

AMERICAN ACADEMY OF OPTOMETRY

VISION SCIENCE SECTION

VISUAL ELECTRODIAGNOSTICS

**DIPLOMATE CANDIDATES
GUIDE**

2001

**VISION SCIENCE SECTION
VISUAL ELECTRODIAGNOSTICS DIPLOMATE PROGRAM
DIPLOMATE CANDIDATES GUIDE
REVISED JUNE 2000**

The Vision Science Section of the American Academy of Optometry welcomes you as a candidate for the Diplomate Program. This guide will serve to acquaint you with the requirements and procedures for becoming a Diplomate of Visual Electrodiagnostics in the Vision Science Section. The Diplomate Program in Visual Electrodiagnostics is designed to recognize Academy members who have achieved an enhanced level of clinical and research knowledge and competence in the area of visual electrodiagnostic testing and assessment. The objectives of the Diplomate Program are to promote and extend knowledge in the field of electrophysiology of vision, to enhance communication between individuals providing visual electrodiagnostic services, to evaluate understanding and certify competence in the performance of visual electrodiagnostic testing and to promote cooperation and interaction between workers in the field of clinical and basic electrophysiology.

An individual who obtains a Diplomate in Visual Electrodiagnostics has demonstrated a unique level of expertise in clinical visual electrophysiology and/or has contributed significantly to knowledge and understanding of visual electrodiagnostic principles and their clinical application through basic scientific and/or clinical research. The field of electrodiagnosis requires knowledge of both basic scientific research in electrophysiology and clinical application of electrodiagnostic tests. Therefore, it is expected that all candidates will have both clinical as well as research duties and/or interests.

We believe that the learning experience on which you are embarking will be a rewarding one. Not only will you profit from the added knowledge that you acquire from your studies, but you will also achieve satisfaction in the recognition of your competency. After you have successfully completed your candidacy, we hope your interest will keep you curious about new advances in the field, and that you will also accept new responsibilities and leadership roles within the Vision Sciences Section.

The Diplomate process involves submitting and having accepted either ten (10) written clinical case reports or the submission and acceptance of three (3) scientific publications demonstrating a significant contribution to the field of clinical visual electrodiagnostics. Candidates are also required to pass both a comprehensive written and oral examination focused on the candidate's expertise and general knowledge of visual electrodiagnostics.

Please review the requirements carefully, and if you have any questions, contact the Diplomate Chair.

Please note that this guide supercedes all previous information and instructions regarding the Diplomate process.

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A. REQUIREMENTS FOR DIPLOMATE

To apply to become a Diplomate Candidate, you must:

1. Be a fellow in good standing of the American Academy of Optometry with at least five years of clinical practice or five years of research in visual electrodiagnostics.
2. Submit an application indicating your desire to become a Diplomate of the Section. The application (at the end of this package) should be submitted together with an application fee of \$100 (made payable to the American Academy of Optometry) prior to June 15 of the year in which any part of the requirements will be attempted. The application should be submitted to:

Visual Electrodiagnostics Diplomate Program
Vision Science Section
American Academy of Optometry
6110 Executive Blvd., Suite 506
Rockville, MD 20852

You will be notified once your application is received, at which time you must complete the following steps:

1. Submit and have accepted ten (10) written clinical case reports or three (3) scientific publications relevant to the field of visual electrodiagnostics. Case reports must cover a broad range of electrodiagnostic testing procedures, with each report focusing on a different class of test (e.g., flash ERG, pattern ERG, multifocal ERG, flash VEP, pattern VEP, binocular VEP, etc.), with no two case reports about the same type of disorder (e.g., nightblinding disease, vascular disease, inflammatory disease, tumors, trauma, etc.). Research papers must include either basic science or clinical research using electrodiagnostic procedures. These papers must be published in peer-reviewed journals and the applicant must be first author.
2. Pass a comprehensive written examination administered by the Diplomate Committee at the Annual Meeting (note that the examination may be repeated). The written examination will include an evaluation of your familiarity with the basic principles of visual electrodiagnostics, your understanding of the international standards for clinical electrophysiology (including the ERG, EOG, and VEP) and your ability to analyze and evaluate clinical visual electrodiagnostic results. A study guide that includes selected required readings (e.g., standardization guidelines, etc.) as well as a list of recommended references will be provided to each candidate at the time their application is received.
3. Pass an oral examination administered by the Diplomate Committee at the Annual Meeting (note that the examination may be repeated). The oral examination will

