

CANDIDATES' GUIDE

American Academy of Optometry Low Vision Section Clinical Low Vision Diplomate Program Guide (Revised December 2003)

This guide contains the requirements and procedures for becoming a Diplomate in the Low Vision Section of the American Academy of Optometry. It supersedes all previous editions and is subject to change by consensus of the Low Vision Diplomate Executive Committee and approval of the Executive Council of the Academy.

The Diplomate status in Low Vision is a recognition of academic and clinical achievement. The objectives of the Diplomate in Low Vision Program are defined as:

- The development of a cadre of individual Fellows who have a shared interest in the care of the visually impaired and who will work with the Academy and profession of optometry to foster research and advancement of knowledge in this specialty area.
- The establishment of the Diplomates as a group of Fellows with expertise in the field of low vision care who would be available to consult and share knowledge with other Fellows and/or accept internal referrals from other Fellows as appropriate for patient care, lectures, or administrative responsibilities.
- Development of a group of Fellows who will meet annually at the AAO to stimulate discussions with fellow Diplomates to advance knowledge for themselves and for the education of others.

The Low Vision Section encourages all Fellows of the Academy with interest and expertise in Low Vision Care to become applicants to the Low Vision Clinical Diplomate Program.

The current Low Vision Diplomates comprise a diverse group, with just under one half in private practice, many having part or full time responsibilities in Schools or Colleges of Optometry, and some serving in rehabilitation centers or hospital settings. Ongoing participation in the activities of the Diplomate program encourages Diplomates to share and build upon their collective knowledge and skills. Diplomate status must be renewed every five years by documenting continued interest and activity in low vision. This helps ensure that the status as a Clinical Low Vision Diplomate indicates maintenance of a high standard of expertise in the field.

Also available: RESEARCH LOW VISION DIPLOMATE PROGRAM GUIDE

The Low Vision Section also welcomes applicants who do not provide patient care, but who have special expertise and interest in low vision, and who have made significant research contributions resulting in improved knowledge directly related to the science of low vision. Such expertise may be recognized through the Research Diplomate in Low Vision.

Interested individuals should request a copy of the research Low Vision Diplomate Program Guide from the current program chairperson. (See listing of executive committee at the end of this guide.)

Considering Candidacy in the Low Vision Clinical Diplomate Program

Expected qualifications of applicants: Extensive involvement in low vision care is expected of applicants. The Executive Committee of the Diplomate Program encourages potential candidates to review and consider their own credentials prior to application to the Diplomate Program. They must have at least the equivalent of one year half-time involvement in low vision clinical care (according to criteria described below under application requirements). They are encouraged to have engaged in at least two of the following professional activities in low vision: publication, teaching, public presentations, community or professional service, residency training. Deficiencies in these areas may highlight areas for growth and special attention in the candidacy process, or may suggest that additional experience should precede application.

Application requirements:

- Fellowship in the American Academy of Optometry
- Submission to the current Chairperson of the Diplomate Program* of:
 - a \$100.00 nonrefundable fee (payable to the American Academy of Optometry)
 - a curriculum vitae (CV)
 - documenting at least “5 points” worth of low vision clinical exposure (with a maximum of 4 points for any one year) according to the following criteria:
 - direct patient care: one point per ½ day per week
 - the first ½ day per week = 1-3 patients
 - each additional ½ day per week = 3 patients
 - clinical teaching of optometry students or residents in a recognized institution or externship: one point per ½ day per week
 - highlighting professional activities in low vision including publications, teaching, public presentations, community or professional services, and any residency training.

Application deadline: Application by June 1 usually allows some examinations to be taken at the annual Academy meeting in December of that year.

Examination process: Advancement to Diplomate status is achieved by completing each of the following sections: a) Case Reports (five), b) Written Examination, c) Ocular Disease Examination, d) Practical Examination, and e) Oral Examination. One case report must be accepted in order to sit for the Ocular Disease Examination, while three must be accepted before the Practical Examination and five must be accepted before the Oral Examination.

New candidates receive specific instructions and reading lists relating to the various segments of the examination process. A mentor is assigned. Attendance at low vision courses of the Ellerbrock Program and at activities of the Low Vision Section during the Annual Academy Meeting is considered useful additional preparation. More information about the examination is included in the pages that follow. Examinations are given at the AAO Annual Meeting, usually during the Ellerbrock Memorial Continuing Education Program.

