



# Commission on Opticianry Accreditation

Debra White, Director  
[director@coaccreditation.com](mailto:director@coaccreditation.com)

PO Box 592, Canton, NY, 13617  
703/468 0566 FAX 888/306-9036

<http://COAccreditation.com>

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## ***AGREEMENT OF CONFIDENTIALITY***

I, the undersigned, hereby agree and understand that due to my position with the COA as a Commissioner that I:

1. Shall not make copies and/or distribute any information related to COA accredited programs.
2. Shall not reveal confidential examination information, statistics to include reliability, validity, or pass fail rates.
3. Shall not disclose confidential information related to complaints against programs, complaints against COA, appeals and other actions deliberated by COA committees and/or Commissioners.
4. Shall not disclose any written or oral information that has been identified as being confidential.
5. Shall not forward any written communication or documentation in hard copy or electronic format without written permission of the COA Director or Chair.

I understand that my signature constitutes binding acceptance of these conditions. Executive Committee may make exception to this agreement upon prior approval.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date