

# **THE SECTION ON CORNEA, CONTACT LENSES AND REFRACTIVE SURGERY OF THE AMERICAN ACADEMY OF OPTOMETRY**

*“Fostering professional growth and advocating excellence in patient care through leadership in education and research.”*

**Revised October 2008**

## **ORGANIZATION AND PROCEDURES MANUAL**

### **DEFINITION**

The Section on Cornea and Contact Lenses of the American Academy of Optometry (hereafter referred to as the “Section”) are those Fellows in the American Academy of Optometry who have expressed particular interest in the field of cornea, contact lenses, and refractive technologies, and have elected to be members in this Section.

The Section Executive Committee consists of the Section Chair, Vice-Chair, Secretary, Treasurer, Program Chair, Diplomate Award Chair, and the Immediate Past Chair.

Diplomates of the Section are those Section members who have successfully completed the examination process administered by the Section, and have been granted Diplomate status by the Board of Directors of the Academy. The steps and procedures for attaining Diplomate status are described in detail in the Section’s Candidate Guide.

The Section on Cornea and Contact Lenses operates under the bylaws of the Section, the bylaws of the American Academy of Optometry, and such directives of its’ Board of Directors as they may apply. In any instance where the following procedures conflict with Academy policies and/or bylaws, it shall be assumed that Academy policy will take precedence.

### **I. RESPONSIBILITIES**

The responsibilities of the Section are to:

- A. Serve at the appointment and directives of the Board of Directors of the Academy.
- B. Initiate the official policies of the American Academy of Optometry
- C. Provide timely updates to the Academy on advances in the area of cornea, contact lenses, and refractive technologies.
- D. To assist the Academy in providing assistance to its members and the profession, the Section shall:

1. Identify and formulate positions on critical issues facing the profession in the area of cornea, contact lenses, and refractive technologies.
  2. Develop a timely internal mechanism for responding to critical issues that may surface from within the public sphere.
  3. Coordinate the Section response to critical issues with the Communications Committee and the Academy office.
  4. Encourage and foster research development in the area of cornea, contact lenses, and refractive technologies.
- E. Plan annual meeting symposium topics that will be submitted to the Annual Meeting Program Committee.
1. The Section should plan annual meeting program topics 1-1/2 years in advance. These topics should be submitted to the Annual Meeting Program Committee of the Academy to allow better coordination of the entire Annual Meeting program.
- F. Act as the agent of the Board of Directors in interviewing, testing and examining candidates for the Diplomate in Cornea and Contact Lenses, and to nominate successful candidates to the Board of Directors to be awarded this Diplomate.
- G. Provide a service of Academy Fellows who are Cornea and Contact Lens Diplomates who will speak, teach, write, advise and otherwise provide leadership in the fields of cornea, contact lenses, and refractive technologies.
- H. The Section, at its business meeting, shall have time allocated to the members of the Section to discuss membership needs of both the Section and the Academy

## II. MEMBERSHIP AND OFFICES

- A. Any Academy member may become a member of the Section by so stating his or her intention, and paying annual dues of at least \$20..
  - B. Fellows or candidates for fellowship may not claim any special status, nor hold themselves out as having special qualifications, simply by virtue of their membership in the Section. Reference to Academy sections by Fellows or candidates in promotional or professional materials in a manner that implies increased qualifications or credentials are a privilege reserved for Diplomates or Distinguished Fellows.
  - C. The Section shall have a structure in which there is a rotation of officers with a term limit of one (1), two-year term.
  - D. The Section shall elect a Chair and a Vice-Chair with the understanding that the Vice-Chair shall be the Chair-Elect.
1. Only Diplomates or Distinguished Fellows shall be eligible to vote and hold office.

2. Voting for officers shall occur during the business meeting of the Section at the Annual Meeting of the Academy.

### III. DIPLOMATE/DISTINGUISHED FELLOW PROGRAMS

- A. Diplomate/Distinguished Fellow programs shall state in writing every aspect of the protocol or process that a candidate must follow to achieve Diplomate/Distinguished Fellow status for all categories. A similar document should be developed for Diplomate/Distinguished Fellow renewal.
- B. All Diplomate/Distinguished Fellow programs should only use the terminology clinical, research, inactive or retired for categories of Diplomates/Distinguished Fellows.
- C. The Diplomate/Distinguished Fellow Chairs, or her/his designee, as authorized by the Section Chair shall be reimbursed for travel and room/board to the Annual Meeting. \*
- D. The Program Chair for the Section, or her/his designee, will be reimbursed for travel and room/board to the Annual Meeting. \*

*\* Rates determined by American Academy of Optometry (AAO) Per Diem and Travel Reimbursement Policy.*

### IV. OFFICERS OF THE SECTION, THEIR DUTIES AND TERMS OF OFFICE

The Officers of the Section shall be the Chair, Vice-Chair, Secretary, Treasurer, Program Chair, Diplomate Award Chair, and Immediate Past Chair. These are elected positions. The term of office of all Section Executive Committee members is two years. It has been the custom for these terms to run concurrently with those of the Academy Board of Directors.

- A. The Chair of the Section shall:
  1. Preside at committee meetings such as Executive and Advisory committees.
    - a. The Chair is responsible for setting and maintaining direction of the Section.
    - b. The Chair helps oversee the diplomate program, and along with the Diplomate Award Chair, conducts interviews of candidates at the Annual Meeting.
    - c. The Chair prepares a message for each issue of the Section newsletter, upon request of the secretary.
    - d. The Chair, along with the Vice-Chair, attends the Section Chair's meeting at the Annual Meeting.
    - e. The Chair invites the Past Chairs to the reception held in their honor at the Annual Meeting.

2. Serve as liaison with President, Secretary and Board of Directors of the Academy.
3. Present the slate for the Cornea and Contact Lens Section Executive Committee to, and recommend their appointment by, the Board of Directors.
4. Appoint Acting Committees of the Section and coordinate their activities.
5. See that a budget is prepared and presented to the Academy Secretary/Treasurer each December.
6. Prepare annual report for the Board of Directors and oversees the application of the Section's special fund.
7. Assign grievances and complaints to committee.
8. Enter into arbitration on such matters if necessary.
9. Prepare an annual calendar schedule.
  - a. The Chair sets agendas for all meetings of the Executive Committee. These meetings shall include:
    - Spring planning meeting (usually held during SECO, late February or early March),
    - Pre-Annual Meeting session (usually held one day prior to the Annual Meeting);
    - Section business meeting (usually held at the Annual Meeting);
    - Post-mortem meeting (follows the business meeting);
    - Conference calls as scheduled.
10. Supervise the issuance of appropriate press releases and comments for *Optometry and Vision Science* and the optometric press.
11. Disseminate instructions and information from the Board of Directors.
12. Interpret Academy policy for the Section and formulate Section policy.
13. Be an ex-officio member of all committees of the Section.
14. Serve as liaison to allied organizations including the American Optometric Association Contact Lens and Cornea Section (AOA CLCS), Contact Lens Association of Ophthalmologists (CLAO), and the Contact Lens Society of America (CLSA). A budget line item has been established for the Chair and Vice Chair, or their designates, for up to \$1,500 per meeting (each) for up to three meetings per year.
15. Complete the attached form (Appendix One), which, for historical purposes, will provide a more comprehensive overview of the activities of the Section during their term.

B. The Vice-Chair shall:

1. Preside over committees in the absence of the Chair

2. In the case of incapacitating illness, unavoidable absence, or death of the Chair, assume the responsibilities of the Section Chair until either the Chair can resume his duties or the President of the Academy can appoint a new Chair.
3. Serve as a member of the Executive and Advisory Committees.
4. Serve as an ex-officio member of all other Section committees.
5. Attend meetings of the Board of Directors with the Chair as part of the learning process for future responsibilities.
6. Direct and coordinate the development of position papers on topics deemed relevant by the Section Executive Committee.
7. See that existing position papers are reviewed and coordinate production of Section papers on a semi-annual basis.
8. Handle meeting arrangements for the Section at the Annual Meeting of the Academy:

This entails making arrangements for all Section functions that take place at the Annual Meeting, with the exception of the Programs (although the Vice Chair may be called upon to submit audiovisual equipment requests for the Program Chair.)

The following arrangements need to be made:

- a. Deal with hotel convention services/catering to order food for:
  - i. Candidates' Orientation Breakfast;
  - ii. Past Chairs Reception;
  - iii. Section Business Meeting;
  - iv. Diplomate Reception.
  
- b. Serve as the liaison to the Academy Meeting Arrangements Committee and appropriate staff to:
  - i. Ensure that the Section suite is available starting Monday evening and that the adjacent rooms are appropriately assigned (Chair and Diplomate Award Chair);
  - ii. Establish appropriate room for Candidates' Orientation Breakfast:
  
  - iii. Reserve room for Diplomate Reception (by invitation only, not on the general Academy meeting schedule) - these printed invitations are produced by the Vice Chair;
  - iv. Get room assignments for the written and slide examinations (and A/V equipment).
  
- c. Deal with hotel room service to:
  - i. Stock the suite. Need to be clear with them on how often and what needs to be restocked.

- ii. Order food for the pre-meeting meeting;
- iii. Order food and drink for Past Chairs' Reception.

9. Other duties at the Annual Meeting include:

- a. Bring and set-up the Section poster;
- b. Attend section chairs meeting along with the chair,
- c. Attend any Board of Directors meeting with the Chair,
- d. Participate in candidate interviews as needed.

C. The Secretary shall:

1. Keep minutes of Executive Committee meetings.
2. Maintain important papers and correspondence of the Section.
  - a. Generate and maintain minutes from all Section meetings and forward drafts to the Chair for approval and distribute to all Section officers. This typically includes minutes from the spring planning meeting, the pre-Annual Meeting session, the Section business meeting, the post-mortem meeting, and 1-2 conference calls per year.
3. Update and maintain the Organization and Procedures Manual.
4. Keep a roster of Diplomates and ensure that this list is consistent with the Secretary of the Academy.
5. Maintain and distribute a directory for the Executive Committee and the Sub chairs, with updated information, including fax numbers and e-mail addresses. Distribute this directory at the beginning of each year.
6. Prepare Section stationary. Produces and distributes stationary for the Section. Stationary is distributed to all officers and people in charge of examinations.
7. Prepare and distribute Section newsletters.
  - a. This includes soliciting articles from the Chair and Diplomate Award Chair, writing some articles, formatting, printing and forwarding the final document to the Academy office for mailing/e-mailing. A minimum of two newsletters is recommended with the timing such that the first newsletter is produced in the Winter to take advantage of information provided at the Academy Annual Meeting and the second newsletter is produced in the early Fall. The latter newsletter should be distributed, at minimum, 4 – 6 weeks prior to the Annual Meeting, and should include information, with the times and locations, of diplomate candidate examinations, meeting times, programs and social functions.
8. Administer and oversee the Diplomate renewal process for the Section. Designate Diplomate (with Chair's approval) to track

renewal points. Coordinate renewal system with designee, and report on renewal status (in general at most meetings, but in detail every five years: (eg.1995, 2000, etc.).

9. Once the Awards Committee has decided upon the Section's award recipients, have the appropriate plaques or certificates produced and transport them to the Academy meeting. Obtain the plaque for the outgoing Chair.

D. The Treasurer shall:

1. Oversee the Section finances and coordinate with the Academy to ensure a true accounting of Section funds.

E. The Program Chair shall:

1. Plan two Section programs. If possible, selected moderators with specific expertise can be used to help plan the program. The estimated budget is \$5,000-6,000 for both symposia. The Program Chair is encouraged to cosponsor programs with other sections.
  - a. The program is due in preliminary form by January 31, with the program finalized by early March each year. The final program should be sent to the Academy office **exactly** as it is to appear in the program guide.
  - b. Certain Academy-wide rules govern disbursement of honoraria to symposium speakers. If the speaker is an Academy member, no honoraria can be given. If the speaker is not an Academy member, \$350 per hour is suggested. Expenses can be reimbursed (to non-AAO members only) for coach airfare and one night's hotel. Some expenses are open to negotiation (e.g., a speaker may need an extra night's hotel, etc., based on timing and location of the meeting). Honorarium requests must be submitted to the Academy office prior to the meeting so the checks can be made available on site. Speaker expenses are submitted and reimbursed later.
  - c. If possible, it is recommended that speakers be hosted at lunch before or after the symposium.
  - d. It is advised that the programs be coordinated with: 1) the Industry Relations Committee (for possible alternate funding) and 2) the Past Chair (for award presentations).
  - e. The room set-up, audiovisual needs, and signage requirements should be sent to the Academy office for implementation. The Program Chair decides whether presentations should be audio taped and/or videotaped.
  - f. Publicity is achieved through the meeting announcements, meeting advance program, AAO newsletter articles, and the optometric press. The Program Chair should submit PR pieces

about the programs to the optometric press (e.g., *Contact Lens Spectrum*).

2. Represent the Section on Cornea and Contact Lenses at the Annual Meeting Planning Committee meeting. Future meeting plans are discussed in detail at this meeting, so ideas for future symposia are required for presentation.
3. Represent the Section on Cornea and Contact Lenses at the September meeting of the Program Committee, where paper and poster presentation selections are made.