Candidacy period: A candidate is expected to complete all portions of the examination process by the fifth consecutive Academy meeting following acceptance into the program. At each AAO Annual Meeting during this period, candidates may choose to take some or all of the parts of the examination for which they may be eligible that year. Candidates are encouraged to schedule their examinations over two or more years. Failure to complete all requirements during this five year candidacy period would necessitate re-application to the program, including an additional \$100.00 application fee, and re-taking of all parts of the examination in order to continue working toward Diplomate status. The Low Vision Diplomate Executive Committee reserves the right to extend the candidacy period for specific candidates based on individual circumstances.

Interviews at the AAO Annual Meeting: Candidates who have taken any part of the examinations for the Diplomate status in low vision during the A.A.O. Annual Meeting will be given an interview to review performance and provide feedback. Candidates are encouraged to work closely with their assigned mentors to assist them in areas that have been identified as needing additional study.

Awarding of Diplomate in Clinical Low Vision: Upon successful completion of all requirements, candidates are nominated for Diplomate status, which is granted by the Executive Council of the American Academy of Optometry upon recommendation of the Low Vision Section. Approved nominees are asked to attend the Annual banquet at which they are officially introduced as new Diplomates in Low Vision.

Clinical Diplomate Renewals: The Clinical Diplomate status must be maintained. The Diplomate Program represents a cadre of Fellows who have an active and knowledgeable involvement in the field of low vision. Clinical Diplomates will be expected to renew their status every five years according to specific criteria assigning points for clinical and other activities. They will need to generate 40 points in five years, with a minimum of eight points in three of those years. At least 5 points must be for clinical exposure, with at least 1 point in each of four years.

* See listing of current Low Vision Clinical Diplomate Executive Committee.

American Academy of Optometry
Low Vision Diplomate Program

Application for Low Vision Diplomate Candidacy

Name: _____ Date: _____

Office address: _____

Office phone: _____

Office fax: _____ E-mail: _____

Home address: _____

Home phone: _____

I prefer correspondence sent to: Office [] Home [] **by** mail [] fax [] e-mail []

Attachments: [] Curriculum Vitae
 [] Check to the American Academy of Optometry for \$100.00

I understand that I have five (5) years, which includes the next five (5) Annual Academy Meetings, to complete the requirements for the Low Vision Diplomate. If I have not successfully completed these requirements after this time, I will have to start completely over if I plan to continue in the Diplomate Program.

Signature _____

Return application with attachments to the Vice Chairperson of the Low Vision Diplomate Program:

William O'Connell, OD
32 Anpell Drive
Scarsdale, NY 10583
Phone: 212-780-5040/914-683-7500
Fax: 212-780-5207
E-mail: seehuntny@hotmail.com

**American Academy of Optometry
Low Vision Diplomate Program**

Candidates Guidelines for Case Reports

1. **Types of Case Reports:** Five case reports are required involving patients with the following characteristics:
 - **Age related macular degeneration**
 - **Diabetic retinopathy and requiring both low vision devices and other rehabilitative services**
 - **Retinitis pigmentosa with resultant major visual field defect**
 - **Oculo-cutaneous or ocular albinism**
 - **Any cause of reduced vision and requiring a spectacle mounted telescope system**

One of the five cases must be about a child no older than 15 years of age. Often this requirement is met with a case about a child with albinism or a child fitted with a spectacle mounted telescope. Another option is to satisfy two requirements with a single case (e.g. d&e, a&e, etc.), thus leaving the fifth case to be about a child with any diagnosis. If you have questions about the appropriateness of a case or questions about meeting the topical requirements, please contact the Case Reports Chairperson.

You should choose cases that will allow you to demonstrate your skill and expertise. Reports which solve interesting problems or involve difficult situations are generally more acceptable than reports in which everything progresses predictably and smoothly.

DO NOT SEND ALL FIVE CASE REPORTS IN AT THE SAME TIME. An initial case should be submitted. Once the first one has been reviewed and returned to you, you can begin work on the rest of the cases. The comments from the referees not only help in any revision required for the first case, but may save you considerable time and effort in writing the subsequent cases.

2. **Published Articles Submitted in Lieu of Case Reports:** You may substitute a published article, paper, or chapter in a textbook for a case report. A maximum of two such substitutions are permitted. You must have been a principal author and it must have appeared in an accepted journal or monograph. The publication must be submitted to the case Reports Chairperson in triplicate. It is then sent to a team of referees who determine its acceptability as a substitute for a case report. Publications substitute for case reports on similar topics (e.g, publication on prescribing of spectacle mounted telescopes substituting for case report “e” described above). Publications on other low vision topics can substitute only for the albinism or diabetic retinopathy case reports.
3. **Format of Case Reports:** Candidates are to submit each case report to the Case Reports Chairperson either as a hard copy document or as a word processed document preferably in Microsoft Word and sent by e-mail to the Case Reports chairman. We are pleased to be able to offer you the option of submitting cases by e-mail. Both hard copy and electronic versions

should have the following physical format characteristics: Case reports should have the following format:

- Double-spaced
- 1 ½ inch margins
- All pages numbered
- A title page which does not include your name and address
- An accompanying cover letter which does include your name and address

If you choose to submit via hard copy, submit an original and two copies typed or printed using a letter quality printer with plain white paper. DO NOT use binders or folders.