concentrate on either the clinical case reports or the scientific papers (including cited references) that you have submitted in step 1.

4. Complete an interview administered by the Diplomate Committee at the Annual Meeting.

B. CASE REPORTS AND SCIENTIFIC PUBLICATIONS

1. FORM OF THE CASE REPORT

The purpose of the case reports requirement is not only to demonstrate your knowledge and expertise in the area of visual electrodiagnostics (i.e., your ability to accurately choose and carry out the appropriate tests), but also to demonstrate your skill in effectively communicating your knowledge. This requirement also serves to inform the Diplomate Committee about your patient care skills and serves as a basis for the oral examination.

Case reports should be typed, double-spaced, on plain white bond paper. An original and two copies must be submitted. Write in a clear and concise manner and proofread your reports carefully. Be certain to number your pages and staple in the upper left hand corner. Your name and address should appear on the cover letter only, not on the case reports.

Case reports must cover a broad range of electrodiagnostic testing procedures, with each report focusing on a different class of test (e.g., flash ERG, pattern ERG, multifocal ERG, flash VEP, pattern VEP, binocular VEP, etc.), with no two case reports about the same type of disorder (e.g., nightblinding disease, vascular disease, inflammatory disease, tumors, trauma, etc.). Record the 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 diagnosis and management of the case. Readers from a different background than yours may not understand your clinical “shorthand” or conventions; therefore, use standard terminology.

Do not assume that the reviewers know what you are talking about. You must explain everything in detail, especially with regard to the diagnosis and management of the patient. You are demonstrating your skills and expertise; therefore, case reports involving difficult clinical situations and those that involve problem solving are generally more acceptable than reports where everything is straightforward.

2. CONTENT OF THE CASE REPORTS

All case reports should follow the SOAP format (Subjective, Objective, Assessment, and Plan) and must contain the following information:

- a. Case report topic or title and a one or two paragraph **abstract** of the case.

- b. **History** with the chief complaint, presenting signs and symptoms, eye and medical history, pertinent family eye/medical history, and a brief summary of previous care.
- c. **Diagnostic testing** should include the following information. If certain tests were deleted a rationale should be provided.
 - i. For all reports: visual acuities, refractive status, and ocular health assessment.
 - ii. Each electrodiagnostic test (e.g., ERG, EOG, or VEP, etc.) should list in table form the findings side by side with the lab norms. Appropriate graphical presentations of wave-forms should be included. Stimulus and recording parameters should also be included.
 - iii. Other tests as necessary to support the diagnosis.
- d. **Assessment:** diagnosis, supporting data, relationship of diagnosis to entering complaints.
- e. **Management**
 - i. Discussion of potential treatment options.
 - ii. Outline of management plan with rationale.
 - iii. If applicable, description of any consultations or follow-up with other professionals.
 - iv. Disposition of the case, including results and follow-up care.
- f. **References**

3. SUBSTITUTION OF PUBLISHED CASE REPORTS

To substitute published case report(s) for the required written case reports, the case report(s) must have been published in a refereed journal and you must be the first author. The published case report(s) must be a direct substitute for the required case report. The Diplomate Chair and referees will decide whether or not a published case report is acceptable and meets the substitution requirements. The committee may ask for a supplement to the published case report to clarify certain aspects of the case.