F. The Diplomate Award Chair shall:

1. Serve as the chief administrator of the Diplomate Award process and as a member of the Executive Committee of the Section on Cornea and Contact Lenses.
2. Serve as a facilitator, coordinator, and liaison for the sub-committee chairs to the Executive Committee of the Section and referees in the case of any dispute regarding the grading of any particular candidate or group of candidates.

**Schedule:**

**Prior to assuming the Chair:** It is strongly suggested that the Diplomate Award Chair serve at least two terms (4 years) as a sub-chair of the committee. In addition, he/she should maintain a close working relationship with the current Diplomate Award Chair in order to assure a smooth transition.

At the Annual Meeting prior to assuming the chair, the incoming Diplomate Award Chair should assume an active role during the examination process (i.e.: assist in the practical, participate in an oral examination, review slide and written examinations prior to administration, etc.) It is suggested that he/she be present for all interviews if possible.

A detailed meeting at the Annual Meeting site, prior to departure, with the Chair of the Section, Vice Chair of the Section, the outgoing Diplomate Award Chair and the in-coming Diplomate Award Chair is encouraged. During this meeting several important issues should be addressed including: transfer of files, a brief review and discussion regarding ways to improve the process and develop new strategies for enrolling new candidates.

**Prior to the Spring Planning Meeting:** The new Chair of the Award process needs to review briefly the responsibilities of the sub-chairs

of the committee in preparation for a more detailed meeting of the committee at the Section's Planning meeting. This includes providing agenda items to the Section's Chair prior to the meeting. A review by the committee of proposed changes in the Candidate's Guide is important so that they can be introduced to and acted upon by the Executive Committee. The Diplomate Award Chair must then revamp the Candidate's Guides (Appendices 2, 3, and 4) for distribution to new and current candidates.

A letter welcoming new candidates to the Section and award process must be composed early so that it can be sent to each new candidate soon after the Academy office confirms receipt of a bona fide application and appropriate fee.

A budget for the committee that includes 1-2 conference calls per year, mailing and postage fees, costs of administering the exams at the Annual Meeting and production costs for the Candidate's Guide and brochures for the Academy poster display must be prepared. (The poster is listed under the Vice Chair's budget.)

A committee to oversee the Research Diplomate Award must be established in a timely fashion. Most often, the Diplomate Award Chair serves as the chair of the committee with 2-3 Diplomates of the Section serving as committee members. In the past at least one of the members has been a non-clinical/research Diplomate of the Section.

**At the Spring Planning Meeting:** The Diplomate Award Chair is expected to conduct a serious discussion and evaluation of the current award process including: how to foster development and interest in the Section by enhanced recruiting of viable candidates, review the current requirements and update areas of deficiency or weakness in the evaluation process, justify the budget request of the committee, and review the mentor process for effectiveness.

**During the calendar year:** The Diplomate Award Chair must monitor progress throughout the year of each candidate by keeping good record of the candidate's progress. This includes an evaluation of the Case Reports Chair's quarterly progress report. Any problem areas should be addressed early in the calendar year. Also, the Diplomate Award Chair should provide encouragement to each candidate by calling him or her periodically throughout the year.

The Diplomate Award Chair should draft an article for the Secretary of the Section to be included in each of the newsletters provided to

the membership. An update should include an announcement of the previous year's new Diplomates, changes in requirements for the new year and details of the Annual Meeting, especially the testing process.

The Diplomat Award Chair should develop ongoing activities to recruit new Diplomat candidates.

The Diplomat Award Chair should contact those candidates whose five-year eligibility is due to expire.

**Prior to the Annual Meeting:** The Diplomat Award Chair shall schedule and conduct at least one conference call, preferably one-to-two months prior to the Annual Meeting, to help prepare and assure all areas of the examination process are in progress or ready for the Annual Meeting. Generally, the past Diplomat Award Chair and Section Chair are participants of the conference call. In the second year of the Diplomat Award Chair's administration it is suggested that the incoming Diplomat Award Chair (if known) participate in the conference call.

A detailed letter outlining the testing process, including room assignments and any special requirements that might be needed for each test, should be drafted and sent to each candidate well in advance of the Annual Meeting. A response card should be enclosed (or e-mail address provided) for each candidate to declare which test(s) they intend to take at the Annual Meeting. The letter also emphasizes the importance of scheduling an interview at the Annual Meeting regardless of current status.

The Diplomat Award Chair or his/her designee should review the various tests to be administered for accuracy, fairness, and content prior to the Annual Meeting. He/she must present a list of those intending to participate in order to arrange for adequate testing conditions for the number planning on taking a particular exam. Room assignments must be coordinated with the Vice Chair of the Section. These assignments shall include arrangements for the Candidates' Orientation Breakfast, which is generally held in the early morning on the first day of the Annual Meeting.

**At the Annual Meeting:** The Diplomat Award Chair will be on the agenda for the pre-Academy meeting, usually held the day before the Annual Meeting. Final preparation for each exam, in addition to finalizing arrangements for the candidate's orientation, is undertaken.

The Diplomate Award Chair will conduct an Orientation Meeting explaining to each candidate, with the help of the sub-chairs, what they can expect with each examination. A log is gathered containing a hotel room and contact number for each candidate where they can be reached. In addition, an interview sign-up sheet with a time certain for either Friday or Saturday is distributed. Each interview should last approximately 20 minutes. At the orientation meeting, candidates should be encouraged to attend the Section's Diplomate Reception.

The Diplomate Award Chair must oversee the examination process conducted at the Annual Meeting. In doing so, he/she is responsible for an efficient administration of each examination (practical, written, clinical/slide and oral). He/she must monitor each examination for equity. The Diplomate Award Chair should be available in the suite during the times that examinations are being conducted in the event that a situation arises that requires immediate action. This includes the oral examination.

Interviews to review the progress of each candidate are conducted after the examinations have been completed (usually Friday or Saturday). At the interview, candidates are given the disposition of each test that they have taken. This interview may include a review of deficient areas for the candidates to concentrate on for the next examination(s) if they have failed. All Research Diplomate candidates, as well as Clinical Diplomate candidates, are given an opportunity to have an interview to finalize a paper topic or discuss progress made throughout the year.

Following completion of the interviews, a brief report is prepared for the Section Chair. This includes a listing of new Diplomates and a brief biographical sketch of each to be presented to the Academy's Board of Directors. In the second year of the Diplomate Award Chair's tenure it is imperative to review each candidate's progress and logistics for the next year with the incoming Diplomate Award Chair. Also, candidates that may need addition encouragement throughout the year are discussed.

At the Section's reception, the Diplomate Award Chair is often called upon to introduce each of the new Diplomates and needs to be certain that each of the new Diplomates, and his/her family members, are present for introduction to the reception participants.

During the Section's business meeting, the Diplomate Award Chair provides a brief report to membership consisting of an analysis of current candidates (i.e., number currently involved/number lost through attrition), introduction of the new Diplomates and mention of the efforts of the sub-chairs during the year. A post-mortem is often conducted following the business meeting. At this meeting the Diplomate Award Chair must be prepared to address any deficiencies of the Award examination process and suggest ways to improve the process.

- G. The Immediate Past Chair shall:
  - 1. Serve as an advisor to the Chair of the Section on Cornea and Contact Lenses.
  - 2. Serve as the Chair of the Section's Nominating Committee and the Section's Awards Committee.
  - 2. Co-ordinate the Section Award Plaques with the Vice-Chair.

## V. COMMITTEES OF THE SECTION, SUBCHAIRS AND THEIR RESPONSIBILITIES AND OBJECTIVES

- A. Committee membership and voting:
  - 1. All officers and committee members of the Section must be Diplomates of the Section.
  - 2. Voting in committee meetings or the Annual Business Meeting is limited to Diplomates.
- B. The committees of the Section shall consist of the following:
  - 1. Executive Committee
  - 2. Program Committee
  - 3. Diplomate Award Committee
  - 4. Case Reports Subcommittee
  - 5. Written Examination Subcommittee
  - 6. Clinical Slide Examination Subcommittee
  - 7. Practical Examination Subcommittee
  - 8. Oral Examination Subcommittee
  - 9. Research Diplomate Award Subcommittee
  - 10. Nominating Committee
  - 11. Speaker's Bureau Committee
  - 12. Awards Committee
  - 13. Resident Recruitment Committee
  - 14. Web Site Committee
  - 15. Historian
  - 16. Renewal Committee

17. Such other committees as the Chair may appoint from time to time.

C. The Executive Committee shall consist of the following:

1. Chair of the Section
2. Vice-Chair
3. Secretary
4. Treasurer
5. Program Chair
6. Diplomate Award Chair
7. Immediate Past Chair

D. The Program Committee:

This committee shall consist of a Chair elected as a member of the Executive Committee and such assistants as the Program Chair may delegate. The Program Committee will organize symposia for the annual Section meeting. Annual Meeting plans should be made 1 to 1 ½ years in advance and submitted to the Annual Meeting Program Committee of the Academy by the date determined by the Academy. The Program Chair should also work closely with representatives from ARVO and other organizations interested in possibly sponsoring joint symposia.

E. The Diplomate Award Committee:

Shall consist of a Chair elected as a member of the Executive Committee and subcommittees appointed by the Section Chair. Their duties shall be to conduct the Diplomate program as it pertains to the Section and administer the Diplomate examination at the Annual Academy Meeting.

It shall be the duty of the Diplomate Award Chair to oversee and coordinate the program and to advise the Section Chair of the examination results. The Diplomate Award Chair shall keep careful records of the Diplomate candidates and their progress and shall advise them of current examination requirements and procedures.

The Diplomate Award Committee will revise the Candidate's Guide as needed. Any revisions will be subject to the approval of the Executive Committee.

Every effort should be made to keep the examination fair and impartial. To make the examination unbiased prior to any testing of the candidates, they should be assigned numbers. These numbers should be used to identify all answer sheets of the examination including the clinical examination so that readers do not know the identity associated with the papers they grade.

At least one Diplomate who has not seen any part of the examination should take the examination under the same condition as the candidates so that the examining committee will have a reference to which performance can be compared.

Grading of each portion of the examination will be the responsibility of each Sub chair in consultation with the Diplomate Award Chair. The Executive Committee will retain final approval of pass/fail criteria.

It shall be the duty of the Diplomate Award Chair to conduct an oral interview with each candidate who presents himself at the examination. The contents of this oral interview should be held confidential. The purpose of the interview is to review the candidate's progress and to offer assistance in remediation of deficiencies detected in the examination process. Diplomates appointed by the Diplomate Award chair may also conduct this interview. Traditionally the Diplomate Award Chair along with the Section Chair and the Case Reports Sub chair conducts the interview.

Candidates may appeal their grades according to the following procedures:

1. The candidate must initiate an appeal no later than his or her interview at the conclusion of the examination process.
2. The Executive Committee will interview examiners involved in the candidate's appeal before the appeal is decided.
3. The Executive Committee may, at their discretion, review and/or change any of the candidate's examination results as part of the appeal process.
4. The appeal will be decided by a vote of the Executive Committee members as noted in section IV, subsection C in this manual.
5. If the Executive Committee accepts the appeal as valid then a re-examination, which may include sections of the examination other than the appealed portion, will be given with examiners mutually agreeable to the Executive Committee and the candidate.

1. The Subcommittee on Case Reports:

This committee will receive the assigned case reports from the candidate, and will then assign the case reports anonymously to two referees (who shall be Diplomates) who will read and grade the reports as either passing or failing. If the referees do not agree, the Case Reports sub-chair will read the report and cast the deciding grade. The Case Reports Committee will keep careful records on the progress of candidates regarding their case reports and will report the results at or before the annual meeting to the Diplomate Award Chair.

Case Reports sub-chair shall:

- A. Communicate with all new candidates to ensure they understand the case report process and have reviewed the guidelines. It should be emphasized that one case report must be successfully approved prior to taking the

examinations. At this time sample cases should be provided to assist the candidate with format, writing style, etc.

- B. Review the case report guidelines on an annual basis and make recommendations to the Section Executive Committee for updated changes in the guidelines when deemed indicated.
- C. Maintain an updated list of Diplomates who have assisted in the case report review process. Only Diplomates who promptly return cases to the Case Reports sub-chair (i.e., within two weeks) and provide constructive feedback based upon a comprehensive review of the manuscript should be allowed to continue reviewing manuscripts. New Diplomates who have expressed an interest, in particular, should be used in the case report review process.
- D. Make decisions on whether a case report meets the specific guidelines. This includes whether the content of the case or, when indicated, the substitution of a publication is consistent with the case report guidelines.
- E. Submit each case to two reviewers for their comments. These reviewers will be required to complete a detailed evaluation form, reviewing the candidate's writing ability, case management, and understanding of the specific topic. A recommendation of Accept, Minor Revision (after revision only the Case Reports Sub-chair needs to review the manuscript), Major Revision (after revision it needs to be reviewed again by the same two reviewers), or Reject should be made. If the two reviewers differ in their overall recommendation of a given case, the Case Reports sub-chair has the authority to make the final decision.
- F. When providing input back to the candidate on a given case report, it is important for the Case Reports sub-chair to use diplomacy when providing constructive feedback. The reviewer's comments should be summarized in a separate correspondence to the candidate. If comments have been made on the paper itself, it can also be returned to the candidate; however, unprofessional, extremely critical or, in the judgment of the Case Reports sub-chair, false comments should not be passed along to the candidate. Every effort should be made to have the evaluation sent to the candidate within one month after the case report was submitted.
- G. Communicate, in an ongoing manner, with all active candidates on the status of their case reports. Encourage candidates to promptly complete the process.
- H. For candidates who will be taking their Oral examinations, a summary of potential questions based on the case reports should be provided to the Orals Committee.
- I. The Case Reports sub-chair, with the Diplomate Award Chair and the Section Chair, should meet with all candidates to review their status at the Annual Meeting of the American Academy of Optometry.