If you choose to submit electronically, you must also send a hard copy to the Case Reports Chairperson. Electronic copies should be created and submitted as follows:

- Use a standard word processing program (e.g. Microsoft Word or Word Perfect).
- Avoid formatting such as bold, italics, outlining, tables, etc. which may be lost in the transfer.
- Create a new message within your e-mail program addressed to the Case Reports Chairperson.
- Identify the word processing file as an attachment to the e-mail message.
- Send e-mail message to the Case Reports Chairperson, who will then review it and forward it on to the other referees via e-mail.

General Guidelines for Content of Case Reports

- Do not assume that the readers know what you are thinking.
 - Explain everything in detail, especially with regard to testing methods, impressions of visual status, and rationales for management decisions.
 - Use clear, concise language.
 - Avoid extraneous information.
 - Proofread carefully for spelling, grammar, and typing errors.
 - Watch for “shorthand” that readers with a different background might not understand. It is advisable not to use abbreviations that are not commonly accepted optometric terms.
 - AVOID IDENTIFYING YOURSELF (e.g., avoid mention of your name, practice, institution, state, etc.)
 - It is recommended (although not required) that you use cases that you have followed for a sufficient amount of time to demonstrate to reviewers that you have provided complete follow-up care.
 - The average case report length has been a minimum of twenty (20) pages.
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- **Specific Guidelines for Content of Case Reports**
 - Patient identification: initials, age, gender, and present or former occupation.
 - History
 - Examination
 - Visual status
 - Acuties
 - Refractive error

- Reading performance
 - Ocular motility and binocularity
 - Visual fields
 - Other appropriate visual functions, such as contrast sensitivity, color vision, response to high and low light levels, etc. as indicated.
- Ocular status (including but not limited to)
 - Anterior segment
 - Posterior segment
 - Intraocular pressures
 - Other diagnostic procedures, such as electrophysiologic testing, as indicated.
- Impressions
 - Visual status
 - Ocular diagnosis and prognosis
 - Visual requirements, goals, and objectives
 - Special considerations for rehabilitation (e.g., patient age, cognitive status, adjustment to vision loss, expectations and motivation, and availability of technology and support)
- Consideration of patient management options (e.g., vision enhancement with optical, video, or electronic systems, vision substitution strategies, training, support, referral, etc.):
Discuss the range of available options
 - Indicate how you decided which categories of options to test.
 - Explain why you selected specific low vision devices for testing.
 - Describe how you evaluated patient performance.
 - Provide specific performance information for options tested.
- Patient management plan
 - Recommend or prescribe glasses, devices, or other equipment
 - Specific items
 - Rationale(s), including advantages and disadvantages
 - Recommended training or services
 - Specific items
 - Rationale(s), including advantages and disadvantages
 - Counseling of the patient and any relevant caregivers
 - Response of patient and any relevant caregivers to counseling and to plan
 - Coordination of care with other care providers
- Follow-up: Return visits and other subsequent contacts
 - Outcome of patient management plan
 - Modification of patient management plan
- Discussion, summary, conclusions
A general discussion of why you managed the patient as you did, what problems you encountered, problems you might have expected but did not encounter, and how you might have approached things differently if other resources had been available you.

- 4. Time Schedule for Submitting Case Reports:** Submission and acceptance of case reports is required in order to progress through the Diplomate examination process. A candidate becomes eligible to take a particular examination or examinations during the annual December meeting when a specific number of case reports (or journal articles) have been accepted, as indicated below.

<u>Examination</u>	<u>Case Reports Accepted</u>
Written	0
Ocular Disease	1
Practical	3
Oral	5

Case reports must be submitted by September 15 to be considered for acceptance before the annual meeting that year. Early submissions are strongly encouraged since revisions are frequently necessary and each review cycle can take up to four weeks. No more than two cases may be submitted at the September 15th deadline to be reviewed for the annual meeting in that year.