4. SUBMISSION OF SCIENTIFIC PUBLICATIONS

In place of the ten (10) case reports, three (3) scientific publications may be submitted. The scientific publications **can not** be case reports or case reviews. The applicant must be first author on the scientific papers and they must be published in peer-reviewed journals. The topic of the papers may be in any area of the electrodiagnostics field. The Diplomate Committee reserves the right to determine if the submitted papers are acceptable. Contact the Diplomate Chair if you have questions on acceptability.

Combinations of case reports and scientific papers are acceptable to meet this requirement. For example, the applicant can have 1) 10 case reports and 0 scientific papers, 2) 1 scientific paper and 7 case reports, 3) 2 scientific papers and 3 case reports, or 4) 3 scientific papers and 0 case reports.

5. SUBMISSION AND REVIEW PROCESS

The initial case report/scientific publication must be submitted before September 15, in order for the candidate to be interviewed by the Diplomate Committee at that year's annual meeting. (If you are interested in completing the entire Diplomate process in one year, the first case report or all of the scientific publications should be submitted by July 15. If the case report is acceptable, the remaining case reports should be submitted by the September 15th deadline.) Early submission is strongly encouraged to allow adequate time for review and revision (if necessary). Keep in mind that revisions are frequently necessary and each review cycle may take up to six weeks. Please submit three copies of your first case report or the scientific publications to the Diplomate Chair as soon as confirmation of candidacy is received. Do not send all 10 case reports in at once. The Diplomate Chair will assign the case report a coded number and will forward the report to two referees. This insures that the referees do not know the author of the report they are reviewing and guards against any individual bias. If the case report is returned for revision, the comments and critique from the referees need to be addressed by either revising the report or rebutting the comments. Once the initial case report is accepted you should continue to finish the remaining case reports and submit them for review. By following this procedure, the remaining case reports should not require significant revisions.

When the ten case reports, the three scientific publications, or combinations of case reports and scientific publications as mentioned in Section 4 above have been accepted by the Diplomate Chair, you will have completed this phase of the Diplomate process. All ten case reports or the three scientific publications must be accepted by October 1 in order to be eligible to take the written or oral exam at the December meeting.

6. UPDATING OF REQUIREMENTS

From time to time, the Diplomate Committee will make changes in specific case report requirements. You will be required to satisfy the new requirements if you have not previously done so. An exception will be made if the Diplomate Chair is aware that you are currently working on a case report to satisfy the prior requirement, or if you have previously submitted a report to satisfy a prior requirement and are in the process of revising it for resubmission.

C. THE WRITTEN EXAMINATION

1. THE WRITTEN EXAM REQUIREMENTS

After having completed the ten case reports or the three scientific papers, you are eligible to take the written examination. The written exam is designed to evaluate your knowledge of all aspects of visual electrodiagnostics. The examination format is approximately 80 multiple choice questions followed by 10 short answer questions and

one essay question. Three hours are allotted for this examination. The number of questions in each area is approximately:

Subject Area	Questions
ERG	20 – 40
EOG	10 – 20
VEP	20 – 40

2. OBJECTIVES FOR WRITTEN EXAMINATION

The following objectives will be helpful in preparing for the written exam. Each objective has been assigned an 'advanced' or 'basic' level based on the depth and breath of knowledge expected of the candidate.

Electroretinogram

Advanced	1. Describe methods for measuring the ERG (i.e., electrodes, filtering, data analysis, international standards, stimuli, etc.).
Basic	2. Describe the origins of the flash ERG (i.e., A-, B-, C-, D-waves, etc.).
Basic	3. Describe the origin of the pattern ERG.
Advanced	4. Describe the origin and uses of the multifocal ERG.
Advanced	5. Discuss the different conditions under which the ERG would be utilized.
Basic	6. Discuss the effects of different retinal diseases on the ERG.
Advanced	7. Discuss the effects of different pharmacological agents on the ERG.