## 2. The Subcommittee on Written Examination:

This committee shall compose and administer an examination each year that will test the candidates' knowledge of cornea and contact lenses. The examination shall consist of questions on subject matter related to physiology and anatomy of the eye, biomicroscopy, optics of contact lenses, current literature on cornea and contact lenses and other related subjects about which a candidate should be knowledgeable. Questions and answers should be documented and verified by committee members and the Diplomate Award Chair prior to final printing of the examination. A file of past examinations should be maintained for, at minimum, two years. The written examination should be such that any knowledgeable candidate can complete it in two hours. The subject matter should be practical and related to the knowledge required to care for contact lens patient, patients undergoing corneal procedures or those afflicted by any corneal disease. If names are used to give credit to authors in questions related to current literature, the question should also mention the principles involved so that the candidate can answer in terms of principles rather than sheer memorization of names. Current literature questions should come from published papers in widely read journals. Questions pertaining to specific products should avoid reference to brand names or products available only in some countries.

Written Examination sub-chair shall:

- A. Be responsible for development of a comprehensive written examination pertaining to a wide range of topics on cornea, contact lenses, and refractive technologies as listed in the Candidate's Guide. The test items selected should be sufficiently challenging to be worthy of Diplomate status. Typically, this examination consists of approximately 70 multiple-choice items although the Written Examination sub-chair determines the examination content and structure.
- B. Ensure that the examination is challenging but fair, the Written Examination sub-chair should initially provide this examination to another Diplomate and receive their input.
- C. Should be present at the Annual Meeting of the American Academy of Optometry to both administer and grade the examination. For accuracy, another Diplomate, preferably the Diplomate Award Chair should verify the grading.

3. The Subcommittee on Clinical/Slide Examination:

This committee shall devise an annual examination to test the clinical skills of the candidates. This should include identification of corneal pathology, evaluation of contact lens fits, both GP and soft, corneal topography, and other appropriate subjects in the areas of cornea and contact lenses.

Slide Examination sub-chair shall:

- A. Be responsible for development of a slide examination that is given to Diplomate candidates. The examination length is two hours and the content should include both cornea and contact lenses. Material covered may include soft contact lenses, rigid contact lenses, corneal dystrophies and degenerations, corneal disease, corneal surgery, as well as any other corneal finding that is appropriate. The examination may include both slides and video. The examination format may be short answer, multiple choice or a combination of the two.

4. The Subcommittee on Practical Examination:

This committee shall devise an annual examination to test the clinical skills of the candidate such as biomicroscopy, fluorescein evaluation, contact lens measurement and modification, and other practical skills that the Executive Committee may require. This subcommittee will also be responsible for recruiting proctors for this portion of the examination as well as arranging for the use of an appropriate facility.

Practical Examination sub-chair shall:

- A. Be responsible for arranging a practical examination of the candidate's skills. The practical examination consists of patient evaluation; encompassing many contact lens and anterior segment scenarios, as well as a laboratory portion.
  - 1. Historically the practical examination was administered on a non-timed basis. Beginning in 1995 a time was assigned to each station to make the entire testing procedure run more smoothly. A typical practical examination, with 8-10 candidates, will take a full afternoon. The practical examination is usually held during the Annual Meeting.
- B. Arrange a location for the examination, as well as transportation to and from the site. Food is usually provided for candidates, proctors and patients. If possible, the practical examination should be held in the office of a Diplomate in the city where the Annual Meeting is being held. The host Diplomate can be invaluable in making arrangements and the Practical Examination sub-chair should begin the process in advance of the meeting date to insure timely completion. \*
- C. Contact Section Diplomates to serve as proctors for the examination. Proctors should be signed up prior to the examination date, although last minute fill-ins can often be found at the Orientation Breakfast. Assignment of proctors to specific stations should be completed prior to arriving at the test site. Attempts should be made to match a less experienced Diplomate proctor with a Diplomate proctor who has been through the process on previous occasions.
- D. Arrange patients with the hosting Diplomate's office. The exact mix of patients/problems will (and should) vary from year to year. It is helpful to

request that a brief case summary for the patients be provided to aid the proctors in their examination of the patient. The proctors should provide the patients with an orientation of what to expect during the course of the examination. Patients are compensated for participation in the practical examination. \*

Scoring and Grading Criteria:

1. The Practical Examination sub-chair should provide the proctors with an orientation as to the grading philosophy that should be employed.
2. The Practical Examination sub-chair and one of his/her designees should conduct overall grading of the practical examination. Results from the individual stations should be tallied on a master practical examination score sheet.
3. Criteria for overall pass/fail should be agreed upon with the Diplomate Award Chair. Historically the criteria for passing the practical examination has included:
  - Candidate must pass all four (4) biomicroscopy stations with a total of five (5) out of eight (8) “Pass” ratings from the proctors at these stations;
  - Candidates must pass the majority of the other stations (fluorescein pattern evaluation and laboratory).
  - the Diplomate Award Chair will have ultimate decision authority in the event of a borderline candidate. \*

*\* Complete details can be found in the AAO Cornea & Contact Lens Section Practical Examination Guidelines Attachment.*

5. The Subcommittee on Oral Examination:

The Oral Examination may be given only after successful completion of all other portions of the examination. The Oral Examination Sub chair will be responsible for arranging for three Diplomates to examine the candidate, one of who should be a Past Chair of the Section. The Sub chair will provide to the examiners the candidate’s case reports and other examination results – typically including a list of potential examination questions recommended by the case report reviewers – to aid them in their questioning. The Sub chair will also provide guidelines to the examiners to ensure that the candidate is treated in a fair and impartial manner.

Oral Examination sub-chair shall:

- A. Coordinate the testing panel.
  1. The oral examination is a two to three hour examination that allows candidates to defend their case reports to a panel composed of three Diplomates in a private setting. Typically the panel consists of a Past Chair, an educator and a clinician. The oral examination is given during

the Annual Meeting, usually after testing is complete and prior to the Diplomate reception.

2. The examining panel will also review the candidate's performance in the various segments of the examination process. This enables the committee to insure that the lack of practice taking examinations does not obscure a candidate's knowledge and skill.
3. The panel may also discuss contact lens information and/or other anterior segment information that was presented in the leading ophthalmic publications within the past year.

#### F. The Nominating Committee:

Shall consist of the current Chair and the two immediate Past Chairs of the Section. The most immediate Past Chair shall act as Chair of the Nominating Committee. The duty of this committee is to review carefully the performance, abilities and potential of the officers of the Section and their appointees. The Nominating Committee shall submit a list of candidates for Executive Committee members of the Section at the annual Section business meeting. The Section Chair will submit this slate, along with any nominations from the floor, to the Section Diplomates present at the Business Meeting for approval. After the Section has approved nominees for Executive Committee members, candidates will be submitted to the Academy Board of Directors for appointment.

#### G. Speakers Bureau Committee

The Speakers Bureau Chair, who is appointed by the Section Chair, shall supervise the Speakers Bureau. The Speakers Bureau committee shall arrange for appropriate individuals of the Section to provide lectures to the Schools and Colleges of Optometry. A separate budget is to be established to support this program, the limits of which will depend upon corporate support. Speaker compensation shall consist of lecture/hour honorarium consistent with that provided for Academy annual meeting lectures and workshops, plus reasonable travel expenses. (See Appendix Five)

##### History and Guidelines:

The American Academy of Optometry Section on Cornea and Contact Lenses Speakers Bureau was established in 1993 through an educational grant from CIBA Vision. The program was created with the goal of sharing the Section's knowledge and expertise with contact lens residents and future Doctors of Optometry. The Speakers Bureau Program allows faculty at schools and

colleges in the U.S., Canada and Puerto Rico to supplement their curriculums with presentations by Diplomate speakers on a variety of cornea and contact lens related topics.

#### H. Awards Committee:

The Awards Committee will consist of the current Chair and the two immediate Past Chairs of the Section and shall be chaired by the most immediate Past Chair. This committee shall be responsible for selecting individuals for the Max Schapero Memorial Lecture, the Founder's Award, and other such awards that the Section may give. Recommendations for awards will then be submitted to the Academy Awards Committee for approval. The Immediate Past Chair will be responsible for obtaining the award plaques.

##### 1. Max Schapero Memorial Lecture

This award is in the form of a plaque that is given to a clinician, researcher, or scholar who has made a significant contribution to the cornea and contact lens field by virtue of his or her publications, lectures, or research efforts. Recipients are asked to present a 20-30 minute lecture during the Section's program held at the American Academy of Optometry's Annual Meeting. The topic and content of the lecture are left to the discretion of the recipient and the Committee but it should relate to the recipient's work in the cornea and contact lens field. An honorarium of \$1500 shall accompany this award. The honorarium shall come from Section funds. The recipient also receives complimentary meeting registration, two tickets to the President's Banquet, and two nights lodging.

##### 2. Founders Award

This award is in memory of, and in honor, of those Academy Fellows who founded the Cornea and Contact Lens Section of the American Academy of Optometry. This award is flexible in that the Section can forego making or presenting it to one or more worthy individuals at each meeting. The Founders' Award is in the form of a "plaque of recognition". The award is to be presented to an individual, group, or company who has made an outstanding contribution to the clinical aspect of the art or science of contact lens fitting. The expense of preparing "plaques of recognition" is to borne by the Section. The Section Chair will present this award at the Annual Meeting. In addition to the plaque, the recipient also receives complimentary meeting registration and two tickets to the President's Banquet.

##### 3. Exemplary Service Award

This award, in the form of a "plaque of recognition", honors the exemplary service of those individuals who have given their time and energy to the Section. The awardee will receive the plaque at the Awards Program. The expense of preparing the plaque will be borne by the Section.

## I. Resident Travel Committee

The Section Chair shall appoint a member or members to oversee the Section's funding of Student Travel grants. The Section offers to sponsor any optometry-based resident or graduate student working in the areas of cornea and/or contact lenses who applies for the grant. The grants are consistent with the Academy's Student Travel Grants and are for the purpose of helping defray the Residents' expenses of attending the Annual Meeting. The number of grants available each year will be determined based on section funds available and corporate support of this program. Preference will be given to those who have not received the grant in the past.

## J. Renewal Committee

The Secretary shall oversee the administration of Diplomate certification renewal. The Secretary may appoint a Diplomate to oversee the program and report to the Secretary.

### 1. Purpose:

- a. To ensure that Diplomates keep updated on current knowledge, developments, and events as they relate to cornea and contact lenses.
- b. To maintain, both in image as well as in fact, the Section's role as the premier body in cornea and contact lens education, research and clinical practice.
- c. To support the American Academy of Optometry in its efforts to maintain the finest program of education and research annually as lecturers, presenters and attendees.

Diplomate Renewal sub-chair shall:

1. Be appointed at the beginning of the five-year renewal cycle.
2. Communicate by mail or e-mail to the membership that the renewal cycle has begun and review the requirements that are necessary to complete the renewal process. (See Appendix Six) Forms should also be distributed to the membership and are available on the Section's web site. These are to be completed by the Diplomate each year, or on the completion of all requirements, and returned to the Renewal Chair.
3. Communicate with the individual Diplomates sometime during the cycle as to their status. After the final year of the five-year cycle, those who

have not completed their requirements should be presented to the Secretary of the Section.

## ***APPENDIX ONE***

### **REPORTING PROCEDURE FOR AAO CCLS CHAIRMEN**

For historical purposes, providing the following information should be a part of the Chairman's duties and responsibilities as Section Chair. This information will serve to provide a more comprehensive perspective of the activities of the Section for each term.

A. Chairman's Name

B. Mailing Address

C. Telephone numbers (Home, Office, Fax, E-Mail)

D. Term of Office

E. Names Of Section Officers/Title (Attach copy of stationery)

F. Awards: Founder's Award Recipient, Max Schapero Award Recipient,

#### **New Diplomates**

G. Symposium Programs: Speakers, Topics

H. Summary/Highlights (Attach copy of Annual Report to **Board of Directors**)

I. Other historical points

## **APPENDIX TWO**

### **THE SECTION ON CORNEA AND CONTACT LENSES CANDIDATE'S GUIDE CLINICAL DIPLOMATE Revised October 2008**

#### **BECOMING A DIPLOMATE**

This guide contains the requirements and the procedures for becoming a Diplomate in the Section on Cornea and Contact Lenses of the American Academy of Optometry.

Please note that this guide supersedes all previous information and instructions.

