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AGREEMENT OF CONFIDENTIALITY

I, the undersigned, hereby agree and understand that due to my position with the COA as an on-site evaluator that I:

1. Shall not make copies and/or distribute any information related to COA accredited Opticianry Programs or Ophthalmic Laboratory Technology 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.

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

Signature

Date