Electro-oculogram

Basic	1. Discuss the methods for recording the EOG.
Basic	2. Discuss the origin of the EOG.
Basic	3. Discuss the interpretation of the EOG results.
Advanced	4. Discuss different conditions under which the EOG would be utilized.
Basic	5. Discuss the effects of different retinal diseases on the EOG.

Visual Evoked Potential

Advanced	1. Discuss the methods for recording the VEP (flash, pattern, sweep, and multifocal VEP).
Advanced	2. Discuss the origin of the VEP.
Basic	3. Discuss the interpretation of VEP data.
Advanced	4. Discuss different conditions under which the VEP would be utilized.
Basic	5. Discuss the effects of different visual pathway diseases on the VEP.
Advanced	6. Discuss the effects of different pharmacological agents on the VEP.

Differential Diagnosis

Advanced	1. Based on a specific clinical presentation, be able to determine the appropriate tests to perform.
Advanced	2. Based on a constellation of electrodiagnostic results be able to derive a differential diagnosis.

D. ORAL EXAMINATION

After successful completion of the case reports and written exam, you are eligible to take the oral exam. During the examination you will be given the opportunity to defend your case reports and your performance on the written exam. The latter portion enables the committee to ensure that lack of practice in taking examinations does not obscure your knowledge and skills. The oral exam is usually given by three to five Diplomates in a private setting. Typically, there will be a past Section or Diplomat Chair, an educator and a clinician on the examining committee. The written and oral examinations will take place at the Annual Meeting of the American Academy of Optometry in the United States. These examinations will not take place at the International Academy meeting or other meetings. Those eligible for the oral exam will be scheduled between Friday PM and Sunday PM. It is important that the Diplomat Chair know your hotel room number so he/she can contact you to schedule your exam time.

Although a practical examination cannot be administered, clinical skills will be addressed by specific examination questions about patient preparation, knowledge of the international standards for electrodiagnosis, and the differential diagnosis of diseases of the visual system.

E. REPEATING EXAMINATIONS

A minimum score of 75% is required to pass the written and oral exams. Inability to achieve the required level of performance on any one part (written or oral) of the examination necessitates a repetition of that part of the examination at a subsequent meeting of the Academy. Those parts of the examination that were completed successfully need not be repeated (see Section G below for time limitations).

F. INTERVIEW AT ANNUAL MEETING

If you have taken any part of the examination process during the Academy Meeting, you will be given an interview, regardless of whether you have completed all parts of the examination. This will be scheduled on Saturday or Sunday PM. You should contact the Diplomat Chair to schedule this interview. Your progress will be reviewed and the Diplomat Committee will make helpful suggestions. If you have completed all of the requirements, you will be informed at this interview. Upon successful completion of the requirements, you will be nominated for the Diplomat in Visual Electrodiagnostics in the Vision Science Section, which is granted by the Executive Council of the American

Academy of Optometry. When you complete your requirements, it is requested that you attend the Annual Banquet on Sunday evening, where you will be introduced as a new Diplomate in Visual Electrodiagnostics.

G. APPLICATION PERIOD

The candidate has a five-year period from the date of receipt of the application to complete the Diplomate requirements. Failure to satisfy the requirements during that period will necessitate a resubmission of your application and application fee as well as a repeat of any parts of the examination previously completed. You may elect to complete all four parts in one year or spread the individual parts over the five-year period.

H. RENEWAL REQUIREMENTS

Diplomate renewal is required every 5 years. Renewal is recommended by the Vision Science Section upon advice from the Visual Electrodiagnostics Diplomate Committee. Renewal is achieved by submitting annually a “Report of Activities for Renewal Credit” to the Visual Electrodiagnostics Diplomate Committee. This report will be used for review of the previous year’s activities. This report should contain evidence of continuing clinical or scholarly activity and may include evidence of activities outside of the Academy. Evidence of continuing activity may include (but is not limited to the following):

- Direct visual electrodiagnostic patient care,
- Teaching clinical visual electrophysiology,
- Participation in the Annual Academy Meeting by presenting a paper or poster or participating in a symposium,
- Membership on the Visual Electrodiagnostics Diplomate Program Committee, or
- Publication in peer reviewed journals.