Fellows of the American Academy of Optometry become Diplomates of the Section on Cornea and Contact Lenses when they have demonstrated a required level of knowledge and expertise in contact lens practice and the cornea/anterior segment. Completing these requirements shows a broad base of knowledge in all phases of contact lens practice. This section also welcomes candidates who have expertise in cornea or contact lenses but do not provide patient care. These individuals are eligible for the Research Diplomate award.

We welcome you as an applicant. We believe that the learning experience you will go through during this process is a rewarding one. We, who have preceded you, have all found it to be so. Not only will you profit from the added knowledge of your studies, but you will also achieve satisfaction in the recognition of your competency. You will also meet colleagues who share mutual interest and concerns from all parts of the world to whom you may refer patients and discuss research with confidence. After you have successfully completed your candidacy, we hope your interest will keep you curious about new contact lens advances and that you will accept new responsibilities and other leadership activities in lecturing, writing, and teaching within the Section and among our colleagues.

## **OUTLINE**

### **Requirements for Clinical Applicants**

- I. Case Report requirements and Writing Guide
- II. Orientation Meeting
- III. Scheduling Examinations
- IV. Written Examination
- V. Slide Examination
- VI. Practical Examination
- VII. Oral Examination
- VIII. Repeating Examinations
- IX. Interviews
- X. Application period

## **Application**

### **To apply as a Diplomate candidate, you must:**

1. Be a Fellow in good standing of the American Academy of Optometry.
2. Submit an application form (see attachment) indicating your desire to become a Diplomate of the Section. The application should be returned prior to June 15th of the year in which any part of the requirements will be undertaken with an application fee of \$100 (made payable to the AMERICAN ACADEMY OF OPTOMETRY) and a photograph of yourself to:

### **Diplomate Award Program**

Section on Cornea & Contact Lenses  
American Academy of Optometry  
6110 Executive Blvd., Suite 506  
Rockville MD 20852 USA

## **REQUIREMENTS FOR CLINICAL DIPLOMATE**

### **I. CASE REPORTS**

This part involves submission and acceptance of ten written case reports on designated areas. All patients reported on should have been followed for a minimum of six months unless otherwise indicated. The case reports are the most arduous and time-consuming part of the examination process and are the only parts not conducted at the Annual Academy Meeting.

#### **A. GENERAL INFORMATION**

1. The purpose of the case reports requirement is not only to demonstrate your knowledge and expertise in various areas of cornea and contact lenses but also to demonstrate your skill in communicating that knowledge. This requirement serves to inform the Diplomate Award Committee about your mode of cornea and contact lens patient care and serves as a basis for the oral examination.
2. Please submit your first case report to the Case Reports Chair as soon as confirmation of your application is received from the Diplomate Award Chair. **DO NOT SEND ALL 10 CASE REPORTS IN AT ONCE.** Once the Case Reports Chair returns your first report to you, you can begin work on the rest of the case reports. If it is returned for revision, the comments and critique from the referees often save considerable time and effort in revision. All reports must

be submitted to the Case Reports Chair 10 weeks prior to the start of the Annual Meeting, in order to be considered for that year's Annual Meeting. (Early submission is strongly encouraged to allow adequate time for revision. Revisions are frequently necessary and must then be re-graded. Allow for, at minimum, four weeks for each grading cycle.)

**B. Current Case Report Requirements (select any 10 of the 15 options):**

1. A contact lens fitting for the correction of more than 8.00D of myopia utilizing a rigid lens design.
2. A contact lens fitting for the correction of more than 3.00D of hyperopia or aphakia utilizing a rigid lens design.
3. A contact lens refitting in which at least one specific problem or related complication is solved by a significant design/material change (i.e. extended wear complication). One or more of the following entities are acceptable: corneal edema, giant papillary conjunctivitis, infiltrative keratitis, ulcerative keratitis, superior limbic keratoconjunctivitis, significant corneal abrasion, corneal warpage, significant 3 & 9 staining, or severe allergic or toxic reaction related to the care system.
4. A contact lens fitting in which a back surface toric or bitoric lens is used to fit an astigmatic cornea of more than 3.00D of toricity utilizing a rigid lens design.
5. A contact lens fitting to correct residual astigmatism utilizing a toric front surface/spherical base curve rigid lens or a soft toric lens.
6. A contact lens fitting following corneal surgery (i.e. refractive surgery, penetrating keratoplasty, repair of a corneal laceration or other significant corneal trauma) or the complete pre- and post-operative care of a patient who has had a refractive procedure where a contact lens is not indicated.
7. A contact lens fitting of a keratoconic cornea or pellucid marginal degeneration utilizing a rigid gas permeable or specialty lens design.
8. A unique case, which may be any of the following:
  - a. a scleral lens fitting,
  - b. a cosmetic lens fitting for a congenital or acquired disfigurement
  - c. an unusual contact lens design

d. an out of the ordinary contact lens treatment.

**NOTE: You are required to contact the Case Reports Chair regarding any unique case.**

9. A contact lens fitting for the correction of presbyopia utilizing a bifocal lens design, rigid or soft.

10. The treatment and management of a corneal condition in which a therapeutic option not necessarily limited to a therapeutic lens is employed (i.e., treatment of ulcerative keratitis and recurrent corneal erosion). NOTE: If you do not have a therapeutic license, please contact the Case Reports Chair.

NOTE: For options 11 - 15, the patient does not have to be a contact lens **wearer**.

11. The treatment and management of a patient with severe dry eye or lacrimal apparatus disease.

12. Treatment of a patient with severe ocular allergy.

13. Treatment of a patient with corneal dystrophy or degeneration (other than keratoconus, keratoglobus, or pellucid marginal degeneration).

14. Management of a patient with systemic disease with corneal findings.

15. Treatment of a refractive surgery patient with complications.

If you have a question about the appropriateness of a case, please contact the Case Reports Chair for an opinion.

#### C. Substitution of published articles/papers

1. You may substitute an article, paper, or chapter in a textbook of which you are the principal author, in place of a written case report. The article or paper must have been published in a refereed journal. A maximum of five substitutions of publications for case reports is allowed. A paper must relate to the area addressed in the requirement for which the paper is being submitted (i.e., a paper on keratoconus may be substituted for case report #7, the fitting of a keratoconic cornea.) The Case Reports Chair and his/her referees will decide whether or not a published article/paper is acceptable and meets the substitution requirements.

2. Consideration will be given to applicants pursuing the Clinical Diplomate Award who no longer see patients or do not have files that might satisfy a specific case report requirement. In lieu of writing a case report, a topic will be assigned relating to that particular requirement.

#### D. Updating requirements

From time to time, the Section Executive Committee will make changes to specific case report requirements. You will be required to satisfy the new requirement(s) if you have not previously done so. An exception will be made if the committee is aware that you are currently working on a case report to satisfy that particular requirement, or if you have previously submitted a report to satisfy that particular requirement and are preparing that report for resubmission.

#### E. Case report format

1. The only allowable method of submission is by e-mail.
2. Case reports should be typed, double-spaced using Microsoft Word or Word Perfect, with pages numbered. Graphic images should be attached as jpeg or PowerPoint files. Total file should not exceed 2MB in total.
2. Your name and address should appear in the body of the e-mail only, or on the cover letter of written cases, but NOT on the case reports. The Case Reports Chair will assign each report a coded number and will forward the reports to two referees who are Diplomates in the Section. This requirement will insure that the referees do not know the author of the report they are grading, and will guard against any individual bias.
3. Write in a clear, concise manner. PLEASE PROOFREAD YOUR REPORTS CAREFULLY.

#### F. Case report specifics (A SAMPLE CASE IS POSTED ONLINE)

1. Do not assume that the readers know what you are thinking. You must explain everything in detail, especially with regard to diagnosis, fitting method and treatment. You are demonstrating your skill and expertise. Reports that solve problems and encounter difficult situations are generally more acceptable than mundane reports where everything is perfect.
2. Record data in a manner that is easily understood by everyone. It is acceptable to record findings as "within normal limits" (WNL), if those findings have no bearing on the contact lens fitting. Readers from a different background than yours may not understand your contact lens "shorthand" or conventions. Do not include extraneous information.
3. All case reports must contain the following information:
  - a. Patient information: HIPAA compliant patient identification, age, gender, occupation and hobbies. Dates of all visits.
  - b. History: complete general history (including family) with a list of diseases and medications. Visual and ocular history with details relating to contact lenses. Ocular injuries and surgeries should be detailed in full. Describe visual requirements and reasons for desiring contact lenses or refractive surgery. Patient's symptoms should also be properly investigated and described.
  - c. Diagnostic testing, including the following areas:
    - i. External examination, including lids and other adnexa.

- ii. Ophthalmoscopy.
  - iii. Keratometry - record as follows: 43.00 at 180, 44.00 at 90; or topography
  - iv. Manifest refraction.
  - v. Visual acuities, distance and near, aided and unaided.
  - vi. Binocular function.
  - vii. Intraocular pressures.
  - viii. Biomicroscopy (detailing all structures examined).
- d. Diagnosis: including differential diagnosis for cases 11 - 15.
- e. Treatment options:
- i. Complete discussion of all treatment options for this patient, delineating advantages and disadvantages.
  - ii. Description of course of treatment and justification for this patient.
  - iii. Please include information that you shared with the patient and the patient's response.
- f. Diagnostic contact lens fitting for contact lens patients:
- i. Full description of fitting philosophy and techniques; detail why you selected each parameter.
  - ii. Complete diagnostic lens specifications.
  - iii. Evaluation of lens performance including fluorescein patterns for rigid lenses, centration, movement, visual acuities, and over-refraction for all diagnostic lenses.
  - iv. Include reasons for final lens selection, calculation of lens power (vertex distance) and complete specifications of final lens design ordered.
- g. Dispensing or prescription information:
- i. Evaluation of lens performance.
  - ii. Visual acuities and over-refraction.
  - iii. Modifications, if necessary.
  - iv. Instructions to patient, including wearing schedule, care (including solution regimen) and

handling.

v. For cases 11 -15, include prescription information and justification as needed.

h. Follow-up visits - describe at least two in detail:

i. Dates, wearing times.

ii. History, symptoms.

iii. Visual acuity with contact lenses, over and post-refractions.

iv. Evaluation of fit.

v. Biomicroscopy with and without contact lenses, including lens performance, condition of cornea. Other test results.

vi. Modifications, reasons for them and techniques.

vii. Advice to patient and changes in treatment plan.

i. Discussion, summary and conclusions:

Discuss why you selected the specific contact lens and methods that you used for this patient, your fitting philosophy and the types of problems normally associated with this type of fitting that you may or may not have encountered. Include a discussion of whether you would have approached this case differently had you had materials and/or lens designs that were not available when you started this case. For all cases where any disease is discussed (contact lens related or not), discuss the pathophysiology relevant to the case.

4. Case reports required

\* CASE REPORT PROGRESS IS REQUIRED BEFORE PROCEEDING TO THE OTHER EXAMINATION PARTS.

You must have, at minimum, one case report (not a substituted published paper) accepted before you will be allowed to attempt the written, slide, or practical examinations. The initial case report must be submitted at least 10 weeks prior to the Annual Meeting in the year in which you would prefer to take the written, slide, and/or practical examinations. However, keep in mind that revisions are frequently necessary and each grading cycle may take up to four weeks. Therefore, if you wish to have the case report passed before the Annual Meeting, the case report should be submitted as early as possible to allow time for revisions.

## **II. Orientation Meeting**

All prospective and active candidates should attend the Orientation Meeting, which is scheduled for first morning of the Annual Meeting at either 6:30 or 7:00 AM, prior to the Lectures & Workshops. Please confirm the date, time and place of this meeting with the Diplomate Award Chair prior to making your firm hotel and airline reservations. At the meeting,

members of the Diplomate Award Committee will help further acquaint you with the goals of the Section and with the requirements and procedures for achieving diplomacy. It is important that the Diplomate Award Chair knows your hotel location so he/she can contact you during the Annual Meeting. Meeting time and location will also be noted on the meeting "green sheet".

### III. Scheduling Examinations

**IF YOU ARE TAKING AN EXAMINATION FOR THE FIRST TIME OR ARE REPEATING PARTS OF THE EXAM, YOU SHOULD NOTIFY THE DIPLOMATE AWARD CHAIR OF YOUR INTENT PRIOR TO THE ANNUAL MEETING AND SCHEDULE YOURSELF ACCORDINGLY.**

\*You may take all parts of the examination in one year or may elect to do any part or parts of the examination you wish, as long as the above requirements are met.

### IV. THE WRITTEN EXAMINATION

A. The written examination is designed to evaluate your knowledge of all aspects of the cornea and contact lens field. The examination format typically is multiple choice, but some calculations may be required. **The written examination will be given the second day of the Annual Meeting.** It is typically conducted at the meeting's headquarters hotel, the exact location will be announced at the Orientation Meeting and listed on the "green sheet". **Two hours are allotted for this examination.**

The following is a guide to studying for the written examination:

1. Basic cornea and contact lens knowledge.
2. Familiarity with current contact lens literature.
3. Familiarity with all types of contact lens materials and care systems.
4. Pathology related to contact lens practice.
5. Major historical developments in contact lenses.
6. Pertinent anatomy, physiology and disease of the cornea and ocular adnexa, especially as related to contact lens practice
7. The influence of contact lenses on the metabolism, transparency and integrity of the cornea and conjunctiva.
8. Prognosis and contraindications of contact lenses.
9. Biomicroscopy as applied to contact lens practice.
10. Clinical application of the optics of contact lenses and its comparison to the spectacle lens correction of the refractive error.

