

**THE AMERICAN ACADEMY OF OPTOMETRY
SECTION ON CORNEA, CONTACT LENSES AND REFRACTIVE TECHNOLOGIES
CLINICAL CONTACT LENS DIPLOMATE CANDIDATE'S GUIDE**

Revised: April 2011

Becoming A Diplomat

This guide contains the requirements and the procedures for becoming a Clinical Contact Lens Diplomat in the Section on Cornea, Contact Lenses and Refractive Technologies 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 Clinical Contact Lens Diplomates of the Section on Cornea, Contact Lenses and Refractive Technologies when they have demonstrated a required level of knowledge and expertise in contact lens practice. Completing these requirements shows a deep and broad base of knowledge in all phases of corneal anatomy, physiology and clinical 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.

Candidates Welcome

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.

Requirements for Clinical Applicants

- I. Case Report requirements and Writing Guide
- II. Orientation Meeting
- III. Scheduling Examinations
- IV. Cornea and Anterior Segment Examination
- V. Contact Lens Technology Applications Examination
- VI. Practical Examination
- VII. Oral Examination
- VIII. Repeating Examinations
- IX. Interviews
- X. Application period
- XI. Final Advice

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 head and shoulders photograph of yourself to:

Diplomate Award Program
Section on Cornea, Contact Lenses and Refractive Technologies
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. The topics covered in the case reports will not be the sole topics for examination throughout the Diplomate process. Diplomate candidates will be expected to demonstrate a high level of knowledge across all topics in the field.

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 regraded. **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 submitted double-spaced using Microsoft Word or Word Perfect, with pages numbered. Use of line numbering is encouraged to make it easier for referees to identify specific items for review or comment. Graphic images should be attached as jpeg files or embedding in the case report document. Use image compression or reduce the size and/or resolution of images submitted as possible before embedding in your document. Contact the Case Reports Chair if you are unfamiliar with file compression techniques. **Total file should not exceed 2MB.**
3. Your name and address should appear in the body of the submission email only, but NOT on the case reports. The cover page of the case report should include the Candidate ID number that you will be assigned upon starting the Diplomate process. You should also clearly identify the case report requirement you are intending to fulfill on the cover page (e.g., Requirement 7, a contact lens fitting for keratoconus). 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. Avoid references to institutions that may identify you personally.
4. Write in a clear, concise manner. PLEASE PROOFREAD YOUR REPORTS CAREFULLY. Approach your case reports as if you were preparing them to be submitted for publication in a scholarly journal.

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. Case reports, which typically are 20 to 25 pages in length, must contain the following information:

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.

Please also list the dates of all relevant visits. This helps the case reports chair confirm that the minimum follow-up requirement (6 months in most cases), has been met.

B. Case Report

The Case Report section should consist of the specific findings detailed below, the date and 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): OD:
OS:

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

a. Patient information: must be HIPAA compliant. All identifying names and birthdates must be deleted from text and concealed on any included graphics such as corneal topographies. Patient age, gender, occupation and hobbies should be reported without violating HIPAA regulations. Dates of all visits must be included.

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.

C. 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. 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.

D. 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:

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

E. 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.

F. 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.

G. Case Reports Submission Progress

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 Cornea and Anterior Segment, Contact Lens Technology Applications, 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 any or all of the required 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.

H. Case Report Checklist

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 e-mail indicating the case report category (see above)
- E-mail submission 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

I. 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 or by using track changes options in your word processing program.

J. Additional Case Reports Advice

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 after contact lens wear, 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.

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 sit for all parts of the examination sequence 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 Cornea and Anterior Segment Examination

The Cornea and Anterior Segment examination is designed to evaluate your knowledge of the Cornea and Anterior Segment. The examination will cover anatomy, physiology, pathology, pathophysiology, identification and differential diagnosis of conditions of the adnexa, anterior segment and cornea. Most particularly, questions will be focused on both normal and atypical responses of these tissues to contact lens wear and/or surgical procedures. Questions will attempt to remain germane to clinical practice. Treatment options for these conditions will also be covered. The examination format may contain various media, with fill in the blank and multiple choice questions at the discretion of the author; but some calculations may be required. **The Cornea and Anterior Segment examination will be given the second day of the Academy's annual meeting.** It is typically conducted at the meeting headquarters hotel, the exact location will be announced at the Orientation Meeting and distributed to all eligible candidates prior to the annual meeting. **Two hours are allotted for this examination.**

The following is a guide to studying for the Cornea and Anterior Segment examination. This is not meant to exclusively identify all of those topics that might be covered on the various examinations included in the Diplomate process.