Extenuating circumstances (e.g., illness, leadership roles within optometry) may result in an extension of the renewal period at the discretion of the Executive Committee. Should the evidence of continuing activities be insufficient, a written and oral examination will be required.

The beginning of the renewal period for a new Diplomate is initiated the calendar year following the award of Diplomate status. For the individual who already is a Diplomate and is renewing his/her Diplomate status, the renewal period begins the calendar year following the end of the fifth year of the initial or renewal award of Diplomate status. Those requesting Diplomate renewal will be notified of their renewal status the following calendar year (i.e., the first year of the next 5-year renewal period) to allow individuals to use the activities from the last (fifth) renewal year’s Academy meeting. For example, if Diplomate status was awarded in 1999, the 5-year renewal period runs from January 2000 to December 2004. Because 2004 is the last year of the 5-year renewal period, the last year’s (i.e., 2004) “Report of Activities” form will be sent out after the 2004 Academy meeting (i.e., early 2005). The individual will be asked to return his/her completed form

promptly so that the Renewal Committee can provide the Vision Science Section and the Executive Council of the Academy with its recommendations. Diplomates will be notified of the Renewal Committee's recommendation by September 1. They will be notified of the Executive Council's decision after the fall Executive Council meeting. Diplomates who receive renewal status will be announced officially at the next annual meeting.

I. INACTIVE STATUS

A Diplomate may request a change to "inactive" status by submitting a letter to the Visual Electrodiagnostics Diplomate Committee, *requesting* to be placed in this category for reasons listed in his/her letter. While on inactive status the individual will be:

- listed as "inactive" on any listing of Diplomates,
- ineligible to hold a position on the Visual Electrodiagnostics Diplomate Committee,
- ineligible to administer either the written or the oral examinations,
- and ineligible to vote on issues pertaining to the Visual Diagnostics Diplomate within the Vision Science Section.

However, he/she will be encouraged to continue to be active in the Diplomate program and to participate in all other areas of the Academy. Reinstatement to Active Status will be achieved by completing and having accepted the "Report of Activities for Renewal Credit".

J. RETIRED STATUS

A change to retired status is instituted by sending a letter to the Diplomate chair stating the intent to retire from clinical practice and/or from clinical or basic scientific visual electrodiagnostic research. Retired status Diplomates do not have to submit yearly renewal information.

K. RECOMMENDED STUDY REFERENCES

It should be understood that no reading list could be all encompassing due to the voluminous amount of published material. In addition, most books are prepared and published several years before the copyright date. As a result, we expect the diplomate candidate to be current. This requires a review of recent journal articles. To prepare for the diplomate examination, the candidate must pay close attention to the exam objectives and do whatever reading and review might be necessary to achieve competence in these areas.

GENERAL

Principles and Practice of Clinical Electrophysiology of Vision. Heckenlively JR, and Arden G B. Eds. Mosby Year Book, 1991.

Electrophysiologic Testing in Disorders of the Retina, Optic Nerve and Visual Pathway. Fishman GA, Sokal S. American Academy of Ophthalmology, Monograph Series, 2, 1990.

Electrodiagnostic Testing of the Visual System. Carr RE, Siegel IM , FA Davis Co. Philadelphia, 1990.

Baitech LW: Visual Electrodiagnosis: Strategic Approaches to Ocular Pathology. In: Clinical Optometric Pharmacology and Therapeutics, B Onofrey, Ed., Ch. 82, pp. 1-38. J.B. Lippincott Publishing Co., Philadelphia, 1993.