11. Design, construction and fitting techniques of modern soft and rigid lenses.
12. Fitting of specialty lenses like torics, bitorics, bifocals, etc.
13. Management of the contact lens patient, including training, wearing schedules, post-fitting care, complications, etc.
14. Fitting philosophies of all types of contact lenses.
15. Pharmacology and hygiene related to contact lens practice.
16. Understanding of topographical analysis of the cornea as it relates to contact lens care and refractive surgery.
17. Principles of other refractive technologies (e.g., laser surgery, refractive implants, corneal reshaping).

#### **V. THE SLIDE EXAMINATION**

The slide examination tests and evaluates your knowledge and skill in fitting contact lenses, as well as in related corneal physiology, pathology of the anterior segment and refractive technologies. Questions referring to projected slides and relating to pathological conditions, corneal topography and fluorescein studies may be covered. Hydrogel and rigid corneal and scleral lenses may be covered in this portion of the examination as well as conditions of interest and importance to contact lens patient care. Familiarity with recent and historical lens types and fitting philosophies will be helpful. The slide examination will be held the second day of the Annual Meeting. Two hours are allotted for this examination.

#### **VI. THE PRACTICAL EXAMINATION**

The practical examination is designed to evaluate your knowledge of clinical corneal findings and procedures and skill in fitting contact lenses. It will cover identification and measurement of contact lenses, use of contact lens instrumentation, biomicroscopic evaluation of patients, including those with anterior segment disease, corneal topography, and evaluation of lenses in situ. The practical examination will be given on the first day of the Annual Meeting. It is typically conducted at one of the optometric offices or clinics in the area. The exact location and information about transportation to and from the site will be provided at the Orientation Meeting and listed on the "green sheet". Four-to-Five hours are usually allocated for this examination.

#### **VII. THE ORAL EXAMINATION**

After successful completion of case reports and all other tests, you are eligible to take the oral examination. This oral examination allows you to defend your case reports and review your performance in the various segments of the examination. It is usually given by three Diplomates in a private setting. Typically, there will be a past Section Chair, an educator, and a clinician on the examining committee. The oral examination will be scheduled before noon on the day of the Section Diplomate reception in the meeting's headquarters hotel.

## **VII. Repeating Examinations**

Failure of any one part of the examination necessitates a repetition of that entire part of the examination at a subsequent meeting of the Academy. Those parts of the examination completed successfully need not be repeated unless your application period has expired. If any portion of the written, slide and practical examinations are not successfully completed, you must make additional progress on the case reports before you will be allowed to retake the remaining examination sections the following year. Such progress is defined as having one additional case report accepted prior to the Annual Meeting.

## **IX. Interview**

All candidates active in the examination process will have an interview scheduled during the Annual Meeting. You should contact the Diplomate Award Chair in the Cornea & Contact Lens Section's Suite at the Annual Meeting Headquarters Hotel to schedule this interview. Few candidates complete all phases of the examination in one year. Upon completion of the requirements, you will be nominated for the Diplomate in the Section on Cornea & Contact Lenses, which is granted by the Board of Directors of the American Academy of Optometry. When you complete your requirements, it is requested that you will attend the Cornea & Contact Lens Section Reception for new Diplomates and the Annual Banquet, where you will be introduced as a new Diplomate.

## **X. Application Period**

All requirements must be completed within a five-year year period from the date of acceptance of the application. Failure to satisfy the requirements during that period will necessitate a re-submission of your application including a non-refundable fee and retaking all five parts of the examination. Candidates are encouraged to take any and all parts of the examination whenever possible, in order to advance toward diplomacy.

## ***APPENDIX THREE***

### **THE SECTION ON CORNEA AND CONTACT LENSES DIPLOMATE CANDIDATE'S GUIDE RESEARCH DIPLOMATE Revised October 2008**

#### **BECOMING A RESEARCH DIPLOMATE**

This guide contains the requirements and the procedures for becoming a Research Diplomat in the Section on Cornea and Contact Lenses of the American Academy of Optometry.

Please note that this guide supersedes all previous information and instructions.

We welcome you as an applicant. We believe that the learning experience you will go through during this process is a rewarding one. We, who have preceded you, have all found it to be so. Not only will you profit from the added knowledge of your studies, but you will also achieve satisfaction in the recognition of your competency. You will also meet colleagues who share mutual interest and concerns from all parts of the world to whom you may refer patients and discuss research with confidence. After you have successfully completed your candidacy, we hope your interest will keep you curious about new contact lens advances and that you will accept new responsibilities and other leadership activities in lecturing, writing, and teaching within the Section and among our colleagues.

#### **To apply as a Diplomat candidate, you must:**

1. Be a Fellow in good standing of the American Academy of Optometry.
2. Submit an application form (see attachment) indicating your desire to become a Diplomat of the Section. The application should be returned prior to June 15th of the year in which any part of the requirements will be undertaken with an application fee of \$100 (made payable to the AMERICAN ACADEMY OF OPTOMETRY) and a photograph of yourself to:

#### **Diplomat Award Program**

Section on Cornea & Contact Lenses  
American Academy of Optometry  
6110 Executive Blvd., Suite 506  
Rockville MD 20852 USA

#### **Requirements for Research Applicants**

- I. Purpose
- II. Qualifications
- III. The Scientific Paper
- IV. The Oral Examination
- V. Application Period

## **REQUIREMENTS FOR RESEARCH DIPLOMATE**

### **I. Purpose**

- A. The Research Diplomat is exclusively limited to those candidates who are unable to meet the qualifications of the Clinical Diplomat.
- B. The purpose of the Research Diplomat is to permit Diplomat status for those individuals who contribute significantly to the field of cornea and contact lenses but who are not in clinical practice and, thus, are unable to meet the qualifications of the Clinical Diplomat.

### **II. Qualifications**

A. The applicant should have made substantial contributions to the body of knowledge relating to the cornea, contact lenses or refractive technologies.

- 1. The applicant should have already published, as a listed author, at least ten papers in peer-reviewed journals in the area of cornea, contact lenses and refractive technologies. If the applicant has a funded NIH ROI or U10 application, this can substitute as two published papers.
- 2. The applicant should be conducting research in the area of cornea, contact lenses and refractive technologies.

B. The Research Diplomat status is equivalent to that of the Clinical Diplomat, and both have the same rights and privileges.

### **III. The Scientific Paper**

#### **A. Topic Selection**

1. Once the application has been submitted, the applicant should contact the Diplomat Award Chair to discuss possible topics for a scientific paper.

2. The topic of the scientific paper should be one in which the applicant has considerable interest. It should be a topic that the applicant wants to learn more about, and improved understanding of that topic could potentially benefit the applicant's research.

3. The topic of the scientific paper should not encompass the applicant's research career. It can be a topic related to the applicant's research interests, but it should not be the central theme of the applicant's current or prior research and publications.

4. The applicant must submit five topics appropriate for a scientific paper to the Diplomat Award Chair.

5. The Diplomat Award Chair will appoint a Diplomat Award Committee of three Cornea and Contact Lens Section Diplomates, who have some expertise in the topic areas suggested by the applicant. At least one member of the committee will have attained Diplomat status through the Research Diplomat process.

6. The Diplomate Award Committee will rule-out any unacceptable topics, and the applicant may select the topic of the paper from the remaining topics.

## B. Outline

1. Once a suitable topic is agreed upon, the applicant must submit an electronic copy outline of the proposed paper to the Diplomate Award Chair, who will forward it to the three Committee members.

2. The Diplomate Award Committee will evaluate the outline for the following:

- a. depth and breadth of coverage of the topic
- b. background information on basic mechanisms
- c. potential for development into a scholarly paper
- d. time and effort involved in producing a paper from the outline

3. If the members of the Diplomate Award Committee determine that modifications are needed to the outline, the changes will be communicated to the Diplomate Award Chair. Committee members will also determine, based on the number and importance of the changes to the outline, whether or not submission of the modified outline is required.

4. Upon acceptance of the outline, the applicant may begin to write the scientific paper.

## C. The Paper

### 1. Requirements

- a. The process of researching and writing the scientific paper is intended to be a challenge. The candidate is to demonstrate knowledge and expertise in cornea, contact lenses, and refractive technologies, while analyzing and justifying methods and results of scientific studies on the selected topic. It is intended to be a learning, as much as a testing, process.
- b. The paper must provide evidence of extensive literature review and be comprehensively referenced. Cited papers may include publications by the candidate; however, the candidate's own publications must represent a small fraction of the total references.
- c. The paper should demonstrate the candidate's background knowledge in cornea, contact lenses and refractive technologies. The scientific basis of issues explored should be well-expressed.
- d. Considerable depth of scholarship should be evident in the topic area.
- e. The paper should be approximately 50 pages long, excluding references, figures, and tables. It should be double-spaced in 12-point font with 1 inch margins.
- f. The paper should include critical evaluation of methods, results, and analyses of past studies concerned with the topic. For references cited, the candidate should be able to (but is

not necessarily obligated to in all cases) discuss the rationale for the design used in the study, potential threats to the validity of the study, and improvements that could be made to the study if the candidate were to perform the study.

g. The candidate should discuss the impact of research in the topic area on the public.

h. The candidate should formulate the specific research questions that have not yet been answered in the topic area and should be able to formulate hypotheses that need to be tested.

i. References should be cited at the end of the paper, following the guidelines of Optometry and Vision Science.

j. Prior to submission of the paper, the candidate should have the paper reviewed by colleagues for grammar, style, clarity, and conformity to the standards of vision science publications.

## 2. Submission of the Paper

a. Four printed copies of the completed paper should be submitted to the Diplomate Award Chair, who will keep one copy and send the other copies to the three Committee members.

b. The paper must be received ten weeks prior to the annual meeting of the American Academy of Optometry in order to be reviewed and accepted prior to the meeting.

c. The candidate should consider publishing the paper in its entirety or in sections as a review paper. If appropriate, a portion of the paper should be submitted for publication in a relevant peer-reviewed journal.

## 3. Acceptance of the Paper

a. If the members of the Diplomate Award Committee agree that the scientific paper is acceptable, the Diplomate Award Chair will schedule a time for the oral examination, to take place during the next meeting of the American Academy of Optometry.

b. If there are reservations about the paper, the members of the Diplomate Award Committee will write specific recommendations for improving the paper. The Diplomate Award Chair will communicate these recommendations to the candidate, who can re-submit the paper after appropriate improvements have been made.

## IV. The Oral Examination

A. After the paper is accepted by the Diplomate Award Committee, the applicant must pass an oral examination of approximately two hours given by the Diplomate Award Committee. Each member of the Committee will be involved in asking the candidates questions and evaluating the ability of the candidate to answer the questions. Depth and accuracy of response and the ability to communicate articulately are assessed.

### B. Requirements.

The 2 hour exam will be divided into 2 sections. The first described as "general

knowledge", will count for a maximum of 30% of the exam grade and time of the exam. Topics that will be included are the cornea, conjunctiva, tear film, contact lenses (listed below) and those topics that the candidate provided as potential "scientific" papers (2) other than the one that was written. Questions on this section will be equally sub-divided by time and score (maximum of 15%) between the general knowledge and the candidate provided topic papers. The general knowledge section should also be personalized to the candidate's background

1. The Cornea
  - a. corneal anatomy
  - b. corneal hydration control
  - c. corneal biochemistry
  - d. corneal optics and transparency
  - e. corneal regeneration and wound healing
  - f. corneal sensitivity
  - g. corneal surgery
  - h. biomechanics
2. The tears
  - a. Structure and Secretion
  - b. Drainage
  - c. Physical Properties
  - d. Tear Film Stability and Dry Eye
3. Contact Lenses
  - a. Contact Lens Optics and
  - b. Contact Lens Materials
  - c. Fitting of Contact Lenses
  - d. Verification and Inspection
  - e. Complications of Contact Lens Wear
  - f. Contact Lenses in Abnormal Ocular Conditions  
(keratoconus, post-surgical, therapeutic)
  - g. Contact lenses in Special Populations  
(children, presbyopes, astigmats)
  - h. Modes of Contact Lens Wear  
(disposable lenses, extended wear, orthokeratology)
4. Instrumentation and Methodology
  - a. Methods to Measure Corneal Topography
  - b. Methods to Measure Corneal Thickness
  - c. Microscopy of the Cornea
  - d. Methods of Evaluating Corneal Physiological Response
  - e. Methods for Tear Film and Tear Flow Evaluation
  - f. Methods to Evaluate On-Eye Performance of contact lenses

The second section of the oral exam will be confined to questions on the candidate's paper (70% by score and time). The questions will include the significance of the paper, unanswered questions on this topic, limitations of the described research, what additional techniques/technology should be developed or applied. Additional questions will be designed by the examining committee that must be personalized to the candidate's work.