- 5. Review of Case Reports:** Case reports are sent to at least two referees for review. We attempt to mask the identity of the case report's author from the referees. It is, therefore, important that candidates avoid including any identifying information in their reports. For example, do not use your own name, mention your practice or institution's name, or indicate in which state you practice. We also attempt to mask the identity of the referees from the candidates. Final decisions are made by the Case Reports Chairperson.

Questions concerning the administration of the Case Reports should be directed to the designated member of the Low Vision Clinical Diplomate Executive Committee. See current listing at the end of this guide.

**American Academy of Optometry
Low Vision Diplomat Program**

Candidate's Guidelines for the Written Examination

The written examination is designed to test and evaluate your knowledge of all aspects of low vision care and management including epidemiology, and clinical signs and symptoms of low vision; clinical examination techniques and procedures; diagnosis, prognosis, and management of low vision; and optical and non-optical low vision devices. The candidate may take the written exam without any case reports being accepted.

The examination consists of approximately 50 multiple-choice items which evaluate your knowledge in the six topic areas listed below, and 8 essay items which evaluate your analysis and management skills related to a specific low vision case.

Category I: Epidemiology, etiology, symptomology, genetics, and definitions related to low vision; and case history.

Category II: Observation and recognition of clinical signs of low vision; and examination techniques and procedures for the low vision patient including:

- measurement and notation of visual acuity
- objective and subjective refraction
- determination of the magnification needs of the patient
- determining the status of binocular vision
- measurement of the visual fields
- selection and demonstration of distance and near devices
- assessment of the characteristics of printed materials and reading skills
- assessment of glare sensitivity and the effects of illumination

Category III: Diagnosis, prognosis, and management of the low vision patient including:

- A. prescribing of optical and non-optical devices for distance and near viewing
- B. assessment of personal, social, vocational, avocational, and psychosocial patient needs
- C. referral for non-optometric rehabilitation services
- D. follow-up care

Category IV: Telescopes including:

- A. magnification principles and characteristics of telescopes for distance and near
- B. accommodation through a telescope
- C. fitting of bioptic telescopes and telemicroscopes
- D. verification of a telescope
- E. training patients in the use and care of telescopes

Category V: Microscopes and loupes including:

- A. magnification principles and characteristics of microscopes and loupes
- B. accommodation through a microscope and loupe
- C. fitting of microscopes and loupes
- D. verification of microscopes and loupes
- E. training patients in the use and care of microscopes and loupes

Category VI: Other optical and non-optical devices including:

- A. optical principles and characteristics of visual field enhancement devices, CCTV systems, and glare control devices
- B. fitting of visual field enhancement and glare control devices
- C. types and uses of non-optical devices
- D. training patients in the use and care of visual field enhancement, glare control, and non-optical devices

Scoring of the Written Examination

A score of 75% or better is required to complete the written exam. (2002)

Questions concerning the administration of the Written Examination should be directed to the designated member of the Low Vision Clinical Diplomate Executive Committee. See current listing at the end of this guide.

**American Academy of Optometry
Low Vision Diplomate Program**

**Candidate Guidelines for the
Ocular Disease Examination**

I. Purpose

The purpose of the AAO Low Vision Diplomate Ocular Disease Examination is to assess a candidate's knowledge and clinical decision-making related to ocular diseases and disorders of the visual system that are important in low vision practice.

II. Format of the Examination

This is a two-hour, closed-book/closed-notes examination. The format of questions may be multiple choice, fill-in-the-blanks, short answer, and short essay. Some questions involve review of clinical slides. There are typically two or three sections to the examination.

Section I of the exam will be identification of ocular diseases as presented on color slides.

Section II of the exam will be specific essay questions about the disorders.

Section III will be about low vision management of specific disorders.

III. Grading of the Examination

A score of 75% on each section is required for completion of the Ocular Disease Examination.

Candidates will have the opportunity during the examination to make written comments of any concerns or critiques they may have about particular exam questions. Such comments will be considered prior to grading the examination, and may result in some questions being deleted from scoring.

IV. Disorders Covered on Examination

A wide range of disorders may be covered by the examination. The following list is offered as a guide to the disorders constituting the main focus of the examination. Importantly, not all disorders listed will be on the examination, and disorders not listed may be on the examination.