Spekreijse, H and Riemsdag, FCC: Gross potential recording methods in Ophthalmology. In: Vision Research: A Practical Guide to Laboratory Methods, RHS Carpenter and JG Robson, ED. (1999), Ch. 8, pp. 187-244. Oxford University Press.

Brigell, M and Celesia, GG (1992) Electrophysiologic evaluation of the neuro-ophthalmology patient: An algorithm for clinical use. Seminars in Ophthalmology, 7:65-78.

ERG

Brown, KT (1968) The electroretinogram: Its components and their origin. Vision Res 8:633-677.

Norden, LC. The electroretinogram: concepts and clinical applications. (1979) J Am Optom Assoc 50:81-87.

Standard for Clinical Electroretinography. International Standardization Committee. Arch Ophthalmol 1989, 107: 816-819.

McAllan A, Shin J, and Aylward GW (1989) The effect of gold foil electrode position on the electroretinogram in human subjects. *Vision Res* 29:1085-1087.

Biersdorf, WR (1990) The clinical utility of the foveal electroretinogram: A review. *Doc Ophthalmol* 73:313-325.

Standard for Clinical Electroretinography (1994 Update). The authors are Marmor M. F. and Zrenner E. for the International Society for Clinical Electrophysiology of Vision. *Doc Ophthalmol* 1995;89:199-210.

McCulloch DL, Van Boemel GB, and Borchert MS. (1998) Comparisons of contact lens, foil, fiber and skin electrodes for pattern electroretinograms. *Doc Ophthalmol* 94:327-340.

Marmor MF, Zrenner E. Standard for clinical electroretinography (1999 update). *Doc Ophthalmol* 97:143-156.

Frishman L (1991) The scotopic threshold response. In Heckenlively JR and Arden GB (eds): *Principles and Practice of Clinical Electrophysiology of Vision*, pp 121-124. St. Louis, Mosby Year Book.

Pattern ERG

Marmor MF, Holder GE, Porciatti V, Trick GL, Zrenner E (1996) Guidelines for basic pattern electroretinography. Recommendations by the International Society for Clinical Electrophysiology of Vision. *Doc Ophthalmol* 91:291-298.

Arden GB, Vaegan, and Hogg CR (1982) Clinical and experimental evidence that the pattern electroretinogram (PERG) is generated in more proximal retinal layers than the focal electroretinogram (FERG). *Ann NY Acad Sci* 388:580.

Maffei L, Fiorentini A, Bisti S, et al. (1985) Pattern ERG in the monkey after sections of the optic nerve. *Exp Brain Res* 59:423.

Multifocal ERG

Sutter EE (1991) The fast m-transform: a fast computation of cross-correlations with binary m-sequences. *Soc Ind Appl Math* 20:686-694.

Sutter EE and Tran D (1992) The field topography of ERG components in man, I: the photopic luminance responses. *Vision Res* 32:433-466.

Bearse MAJ and Sutter EE (1996) Imaging localized retinal dysfunction with the multifocal electroretinogram. *J Opt Soc Am* 13:634-640.

EOG

Riemsdag FCC, Verduyn Lunel HFE, and Spekreijse H. (1990) The electro-oculogram: A refinement of the method. *Doc Ophthalmol* 73:369-375.

Standard for Clinical Electro-oculography. Marmor M. F. and Zrenner E. , *Arch Ophthalmol* 1993, 111, 601-604.

Marmor MF, Zrenner E (1993) Standard for clinical electro-oculography. *Doc Ophthalmol* 85:115-124.

Marmor MF (1995) An updated standard for clinical electrophysiology. *Arch Ophthalmol* 113:1375-1376.

Marmor MF (1998) Standardization notice: EOG standard reapproved. *Doc Ophthalmol* 95:92.

VEP

Freeman RD and Thibos LN (1975) Visual evoked responses in humans with abnormal visual experience. *J Physiol* 247:711-724.

Celesia GG (1984) Evoked potential techniques in the evaluation of visual function. *J Clin Neurophysiol* 1:55-76.