All the assessments by the examiners will be scored on a pass/fail basis rather than a numerical score for each question. The second section requires pass assessment whereas section one

may only require a sub-minimum (i.e. approximately 10% less than a pass score) if the candidate performs well on the second section.

### C. Failing the Oral Examination

1. If the Diplomate Award Committee members determine that the candidate failed the oral examination, then they must write an explanation for the negative decision. They must list the areas in which the candidate was weak, as well as suggestions for improvement.
2. The candidate may repeat the oral examination the following year at the next meeting of the American Academy of Optometry.
3. A new Diplomate Award Committee will be selected by the Diplomate Award Chair. One member of the original Diplomate Award Committee must serve on the new committee. The new committee will not assess the acceptability of the topic, outline, or scientific paper. They are charged only with re-evaluating the candidate in the oral examination.

### V. Application Period

As an applicant for Diplomate status under the above procedure, the candidate must complete the requirements within five years of application and payment of the application fee. If the candidate has not completed the process after five years have expired, a new application form and new application fee (non-refundable) are required.

**APPENDIX FOUR**

**AMERICAN ACADEMY OF OPTOMETRY  
Section on Cornea and Contact Lenses**

**Refractive Technology Diplomate Candidates Guide  
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# **AMERICAN ACADEMY OF OPTOMETRY**

## **Section on Cornea and Contact Lenses**

### **Refractive Technology (RT) Diplomate Candidates Guide**

#### **Introduction**

Optometrists have been involved in all facets of the various procedures designed to alter refractive error since their inception. In recognition of this, the Refractive Technology (RT) Diplomate award has been established by the Section on Cornea and Contact Lenses. A Fellow in good standing of the American Academy of Optometry may become a Refractive Technology Diplomate of the Section on Cornea and Contact Lenses when he or she has demonstrated a thorough and appropriate level of knowledge of the cornea and in the Refractive Technology area of expertise. As the contact lens wearing patient is frequently encountered prior to refractive surgery, and as contact lenses are a common form of treatment for post-surgical complications, a sound knowledge of the field of contact lenses is also expected. Completion of the requirements outlined in this guide will allow the candidate to demonstrate a broad base of knowledge in all phases in this field, including theoretical, technical, and clinical areas. Please frequently refer to the Web Site for the updates to the process for successful completion of your diplomacy.

#### **Candidates Welcome**

The Section on Cornea and Contact Lenses welcomes you as an applicant. We believe that the process is not only a rewarding one but that it will also be a significant learning experience. Not only will you benefit from the added knowledge, but you will be rewarded with the satisfaction of being recognized as an expert in this field. You will also meet colleagues who share mutual interest and concern from all of parts of the world to who you may refer patients and discuss both clinical and research topics with confidence. Once your candidacy has been completed, we hope that you will remain interested and curious about the corneal refractive procedures field, and that you will become involved as a leader in that field, with activities that might include lecturing, writing, and teaching within the Section and within the Academy as a whole so that more of our colleagues may become informed on this topic.

#### **To apply as a Diplomate in the Refractive Technology track, you must:**

- Be a Fellow in good standing of the American Academy of Optometry
- Submit an application form (attached) indicating your desire to become a Diplomate in Refractive Technology. The application should be returned prior to September 15<sup>h</sup> with an application fee of \$100 (made payable to the American Academy of Optometry) and send a photograph of you to:

Refractive Technology Diplomate Award Program  
Section on Cornea and Contact Lenses  
American Academy of Optometry  
6110 Executive Boulevard, Suite 506  
Rockville, MD 20852 USA

## REQUIREMENTS FOR DIPLOMATE IN REFRACTIVE TECHNOLOGY OF THE SECTION ON CORNEA AND CONTACT LENSES

### Case Reports

This part of the process involves the submission and acceptance of ten (10) written case reports. The subject of these reports should be from the specific designated areas outlined below. All patients reported on should have been followed at least six months post-operatively, if a refractive procedure was applied. The case reports are the most arduous and time consuming part of the Diplomate process and are the only parts of the examination that are not conducted at the annual Academy meetings.

#### A. General Information

1. The purpose of the case report requirement is to allow you to demonstrate knowledge and clinical expertise in the specialties of cornea and refractive technologies, as well as in contact lenses as it relates to the refractive technology field. This requirement will also inform the Diplomate Award Committee of your understanding of the various techniques utilized in refractive procedures, the equipment used in your office for evaluating and following these patients, your general clinical knowledge in the area and the clinical philosophies used on a daily basis in managing these patients. Additionally, the information presented in the case reports is used as a basis for the oral portion of the exam.
2. Please submit an e-mail file (or three hard copies) of your first case report to the Case Reports Chair as soon as confirmation of your application is received from the Diplomate Award Chair; this will allow the Case Reports Chair to retain a copy while sending copies to two Diplomate referees for review. Case report format is described in section E. Once the Case Report Chair returns your first report, you can begin work on the remainder of the case reports. If it is returned for revision, which it frequently is, comments and critique from the Diplomate referees often saves considerable time and effort in revision. It will also give you an idea of what is expected in case reports.
3. All reports must be submitted to the Case Reports Chair by September 15<sup>th</sup> in order to be considered for that year's annual meeting. It is suggested that you have your case reports completed and sent to the Case Reports Chair much earlier than September 15<sup>th</sup>, as early submission will allow adequate time for revision. There are frequently revisions necessary, as suggested by the referees, and there must be further time so that they can be re-graded. Allow at least 4 weeks for each grading cycle. Thus, while September 15<sup>th</sup> is the absolute deadline, it would be wise to have all of the cases in the hands of the Case Reports Chair by the 1<sup>st</sup> of August.
4. **REMEMBER – DO NOT SEND ALL 10 CASE REPORTS IN WITH THE INITIAL SUBMISSION. ONLY THE INITIAL CASE REPORT SHOULD BE SENT AT THAT TIME.** A case report can only be graded on the information that is submitted. While this may seem obvious, the case report referees cannot assume that you did tests that were not reported. For instance, if you are evaluating the anterior corneal surface, explain what dyes were used, the exact procedure that you used clinically, the order in which the dyes were instilled, etc. Simply saying that you stained the eye with fluorescein is not adequate, as there are several ways in which this can be performed; some are simply inadequate and improper.

#### B. Current Case Report Topic Choices

Select 10 cases from the list of acceptable options. Note that case number 1 is mandatory. Cases should include a variety of treatments and a minimum of 4 different procedures. Cases may include but not be limited to LASIK, PRK, PTK, LASEK, CRT, RK, AK, ICRS, CK, LTK.

If you have a report that you wish to submit that does not fit any of the specified categories, please submit an outline of the case with an explanation to the Case Reports Chair before proceeding with its full submission. This will perhaps save you some work if the Chair does not approve the submission of the case.

1. Mandatory requirement. A typical refractive laser vision correction case. Every candidate should submit this type of case. Included in it should be a complete description of your initial evaluation, your thought process, actions, and recommendations from start to finish in a typical laser vision correction case. Include all relevant findings, citing how these findings guided you toward your final recommendation of whether to have the eye(s) treated, which surgeon and which laser you recommended, and why. Also include any special concerns or considerations that you had before, during, or after the process. The follow-up process should likewise be presented. Be certain to select a case to demonstrate knowledge at a Diplomate level.
2. A contact lens related resolution of a refractive technology case (for example, post-RK). Be certain that your case selection demonstrates knowledge in both laser vision correction and contact lens fitting post-operatively.
3. A case in which you prescribed Corneal Refractive Therapy (CRT) contact lenses. This case could be of a patient who was prescribed CRT as the primary procedure to correct refractive error or a case where CRT was prescribed to problem-solve another refractive technology procedure.
4. A hyperopic refractive vision correction case. Be sure to include a discussion of the considerations in patient selection that are different in the hyperopic patient (as opposed to the myopic patient).
5. A case that demonstrates a difference in results due to the use of different brands or types of laser, or different types of laser technique. This case should demonstrate to the reviewer that you are very knowledgeable in the technological aspects of laser vision correction and the reasons that you might choose one form of technology over another.
6. A refractive vision correction case of significant ( $>3.00$  D) refractive astigmatism. Include your rationale for selection of a particular instrument, surgeon, and technique, including the pre-op and post-op clinical data.
7. A case of Photo Refractive Keratectomy (PRK). Include your decision-making process in recommending PRK versus another refractive procedure.
8. A case in which monovision refractive vision correction was performed on a presbyopic patient. The reason(s) for selection of monovision need to be included.
9. A laser vision case in which there were problems with the flap post-operatively. Include a description of your post-operative evaluation of flap efficacy.
10. A case in which the patient was myopic prior to refractive vision correction and over-correction resulted in hyperopia or under-correction resulted in undesired myopia. Include re-treatment and other management options.
11. A case in which drug therapy or other medical treatment was necessary to resolve post-treatment complications (for example, infection or inflammation)
12. A case in which a patient was recommended for a refractive procedure, which, in retrospect, perhaps should not have undergone the procedure.

13. A case of a patient with dry eyes (or ocular allergies) pre-operatively for whom a form of refractive procedure was recommended. Include your clinical rationale and clinical evaluation technique and suggested treatment rationale for dry eyes (or ocular allergies).
14. A case in which refractive vision correction could not be recommended due to pre-operative clinical findings (thin cornea, flat cornea, corneal irregularity, etc.) for whom another form of refractive alteration procedure was or was not recommended.
15. A refractive surgery patient with systemic disease that might have affected the outcome. Include in this case report a discussion of why (or why not) this patient was selected for treatment, what type of treatment was recommended, etc. Also, include your rationale for either including or ruling out patients with different types of systemic disease that may or may not affect the outcome of a refractive procedure.
16. A case where a patient came to see you seeking correction of an unsuccessful or problematic refractive procedure, include all pre-op and post-op data and your rationale for choosing the treatment or clinical approach used in this case.
17. A case of Photo Therapeutic Keratectomy (PTK). Include in the discussion the reasons for selection for this form of therapy.
18. A case of conductive keratoplasty (CK). Discuss the strategy in deciding on this type of treatment versus another refractive procedure.
19. A case in which INTACS was utilized, describing the usage of this technology, its' clinical applicability, and the testing and thought process used in choosing this modality
20. A case in which a clear lens extraction was performed. Include in the discussion the reasons for the selection of this form of therapy and which intraocular lens was implanted and why that lens was chosen.
21. A case in which a phakic intraocular lens implantation was performed. Include a discussion of the rationale for this type of treatment as opposed to a corneal-based surgical procedure.
22. An analysis of clinical outcomes—present a summary analysis of 30 or more cases where data are available before and after treatment that demonstrates an ability to analyze clinical care protocols and their impact on patient outcomes.

If you have a question about the appropriateness of a case, please contact the Case Reports Chair for an opinion.

### **C. Substitution of Published Articles/ Papers**

**Candidates** may substitute peer-reviewed manuscripts or textbook chapters where they are a principal author in place of a written case report. These substitutions must be relevant to refractive technology and a justification for each substitution demonstrating the relevance of the submitted material should be provided by the candidate at the time of submission. A maximum of five substitutions is allowed. The Case Reports Chair and referees will decide whether or not a published article/paper is acceptable and meets the substitution requirements.

Consideration will be given to applicants who no longer see patients nor have files that might satisfy this specific case report requirement. Since this is a relatively new field, there should be very few situations in which this consideration will be allowed. In these cases, in lieu of writing a case report, a topic will be assigned relating to that

particular requirement. It is realized that there are candidates who may be currently in administrative roles in laser vision correction clinics, etc., who may fit this description.

#### **D. Updating Requirements**

As one would expect in a field that is as dynamic as Refractive Technology, there will be, from time to time, changes made to the specific case report requirements. Candidates will be required to satisfy the new requirements if they have not previously done so. An exception will be made if the committee is aware that you are currently working on a case report to satisfy that particular requirement and are preparing that report for submission. It is understood, for instance, that the technology in both diagnostic and treatment instrumentation within the laser vision correction field has changed dramatically in the recent past. Thus, it is expected that case reports that encompass those changes in technology would be included in the cases that the candidate submits. However, if a case is submitted that utilizes technology that may be outdated at this time, but was current and adequate at the time that the patient was seen, consideration for that will be made when submitting case reports.

#### **E. Case Report Format**

Case reports should be double-spaced, and formatted with 1-inch margins. Electronic submissions are preferred (Microsoft word files submitted via email). If submitting case reports in hard copy, please submit an original and two copies on plain white paper. Number pages consecutively, beginning with the Abstract (the title page should not be numbered). Case reports submitted as hard copies should be stapled in the upper left-hand corner. Do not use binders.

1. Your name and address should appear on the cover letter and the title page, but not on the case report. The Case Reports Chair will assign each report a coded number and then forward the reports to two referees. This double-blind review process will ensure anonymity for the candidate, and will reduce chances for bias by reviewers.
2. Please write your reports in a clear and concise manner. In general, case reports average between 10-20 double-spaced typewritten pages, including tables, figures, and references. Case reports should not exceed 30 pages in their entirety. Please use a spell-checker in addition to careful editing before submitting. Candidates are encouraged to use line numbering to facilitate reviewer comments.

