel is needed in relation to the complaint, the Commission's executive director will contact the attorney.

PROCEDURES FOR COMPLAINTS AGAINST THE COMMISSION ON OPTICIANRY ACCREDITATION

Any student, instructional staff member, optician and/or any member of the public may lodge complaints against the COA. All complaints must be signed and submitted in writing to the Chairperson, Commission on Opticianry Accreditation, PO Box 592, Canton, NY 13617.

Determination

Within thirty (30) days of receipt of a complaint it is acknowledged in writing and the Chairperson of the COA initiates an investigation. The original letter of complaint is filed in the Commission office. The Chairperson of COA determines whether the complaint relates to the accreditation process, decisions, or actions or activities of the Commission or one of the Commissioners.

If the chairperson makes the determination that the complaint does not meet the above criteria, the COA will not investigate the complaint.

Investigation

If the chairperson makes the determination that the complaint does meet the above criteria, COA must investigate the complaint.

1. The Chairperson of the COA informs the complainant that the Commission will proceed with an investigation and that it might become necessary to identify the complainant to the Commission, a review committee, or to other sources. The complainant is asked to keep the initiation of an investigation confidential and to provide all relevant information in support of the allegation.
2. The Chairperson of the COA notifies the Commissioners that a complaint has been registered against the Commission and that the Commission will proceed with an investigation. Notification includes information about the nature of the complaint. The identity of the complainant is not revealed to the COA Commissioners.
3. The Chairperson of the COA shall appoint a Review Committee to review the complaint against the Commission. To assure that the committee is thoroughly familiar with accreditation standards, the accreditation process, and the policies and procedures of COA, the committee shall consist of three past Commissioners who have served in the past five years. The Complaint Review Committee shall consider the complaint, including supporting documents, no later than sixty (60) days from the date the material related to the complaint is mailed to the Review Committee members from the Commission headquarters. After thorough review the Review Committee will recommend a course(s) of action. Such recommendations may include but are not limited to:
 - Dismissal of the complaint
 - Recommended changes in Commission policies and procedures within a specified time period
 - Other recommendations
4. Within thirty (30) days of the conclusion of the investigation, the Review Committee will forward its recommendations to the Chairperson of the COA. Such recommendations will be distributed to each Commissioner for his/her review. A full discussion of the recommendations of the Complaint Review Committee shall be placed on the agenda for the next regularly scheduled semi-annual meeting for consideration of appropriate Commission action. In the event that more immediate action is required, the Chairperson of COA may conduct a poll of the Commissioners.

5. The Commission within thirty (30) days of the Commission's decision related to the complaint shall formally notify the complainant. Decisions of the Commission relative to complaints may not be appealed.

In conclusion the procedures and time lines to process a complaint against The Commission on Accreditation have been developed to protect the interests of students, to benefit the public, and to improve the quality of the accreditation process.

PUBLICATION OF THE LIST OF ACCREDITED PROGRAMS

To provide a public service and to inform the opticianry community, the Commission regularly publishes the list of accredited programs. The list is also provided annually for publication in other optical publications and the National Federation of Opticianry Schools Directory.

OPHTHALMIC LABORATORY TECHNOLOGY PROGRAMS

New Mexico

Southwestern Indian Polytechnic Institute

Virginia

Naval Ophthalmic Support & Training Activity

Tri-Service Optician School

SECTION VI

REPORTS

THE ANNUAL REPORT

The Annual Report submitted by each program is used to monitor significant changes at the institution or program. It is a general overview informing the Commission of the state of affairs at the institution and of plans for the next year. The Annual Report should record the headway a program has made in implementing the Commissions recommendations for improvement, if any, made after the last on-site evaluation.

If there is a significant change or if there is evidence of a serious non-compliance in the institution or program, the Commission may call for other periodic and/or special reports from an accredited program, and may schedule an on-site evaluation before the end of the current period of accreditation.

The Annual Report must be signed by the program director and either the division chairperson, department head, or institution chief executive officer and submitted to the Commission by the specified date. The institutions will be notified of the date at least three months in advance. Representatives of the institution may be invited to meet with the Commission at that time to discuss their reports. A \$200 late fee will be assessed for delinquent reports.