Harding GFA, Odom JV, Spileers W, Spekreijse H (1996) Standard for visual evoked potentials. *Vision Res* 36:3567-3572.

Meridith JT, Celesia GG (1982) Pattern-reversal visual evoked potentials and retinal eccentricity. *Electroencephalogr Clin Neurophysiol* 53:243.

Srebro R (1985) Localization of visually evoked cortical activity in humans. *J Physiol* 360:233.

Mitzdorf U and Singer W (1979) Excitatory synaptic ensemble properties in the visual cortex of the macaque monkey: A current source density analysis of electrically evoked potentials. *J Comp Neurol* 187:71.

Mitzdorf U (1986) The physiological causes of VEP: Current source density analysis of electrically and visually evoked potentials. In Cracco RQ, Bodis-Wollner I (eds): *Evoked Potentials*, pp 141-154. New York, Alan R. Liss.

Norcia AM and Tyler CW (1985) Spatial frequency sweep VEP: Visual acuity during the first year of life. *Vision Res* 25:1399.

Baitch LW, Ridder,III, WH, Harwerth, RS, and Smith,III EL (1991) Binocular beat VEPs: Losses of cortical binocularity in monkeys reared with abnormal visual experience. *Inv Ophthalmol Visual Sci* 32:3096-3103.

Calibration and Recording

Brigell M, Bach M, Barber C, Kawasaki K, Kooijman A (1998). Guidelines for calibration of stimulus and recording parameters used in clinical electrophysiology of vision. *Doc Ophthalmol* 95:1-14.

ISCEV WEBSITE WITH STANDARDS

WWW.ISCEV.ORG/AUG/ISCEV/STANDARDS/INDEX.HTML

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**APPLICATION
FOR VISION SCIENCE SECTION
EMPHASIS: VISUAL ELECTRODIAGNOSTICS
DIPLOMATE CANDIDACY
American Academy of Optometry**

Name _____ Date _____

Office

Address _____

Phone _____ Fax _____ Email _____

Home

Address _____

Phone _____ Fax _____ Email _____

Where do you want mail sent? Office [] Home []

- ATTACHED IS:
- [] Scope of Practice/Teaching/Research Information Sheet.
 - [] Curriculum Vitae [to include: professional education, professional experience (clinical, teaching, research), professional affiliations, presentations at scholarly meetings (not CE), refereed journal publications, honors and awards, community/professional service]
 - [] Check for \$100, made out to the American Academy of Optometry.

I understand that I have five (5) years, which includes the next five (5) Academy meetings, to complete the requirements for the Visual Electrodagnosis Diplomate. If I have not successfully completed these requirements after this time, I will have to start the entire process over if I plan to continue in the program.

Signature _____

** Please return this application form, with attachments, to:

Vision Science Section Diplomate Program
American Academy of Optometry
6110 Executive Blvd., Suite 506
Rockville, MD 20852
(301) 984-1441, fax (301) 984-4737, web address aaopt.org

**VISUAL ELECTRODIAGNOSTICS
SCOPE OF PRACTICE INFORMATION**

Approximately how many of the following types of diagnostic evaluations do you participate in each month?

	Perform Yourself	Supervise
Flash ERG	_____	_____
Pattern ERG	_____	_____
Multifocal ERG	_____	_____
 EOG	 _____	 _____
Flash VEP	_____	_____
Pattern VEP	_____	_____
Sweep VEP	_____	_____
Multifocal VEP	_____	_____

Approximately how many of the following types of diagnostic evaluations have you performed in the last two years?

	Perform Yourself	Supervise
Flash ERG	_____	_____
Pattern ERG	_____	_____
Multifocal ERG	_____	_____
 EOG	 _____	 _____
Flash VEP	_____	_____
Pattern VEP	_____	_____
Sweep VEP	_____	_____
Multifocal VEP	_____	_____