Organize and prepare the manuscript to include the following sections.

#### **I. Abstract**

Include a structured abstract of 150 words or less with the following headings: Purpose, Case Report, and Discussion.

### **II. Text**

#### **A. Introduction**

Describe the purpose of the case report, the clinical problem illustrated in the report, and any major findings that will constitute the focus of the report. The Introduction should highlight the unique elements of this individual case in the context of the more general clinical entity that is represented by the findings presented in the following sections. Limit references to only the most relevant publications.

#### **B. Case Report**

The Case Report section should consist of the specific findings detailed below, the time of these clinical observations, as well as any supplementary material relevant to the diagnosis, and management of the patient. The following subheadings might be used in the Case Report section as applicable, or the Candidate may elect to provide similar information in a prose format: The text should be written in complete sentences rather than brief statements

as would be found in the patient's chart or clinical encounter form. The only exception is when listing routine clinical findings, they may be summarized as in the example below:

**DATE OF VISIT:** :

**Entrance visual acuity (spectacles):** 20/20 OD and 20/25 OS at distance

**Manifest subjective refraction:** OD:  
OS:

**Keratometry:** OD:  
OS:

**Slit lamp biomicroscopy:**

**Lids/Lashes:** clear OU

**Cornea:** clear OU

**Tears:** clear OU

**Upper and lower tarsal plates (palpebral conjunctiva):** clear OU

**Bulbar conjunctiva:** clear OU

**Iris:** flat OU

**Lens:** clear OU

**Anterior chamber:** deep (grade IV angle) and free of visible aqueous cells or flare OU

**Setting:** Such as clinical practice, referral center, multi-center, institutional or other practice environment.

**Intervention:** State the intervention or procedure(s) performed including (one or both eyes), basis for patient selection (i.e. inclusion/exclusion criteria). If the candidate is reporting a case series, provide the number of patients presented and make a clear distinction between the number of patients and the number of eyes.

**Clinical Findings:** Describe clinical findings or patient outcomes and measurements in an objective sequential manner with a minimum of discussion. If the candidate uses any tables or figures, they should be cited and presented in the same sequential numeric order.

Candidates are encouraged to include the following information for any case report. Note that not all of this information will be relevant in every case, or is this list intended to be a complete list of all necessary findings. The candidate should present what is necessary to demonstrate their clinical skills and standards of care. Be sure to include patient preoperative evaluations, post-operative patient management, and instrumentation. Pharmacological management is valuable in addition to any significant ocular and physiological aspects of the case. If candidates have a question regarding inclusion of specific data, for the sake of completeness, include it.

1. Patient information: initials, age, gender, occupation, hobbies (as they relate to visual demands or needs), particularly as this information might relate to the discussion of the individual case.
2. Dates of all clinical observations must be included.
3. History: a complete general history, family history, a list of diseases for which the patient may be treated, and a list of medications being taken.
4. Visual and ocular history must be reported, particularly if they relate to changes that may be relevant to the refractive procedure being discussed.
5. Discuss any ocular injuries, anatomical abnormalities or surgeries that have been experienced in the past.
6. Describe the patient's daily visual requirements and the reasons that they may be seeking a surgical refractive procedure.
7. Report contact lens wearing history in detail.

8. Patient symptoms need to be properly investigated and described.
9. Diagnostic testing, including the following areas:
  - A detailed report of biomicroscopic observations.
  - External examination, including lid position and adnexa.
  - Pupil size and pupillary reactions.
  - Internal ocular findings, including ophthalmoscopic (direct and indirect), and slit lamp evaluation of the fundus.
  - Keratometry, topography, wavefront analysis, corneal thickness.
  - Refractive findings, including the relationship to contact lens wearing.
  - Report any and all serial post-contact lens refractive findings.
  - Visual acuities, distance and near, aided and unaided.
  - Binocular function, in cases where it is relevant to the case presentation.
  - Intraocular pressure.
  - Corneal diameter, if it is a significant factor, such as in LASIK.
  - Summarization of the data, including impressions, diagnosis, and recommended treatment with the clinical rationale for the treatment recommended.
10. Treatment options:
  - Discussion of treatment options for this patient, including any presentation or discussion of the risks and benefits of each option with the patient.
  - Description of the final course of treatment for this patient and justification for it.
  - Inclusion of any and all correspondence, technical data, calculations, photographs, technical data printouts, etc. related to the case with all patient identifiers removed.
11. Follow-up visits:
  - History and symptoms, dates (including length of time since procedure).
  - Visual and refractive results
  - Biomicroscopic evaluation.
  - Special testing performed.
  - Discussion with the patient and advice for the patient.
  - Impressions
  - Treatment

**Patient Outcomes:** Provide sufficient detail to enable others to understand the preoperative condition of the patient, the details of the intervention received, the results of that intervention, and the basis for any clinical decisions that were made that influenced the reported findings. Describe the final clinical result and disposition of the patient, providing the length of postoperative care, basis for referral, or reason for discharging the patient.

If the candidate is reporting clinical outcomes from a substantial case series (>10 eyes), the guidelines published by Waring<sup>1</sup> are preferred, but not required.

Use generic nonproprietary pharmaceutical nomenclature and complete dosing information and patient instructions.

### C. Discussion

Elucidate (but do not reiterate) the clinical findings, identify any significant limitations or qualifications of the reported findings, discuss the reported findings in the context of other reports especially those that may be contradictory. Excessive generalization and undue speculation should be avoided. Give equal emphasis to positive and negative aspects with respect to the management of this case, state any additional care or clinical intervention that might be recommended. Conclude with the broader clinical implications illustrated by the case report.

### III. References

Candidates are encouraged to cite references (i.e. peer reviewed publications) as a basis for their clinical decisions and to contrast their findings with previously reported findings to demonstrate their depth of scholarship and critical thinking. The references should be listed numerically as an attachment to each case report, and should be formatted according to the style guidelines exemplified below.

References should be numbered consecutively in the text and in the reference list. In the text, reference numbers are entered as superscripts. Candidates are advised to use automated reference numbering software (eg Medline, EndNote or Reference Manager) since they may facilitate accurate citations and consistent formatting. PubMed offers a useful reference checker.

Any cited references should have been read in their entirety by the Candidate. Discussion and interpretation of referenced citations is appropriate subject matter for the oral examinations.

***References to journal articles should include:***

- 1) The author or authors (for more than three authors, list the first three followed by "et al.")
- 2) Title
- 3) Journal name
- 4) Year of publication
- 5) Volume number
- 6) Page numbers.

***References to books should include:***

- 1) The author or authors
- 2) Chapter title (if any)
- 3) Editor or editors (if any)
- 4) Book title
- 5) Edition (other than the first)
- 6) City of publication
- 7) Publisher
- 8) Copyright year
- 9) Pages of the chapter or section cited

***Examples:***

**Journal article:**

Thibos LN, Hong X. Clinical applications of the Shack-Hartmann aberrometer. *Optom Vis Sci* 1999;76:817-25.  
Bullimore MA, Olson MD, Maloney RK. Visual performance after photorefractive keratectomy with a 6-mm ablation zone. *Am J Ophthalmol* 1999;128:1-7.

**Book Chapter:**

Twa M, Moreira S. Astigmatism and Toric Contact Lenses. In: Mannis MJ, Zadnik K, Coral-Ghanem C, Kara-Jose N, ed. *Contact Lenses in Ophthalmic Practice*. New York: Springer-Verlag, 2003: 109-124.

**Unpublished data:**

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<sup>1</sup> 1. Waring GO, 3rd. Standard graphs for reporting refractive surgery. *J Refract Surg* 2000;16:459-66.

Unpublished data includes studies in preparation or submitted for publication, scientific posters, and unpublished abstracts that reviewers cannot retrieve in an electronic literature search should be included parenthetically in the text.

Example: "... As described by Jones et al. (Jones RA, ASCRS, 1997)".

The Candidate should be prepared to provide abstracts or copies of such for reviewers if requested.

#### **Internet references:**

References to material that is available via the internet are appropriate, provided the material is of peer-reviewed caliber. The online reference should be listed with URL address and date the information was last accessed. Since Internet articles may not be available at the time of review the Candidate is advised to make a printed copy of the material they are referencing so that they will be able to provide it for reviewers if requested.

Example: Bullimore MA, Dobos MJ. Repeatability and Validity of Refractive Error Using the Bausch and Lomb Zywave[ARVO Abstract]. *www.arvo.org*, 2003 Abstract nr 4081, Accessed December 24, 2004

#### **IV. Tables**

Information in the tables should not entirely duplicate the text. Instead, the candidate should highlight the most important trends and significant findings.

Tables should be numbered consecutively in order of citation in the text. Each table should have a brief title so that the reader can understand what is being displayed in the table without reference to the text. Tables may also be embedded in the text or each table may be submitted on separate page at the end of the text following the References and Figure legends page if any are included.

Tables should be created in a Word, WordPerfect or another word processing document using the table tools. Each table should be double-spaced.

#### **V. Figures and Figure Legends**

Figures may be embedded in word processing documents or may be attached as separate pages to the end of the case report. For embedded figures, figure legends should be included together at the bottom of the figure. For figures attached to the end of case reports, please include a separate figure legend page following any tables. Each legend should be numbered consecutively in the text, have a brief title, and contain a complete description of each figure. Ideally, the legend should contain enough information so that the figure can be understood independently of the text.

Example: Figure 1. Stromal Melting after LASIK. (Top left) The patient's cornea is shown postoperatively with severe inflammation and stromal thinning adjacent to the visual axis.

#### **Checklist for Candidates**

Below is a checklist of items required before submission. Please be sure that you have thoroughly read the instructions for preparation and submission of your case report before submitting it. Materials should be provided in the following order.

- Cover Letter indicating the case report category (see above)
- E-mail or submit three hard copies of the case report, double-spaced and formatted according to the instructions
- Title page (Title, Candidate's name, academic degree or degrees, and affiliation, complete address, phone number, fax number, and e-mail address of the Candidate) \* note that this information should not appear in any other place on the case report.
- Abstract (limit: 150 words)

- \_\_\_ Text
- \_\_\_ References
- \_\_\_ Figure Legends
- \_\_\_ Tables
- \_\_\_ Figures

### **Appeals Process**

The section does its best to have expert reviews and hopes that candidates recognize that many good case reports may be rejected or require substantial revision. Candidates should view each case report as an individual learning opportunity. Reviewers are encouraged to provide Candidates with constructive criticism that is meant to aid in the Candidates professional growth. If you feel your experience (i.e. case report reviews) do not facilitate this objective and deserve another evaluation, you may address this issue with the Section Chair at any time.

**REVISIONS: If a case report is sent back for revision, please attach a cover letter stating how and where in the case report the concerns by the reviewers have been addressed. It is also helpful to return your revision to the case report chair with highlighted print (for example italics) where changes to the original submission have been made.**

### **F. More Case Reports Specifics----**

1. As has been mentioned earlier in this outline, it is not proper to assume that the reader knows what you are thinking. It is also not understood that you have done a test if it is not reported. Remember that you are demonstrating your skill and expertise. You must explain everything in detail, particularly your rationale for any clinical decisions. Reports that solve problems and deal with difficult clinical situations are generally more highly regarded and acceptable than reports where all the clinical findings are perfect.
2. Report data in a manner that may be easily understood by the reviewer. It is acceptable to record findings as within normal limits (WNL) but only in situations where those findings have no bearing on the case being discussed. For instance, if the candidate is describing the appearance of the cornea post-operatively, WNL is simply not sufficient. Realize that, in some instances, a reviewer may be from a different part of the country or different part of the world from you and may not understand abbreviations or shorthand. The candidate will have to review each case to be sure that all information is completely reported, without the inclusion of extraneous information.
3. The six month follow-up requirements for validity of a case report will be waived in cases where the applicants' patient care setting is such that it is not the customary patient care protocol. However, note that:
  - a. The applicant must obtain all pre-op and post data that can be retrieved and include it in the case report, as one visit case reports will generally be an unacceptable format.
  - b. The Refractive Technology Case Reports Chair must review and accept the case report format and subject matter that may qualify the case report as acceptable despite being outside of the usual and customary one year pre-op and post-op rule.

**G. Current Cornea and Contact Lens Diplomates Who Choose to Complete the Refractive Technology Requirements.**

We encourage current Cornea and Contact Lens Diplomates to also become Refractive Technology Diplomates. The requirements will be somewhat modified. The previously stated 10 case report requirement as stated in this guide are required. In addition, candidates must pass the specific Refractive Technology portions of the Clinical (slide), Written, and Oral examinations.

**H. Case Report Logistics Requirements**

**CASE REPORT PROGRESS IS REQUIRED BEFORE PROCEEDING WITH OTHER PORTIONS OF THE PROCESS THAT WILL LEAD TO THE DIPLOMATE AWARD**

You must have at least one case report accepted before you will be allowed to attempt the remaining portions of the requirements. This must be a clinical report. It cannot be a substituted published paper. Once again, be reminded that the submission of reports is required by September 15<sup>th</sup>, but due to the fact that referees need at least 4 weeks to allow for reading and grading case reports, returning that information to the Case Report Chair, and his/her notification of each candidate, it is recommended that you do not wait until the last minute to submit case reports if you desire to participate in the other parts of the examination at the upcoming Academy meeting. Submit case reports as early as possible to allow time for revision and acceptance.