THE PROGRESS REPORT

In a Progress Report, the Program Director is required to submit documentation indicating the implementation of the recommendations contained in the Evaluation Report. If a Progress Report is required, the due date will be specified by the Commission. If the progress reported indicates satisfactory progress, the program with the conditional or provisional accreditation may be raised. However, if the progress reported is unsatisfactory a representative from the institution/program may be required to appear before the Commission to explain the lack of progress, or a special reevaluation team may visit the institution to determine the basis for the lack of progress.

The Progress Report should specifically comment on each individual recommendation of the Evaluation Report. Following a statement of each recommendation, the school must discuss in detail its accomplishments in implementing the specific recommendations. The Commission requires that the Progress Report include comments or observations from the institution's department chairperson or chief executive officer, as well as the program director.

SECTION VII

REGULAR REVIEW OF STANDARDS, POLICIES, AND PROCEDURES

A standing review committee of the Commission is responsible for review of standards, policies and procedures on an ongoing basis and reporting at the spring meeting of the Commission. The committee will also accept suggested revisions from any concerned party, which should be submitted in writing to the Commission office.

All accredited programs, as well as the National Academy of Opticianry, National Federation of Opticianry Schools, and Opticians Association of America will be informed in writing of proposed changes and given an opportunity to comment.

In addition, the Commission will publicize and, at least every two years, conduct Essentials Hearings, which are public discussion sessions concerning the standards and criteria by which the Commission evaluates ophthalmic dispensing programs.

The Commission will make final decision in regard to changes in standards, policies, and procedures after receiving recommendations from various sources. If deemed appropriate, additional operating procedures may be established. At the Commission's discretion, these may include unannounced inspections.

The Commission has a printed booklet of its policies and procedures.

SECTION VIII

SAMPLE GRADUATE SURVEY

(To be sent to employers of program graduates)

We are asking your assistance in evaluating the Ophthalmic Laboratory Technician Program at *Opticianry College*, by answering the following questionnaire regarding the performance and training of our graduate(s) that are in your employ. This questionnaire is strictly confidential and is to be used only for statistical analysis of the effectiveness of our program. We would appreciate your complete and candid response to the questions below and the return of the questionnaire to us in the enclosed envelope. Thank you!

- A.** I currently employ _____ graduates from *Opticianry College's* Ophthalmic Laboratory Technician Program.
- B.** I have employed _____ graduates from *Opticianry College's* Ophthalmic Laboratory Technician Program in the past.
- C.** For the following items, please rate the training of the graduates of *Opticianry College's* Ophthalmic Laboratory Technician Program. Please circle your response and comment in the space provided.

Ability to:

1. Use effective oral and written communication.

a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

2. Perform basic mathematical and algebraic operations.

a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

3. Select proper frames and lenses for job orders.

a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

4. Discuss prescription eyewear with the ophthalmic dispenser.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

5. Neutralize eyewear/ophthalmic devices prescriptions.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

6. Understand vocational and avocational needs of the consumer/patient.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

7. Perform final inspection and verification.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

8. Surface, grind and polish lenses.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

9. Prepare ophthalmic laboratory job orders.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

10. Fabricate eyewear.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

11. Maintain consumer/patient records.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

12. Tint and coat lenses.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

13. Respond to dispenser complaints.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

14. Apply rules and regulations for safe work practices.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

15. Understand the function of equipment.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

16. Utilize and maintain equipment.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

17. Perform minor frame repair.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

18. Assist in the business related area of ophthalmic laboratory, including record maintenance, frame and lens inventory, and supply and equipment maintenance.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

19. Perform impact resistance treatment and testing.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

20. Discuss prescription eyewear/ophthalmic devices and other consumer/patient related information (verbal and written) with the eye doctor.

- a) highly competent b) moderately competent c) incompetent d) does not apply

COMMENT:

D. The greatest strengths exhibited by graduates from *Opticianry College's* Ophthalmic Laboratory Technician Program are:

E. The greatest weaknesses exhibited by graduates from *Opticianry College's* Ophthalmic Laboratory Technician Program are:

OPTIONAL: Employer Name: _____

Firm Name: _____ Firm Phone Number _____

THANK YOU!!