1. Knowledge of basic cornea and anterior segment anatomy and physiology.
2. Ability to identify and differentiate pathologies related to contact lens wear and/or abuse or as induced by other ocular/systemic diseases.
3. The influence of contact lenses and refractive surgery on the metabolism, transparency and integrity of the cornea and conjunctiva.
4. Identify certain conditions as being contraindications for contact lens wear or refractive surgery.
5. Biomicroscopy techniques used in contact lens practice.
6. Pharmacology related to diagnosis and treatment of cornea and anterior segment disease, as well as potential complications of contact lens and refractive technology applications.
7. Understanding of topographical analysis of the cornea as it relates to contact lens care and refractive surgery.
8. Dystrophies and degenerations of the adnexa, cornea and anterior segment.

V. The Contact Lens Technology Application Examination

The Contact Lens Technology Application examination is intended to primarily test and evaluate your knowledge and skill in the application of contact lenses in a clinical setting. Knowledge of other corrective refractive technologies will be expected as a secondary topic. Questions will attempt to remain germane to clinical practice. The examination may contain various media, with fill in the blank and multiple choice questions at the discretion of the author; some calculations may be required. **The Contact Lens Technology Application examination will be given the second day of the annual meeting.** It is typically conducted at the meeting headquarters hotel, the exact location will be announced at the Orientation Meeting and distributed to all eligible candidates prior to the meeting. **Two hours are allotted for this examination.**

The following is a guide to studying for the contact lens and refractive technology examination:

1. Familiarity with current contact lens and refractive technology literature.
2. Familiarity with all types of contact lens designs and modalities (i.e. corneal, scleral, hybrid, gas permeable, hydrogel, silicone hydrogel).
3. Familiarity with contact lens materials and care systems.
4. Major historical developments in contact lenses and refractive technology.
5. Prognosis and contraindications of contact lenses and refractive technology when applied in particular patient scenarios.
6. Biomicroscopy technique as applied to contact lens and refractive technology practice.
7. Principles of refractive technology (e.g., laser surgery, refractive implants, corneal reshaping).
8. Clinical application of the optics of contact lenses, corneal surgery and intraocular lenses and a comparison to the spectacle lens correction of the refractive error.
9. Design, construction and fitting techniques of modern contact lenses of various types.
10. Fitting of specialty contact lenses (e.g. toric, bitoric, aspheric, hybrid, scleral, bifocal, etc.)
11. Management of the contact lens patient, including training, wearing schedules, post-fitting care, complications, etc.
12. Management of the refractive technology patient, including consent, pre-surgical evaluation, surgical technology and technique, post-surgical care, complications, etc.
13. Various fitting philosophies of all types of contact lenses.
14. Pharmacology and hygiene related to contact lens and refractive technology practice.
15. Understanding of topographical analysis of the cornea as it relates to contact lens care and refractive surgery.

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, interpretation of 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. Four-to-Five hours are usually allocated for this examination and lunch will be provided at the examination site.

VII. THE ORAL EXAMINATION

After successful completion of your case reports and all other tests, you will be eligible to sit for the oral examination. This oral examination allows you to demonstrate your knowledge in all of the areas covered by your case reports, the Cornea and Anterior Segment examination and the Contact Lens Technology Application examination. The oral exam is not intended to be a strict defense of your case reports. Rather, it will be your opportunity to prove that you have an above average understanding and knowledge base in all aspects of the field of cornea and contact lenses that would make another Diplomate comfortable sending you one of his or her patients for continued care. It is usually administered by three current Diplomates and will last approximately two hours. 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.

VIII. 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 Cornea and Anterior Segment, Contact Lens Technology Application and/or practical examinations are not successfully completed, you must make additional progress on any outstanding 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 Section on Cornea, Contact Lens and Refractive Technologies 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 and Refractive Technologies, which is granted by the Board of Directors of the American Academy of Optometry. When you complete your requirements, it is requested that you attend the Section on Cornea, Contact Lenses and Refractive Technologies Reception for new Diplomates and the Academy's 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 may require retaking all parts of the examination. Candidates are encouraged to take any and all parts of the examination as soon as possible, in order to advance toward diplomacy.

XI. 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.

American Academy of Optometry
Section on Cornea, Contact Lenses and Refractive Technologies

Select Track: **Clinical Contact Lens** **Clinical Refractive Technologies**
 Research* (Cornea, Contact Lens, or Refractive Technologies)

**For research candidates, please confirm that you meet the Qualifications in the Candidate Guide before applying.*

Candidate's Name: _____

Date of Application: _____

Date Designated as Academy Fellow: ____/____/____

Are you currently a Diplomate in the Cornea, Contact Lens and Refractive Technologies Section of the Academy? Y / N

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
3. Current head and shoulders photograph of yourself

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