**I. Orientation Meeting**

You should plan on attending the Orientation Meeting for Cornea & Contact Lens Diplomate candidates. This is usually scheduled for the Thursday morning of the Annual Meeting at 6:30 or 7:00 AM, prior to the beginning of the Lectures & Workshops. Please confirm the date, time, and place of this meeting with the Diplomate Award Chair prior to making your hotel and airline reservations. All prospective and active candidates should attend this meeting. Members of the Diplomate Award Committee will further acquaint you with the goals of the Section and with your requirements and procedures for achieving the Refractive Technology Diplomate. A member of the Refractive Technology subcommittee will be in attendance to answer any questions you may have. It is important that the Diplomate Award Chair knows your hotel location, so he/she can contact you during the annual meeting. Prospective candidates are invited to attend this meeting and to have a brief personal interview following it so that the Committee can advise them of a course of study, training, and practice that will lead to successful completion.

**J. Scheduling Exams**

**If you are taking the examinations for the first time or are repeating any portion, you should notify the Diplomate Award Chair of your intent prior to the Annual Meeting and schedule yourself accordingly.**

You will be notified of the time and location of the examinations prior to the annual meeting so that you can plan your time accordingly. You are encouraged to take any of the examinations for which you are eligible. Candidates must have at least one case report approved to begin the testing process. If the entire process is not completed in the initial year, candidates must show progress with case reports to proceed with taking additional examinations.

## **K. The Written Examination**

The Written Examination is designed to evaluate your knowledge of all aspects of the refractive procedures field. This includes scientific, theoretical, technical, surgical, and clinical information. The examination format typically is multiple choice, but some “fill in the blanks” may be included. The Written Examination will be given on Thursday or Friday of the annual meeting. It is typically conducted at the hotel where the meeting is being held. The exact room location will be announced at the orientation meeting. The examination is typically two hours long.

### **The following areas may be included in the Written Examination:**

1. Basic understanding of laser technology.
2. The development of the laser as it is related to refractive correction.
3. The various forms of lasers and laser technologies that are utilized in the field.
4. All updates and technical progress within the field.
5. Familiarity with the literature as it related to risks, benefits, and outcomes of various refractive procedures.
6. Patient selection criteria for the various refractive procedures.
7. Common post-procedure problems seen within the field, and how to manage them .
8. Clinical diagnosis and treatment of post-procedure problems.
9. Post-procedure contact lens fitting for a variety of problems that occur clinically.
  
10. Corneal factors that can preclude refractive procedures, or add potential risks.
11. Pertinent anatomy and physiology of the cornea.
12. Understanding of the alteration of corneal anatomy and physiology induced by various refractive surgical procedures.
13. Understanding of the pharmacology of topical medications of pre-procedure and post-procedure.
14. Understanding of all of the principles and technology involved in corneal measuring instruments (topography, wavefront, pachymetry etc.).
15. Understanding impact of contact lens wear of the evaluation of the refractive surgical patient
16. Understanding of basic contact lens design including but not limited to soft lenses, rigid lenses and advanced design lenses

## **L. The Clinical (Slide) Examination**

The Clinical (Slide) Examination evaluates the candidate’s knowledge and skill in the area of refractive technology. It also tests the candidate’s understanding of basic corneal physiology and pathology. Questions referring to projected slides related to pathological conditions, corneal abnormalities, corneal irregularities, etc., may be covered. Slides depicting corneal topography printouts and the use of diagnostic dyes will also be included. In addition, the candidate will be tested using slides that encompass the topic of contact lenses as they relate to corneal refractive procedures including but not limited to lens design, interpretation of fluorescein patterns and the influence of contact lens wear on the potential refractive surgical patient. Some familiarity with the historical aspects of the refractive surgical field will be included. The Slide Examination will be held on the Thursday or Friday of the annual meeting, and two hours are allotted.

## **M. The Practical Examination**

The Practical Examination is designed to evaluate the knowledge of the candidate in a clinical setting. Patients will be presented at various stations with proctors grading the responses of each candidate as they pass through that station. Candidates are expected to evaluate and describe the presentation and status of the patient examined and will be questioned relative to these observations. The practical will cover both pre-operative evaluation of the potential refractive surgical patient as well as identification and management of post-op complications. In general,

the Practical Examination is given on Thursday of the Academy Meeting. It is typically conducted at a clinical site somewhere in the geographic area of the hotel at which the meeting is being held.

The exact location and information about transportation to and from the site will be provided at the orientation meeting. Lunch will be provided. One must allow at least 4 – 5 hours for this examination, as some travel time must be included.

#### **N. The Oral Examination**

After successful completion of the first four parts of the Diplomate process, candidates are eligible to take Part 5, the Oral Examination. The Oral Examination is a defense of your case reports and an exploration of your knowledge in the area of corneal anatomy, physiology and refractive technology. It is also a review of your performance in the various segments of the examination. The Oral Examination is usually conducted by three Diplomates. The Oral Examination is usually scheduled on Saturday morning.

#### **O. Repeat Examinations**

Failure of any one part of the examination by the candidate necessitates a repeat of that part of the examination at a subsequent meeting of the Academy. Those parts of the examination completed successfully need not be repeated unless your application period has expired. Unless the case reports requirement is completed, you must make additional progress on case reports before you will be allowed to retake Parts 2-4 the following year.

#### **P. Interview at Annual Meeting**

All candidates active in the examination process will have an interview scheduled during the Annual Meeting. The candidate should contact the Diplomate Award Chair in order to schedule this interview. The interview will discuss any concerns candidates have and any areas for improvement to assure success with the Diplomate process.

Upon completion of the requirements, you will be nominated to the Board of Directors of the American Academy of Optometry by the Section on Cornea and Contact Lenses for diplomacy. It is requested that all candidates attend the Section on Cornea and Contact Lenses reception to honor Diplomates and the Annual banquet where new diplomates are introduced.

#### **Q. Application Period**

All requirements have to be completed within a five-year period of time from the date of acceptance of a candidate's application. Failure to satisfy the requirements during that period of time will necessitate a resubmission of your application, including a non-refundable fee and retaking all five parts of the examination. Candidates are encouraged to take any and all eligible parts of the examination whenever possible in order to advance toward Diplomate status.

#### **R. Final Advice**

Everyone involved in the Diplomate process of the American Academy of Optometry has previously completed the process themselves. It is a rewarding professional goal that sets you apart from your colleagues. It is a designation that is held in high esteem within our profession. It is not intended to be simple or easy, but is intended to test a candidate's knowledge.

Every Diplomate in any of the Academy's Sections will tell you that it was a great learning experience for him or her. It makes you review your clinical techniques, solidifies your thinking in many clinical areas, and forces the candidate to review the textbook and technical information that is the foundation of the clinical work that we do every day. We wish you good luck in the process and are here to help and guide any candidate who wishes to move forward in the process. In addition to the official representative (Section Chair, Case Reports Chair, referees, exam

proctors, etc.) any Section Diplomate would be more than happy to offer you their time to assist you in the process. Please do not hesitate to use that resource at any time throughout the process.

To begin the Refractive Diplomate process, please complete the application on the following page and mail it to:

Diplomate Award Program  
Section on Cornea & Contact Lenses  
American Academy of Optometry  
6110 Executive Blvd, Suite 506  
Rockville MD 20852 USA



**American Academy of Optometry  
Section on Cornea and Contact Lenses**

**Application - Refractive Technology Diplomate**

Candidate's Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date Designated as Academy Fellow: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently a Diplomate in the Cornea and Contact Lens Section of the Academy? \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

\_\_\_\_\_

Please send mail to:      Office                      Home

Do you personally know two current diplomates who could serve as mentors? (Please list their names).

1. \_\_\_\_\_

2. \_\_\_\_\_

IF NOT, WOULD YOU LIKE THE SECTION TO ASSIGN SOMEONE?    Yes    No

**Please Attach:**

1. Curriculum Vitae to include: professional education, professional experience (clinical and teaching), professional affiliations, presentations, publications, honors and awards, community service, professional service.
2. A check for \$100.00 made out to the American Academy of Optometry

You will be contacted by the Diplomate Awards Chair after your application is processed. Thank you for applying to the Section.

## **APPENDIX FIVE**

### **SPEAKERS BUREAU TERMS AND CONDITIONS**

- A. Potential speaker must be a Cornea & Contact Lens Section Diplomate (in good standing);
- B. Topic(s) must be related to cornea and/or contact lenses.

#### C. Reimbursement for the speaker will consist of:

(1) Honorarium - \$350 per lecture hour (maximum of 2 hours or at the discretion of the Speakers Bureau Chair)

Note: The policy covering the \$350 per hour honorarium was set by the Board of Directors of the Academy. While this amount may not always cover all expenses, it is consistent with reimbursement provided for other Academy programs. The hourly rate cannot be changed without prior authorization of the Board of Directors and the sponsoring company.

(2) Coach air travel (within U.S./Canada/Puerto Rico)

[If speaker is traveling from outside the U.S./Canada/Puerto Rico, the Speakers Bureau will pay transportation costs from the port of entry. For example: If a speaker came from Australia to lecture in New York, the Speakers Bureau would pay airfare from San Francisco to New York but the teaching institution would be responsible for the Australia to San Francisco portion of the ticket.]

(3) Auto mileage (at current IRS rate)

(4) Hotel accommodation (1 night)

(5) Meals (for speaker only, no guests)

Note: The cap per event has been raised as follows:

\$ 1600 for 1 to 2 hours of lecture with one nights' hotel, travel, etc., and

\$ 2000 for 3 to 4 hours of lecture with two nights' hotel, travel, etc.

#### D. Procedures:

- (1) Interested faculty members should contact the Diplomate of their choice to see if the Diplomate is willing to present a lecture(s) in accordance with the terms and conditions of the program. (Note: Diplomates are free to accept or decline requests based on availability, other demands and economic considerations.)
- (2) Faculty member and Diplomate should secure a mutually acceptable date and time for the lecture.
- (3) The faculty member should contact the Speakers Bureau Chair for approval.

#### E. Reimbursement Procedure:

- (1) After the lecture, the hosting faculty member should provide the speaker with a Speakers Bureau Expense Report Form.

- (2) The speaker should complete the form, attach applicable receipts (make a copy for their personal files) and forward it to the Speakers Bureau Chair for signature.
- (3) The Speakers Bureau Chair forwards the expense report to the Section Treasurer who sends it to the AAO office for payment.
- (4) Reimbursement will be made from the AAO office directly to the speaker. (The speaker should receive payment within 2-3 weeks from the time that the AAO office receives the signed expense report form.)

## **APPENDIX SIX**

### **REQUIREMENTS FOR RENEWAL OF DIPLOMATE STATUS**

- A. Time Frame: Diplomates will have five years, beginning on the decade and half decade, to satisfy the requirements for renewal. New Diplomates who achieved Diplomat status in the third, fourth, or fifth year of the renewal period will be allowed to wait until the next renewal period before having to complete requirements for renewal.
- B. In order to renew their Diplomat status, each Diplomat must acquire 25 points within the five year period according to the following schedule:

Activity:	Points:
Attend an AAO Annual Meeting (per year)	3
Attend one hour of Lectures and Workshops (limit 4/yr)	1
Provide one hour of Lecture at the AAO Meeting or any approved meeting (limit 4/yr)	2
Attend one hour of Scientific Paper Presentation (limit 2/yr)	1
Present a Scientific Paper at the AAO Meeting or any approved meeting (limit 2/yr)	2
Present a Scientific Poster at the AAO Meeting or any approved meeting (limit 1/yr)	1
Publish an article in a Refereed Journal or a Book Chapter (limit 3/yr)	1
Write a portion of the Diplomat Exam (per year)	5
Serve as Case Reports Chair (per year)	2
Review exams with sub-chair (per year)	2
Serve as an Exam Proctor (per year)	2
Participate in the Speakers Bureau	2
Work on Position Paper	2
Read Case Reports (limit 3/year)	1
Serve on Section Executive Committee (per year)	5
Serve on AAO Executive Council (per year)	5
Serve on Research Diplomat Committee	3
Other duties approved by Chair	maximum 5

C. Alternatives

As an alternative to the above point system, the Diplomate may satisfy the requirements for renewal by the successful completion of one of the following:

- a. Completion of the written, clinical/slide, and practical portions of the Diplomate examination in any one-year.
- b. Completion of a take home examination, to be administered by the Diplomate Award Chair, and completion of five case reports.

D. Administration

Administration of the renewal process will be the responsibility of the Secretary of the Section. Compliance will be on the honor system. Each Diplomate will be responsible for keeping track of his/her points. The Section Peer Review Committee will adjudicate disputes and failure to comply with the renewal process. Failure to comply may result in revocation of Diplomate status.

- E. Diplomates who fail to complete the renewal process shall be notified in writing, with a copy to the Board of Directors. Responsibility for revocation of the Diplomate certificate remains with the Board of Directors of the Academy.
- F. Diplomates who have emeritus status as Fellows are not required to meet the renewal requirements