Disorders within the Main Focus of the AAO Low Vision Diplomate Ocular Disease Examination			
1	Achromatopsia	18	juvenile macular degeneration
2	age related macular degeneration	19	macular holes
3	angioid streaks	20	Marfans syndrome
4	Aniridia	21	myopic maculopathy
5	anterior ischemic optic neuropathy	22	nystagmus (congenital)
6	Best's disease	23	ocular albinism
7	branch vein occlusion	24	oculocutaneous albinism
8	Cataract	25	optic atrophy
9	central artery occlusion	26	optic nerve hypoplasia
10	central retinal vein occlusion	27	presumed ocular histoplasmosis
11	choroidal rupture with commotio retina	28	retinal detachment
12	Choroideremia	29	retinitis pigmentosa
13	Coloboma	30	retinopathy of prematurity
14	congenital cataract	31	rubeosis irides
15	diabetic retinopathy	32	stroke
16	epiretinal membrane	33	toxoplasmosis
17	Glaucoma		

Aspects of Disorders Covered on Examination

A. Diagnosis

Know key clinical findings and any non-standard clinical tests required to make the diagnosis.

Know key differential diagnoses.

Know basics of the underlying pathogenesis.

B. Recognition of Major Sub-types

Know major clinical sub-types of certain disorders that determine features such as eligibility for treatment, prognosis, visual consequences, heritability, and systemic complications.

Example: Know important sub-types for disorders such as diabetic retinopathy, age related macular degeneration, and oculocutaneous albinism.

C. Medical and Surgical Treatment

Know main current medical and surgical treatments for each disorder and its main sub-types.

Know basic eligibility criteria and procedures involved in these treatments.

D. Disease Course with Treatment

Know expected outcomes with various treatments by disorder.

E. Natural History without Treatment

Know expected outcomes without treatment by disorder.

F. Visual Consequences

Know range of clinically measurable vision deficits associated with specific disorders.

1. Distinguishing Aspects of Low Vision Rehabilitation

Know specific rehabilitation goals or management options and issues in co-management and patient counseling which are particularly likely to be of value in a given disorder based on the disease course, natural history, visual consequences, and state of the art in low vision management.

VI. Preparation for the Examination

Slide Recognition:

The slides presented are from clinical practices and have not been published. They include images of anterior and posterior segments, and may include images of fluorescein angiograms, visual field test results, or other clinical studies.

The slides presented here are intended to determine whether the candidate can recognize key distinguishing features of a photographic image and can select the most likely ocular diagnosis. For example, what features would allow one to differentiate maculopathy caused by presumed ocular histoplasmosis from maculopathy caused by exudative age-related maculopathy or toxoplasmosis?

A photographic image of an eye certainly contains less information than is available when examining an actual patient. Supplemental information will accompany some slides, as judged necessary.

Clinical experience with ocular examination, understanding of clinical presentations of various disorders, and review of published photographs would be expected to be useful in preparing candidates for this section.

Disease Management Topics:

Candidates should be familiar with the major findings of the following clinical trials:

1. Age Related Eye Disease (ARED) Study
2. Treatment of Age Related Macular Degeneration with Photodynamic Therapy (TAP) Study

3. Macular Photocoagulation Study
4. Branch Retinal Vein Occlusion Study
5. Central Vein Occlusion Study
6. Early Treatment Diabetic Retinopathy Study
7. Diabetic Retinopathy Study

Review of Ocular Disorders and Implications for Low Vision Care:

The following reference books and textbooks (listed in reverse chronological order), have information that may be useful for candidates in preparing for this examination. Comments are offered about each. A link to online ordering through the publisher or a distributor is offered for most.

The Lighthouse handbook on vision impairment and vision rehabilitation. (2000). New York: Oxford University Press. (Comment: Many excellent chapters. Table of contents can be reviewed on line.)

Ordering website: <http://www.oup-usa.org/reference/lighthouse/>

Brilliant, R. Essentials of low vision practice. (1999) Woburn, Massachusetts. Butterworth-Heinemann. (Comment: See especially chapter 6: Common disorders encountered in low vision)

Ordering website: <http://www.bhusa.com/optometry>

Alexander, L., Primary care of the posterior segment. (2nd edition) (1994) New York: McGraw Hill. (Comment: Many excellent chapters. Does not cover specific implications for low vision care.)

Ordering website:

<http://navigation.helper.realnames.com/framer/1/112/default.asp?realname=Appleton+and+Lange&url=http%3A%2F%2Fwww%2Eappletonlange%2Ecom&frameid=1&providerid=112&uid=17542619>

Nowakowski, R. Primary low vision care. (1994) East Norwalk, Connecticut. Appleton and Lange. (Comment: See especially chapter 25: Genetic counseling)

Ordering website:

<http://www.amazon.com/exec/obidos/ASIN/0838579809/qid%3D1002563522/ref%3Dsr%5F11%5F0%5F1/107-6210374-3806144>

Jose, R. Understanding low vision. (1983) New York: American Foundation for the Blind. (Comment: Introductory chapter on vision disorders may be useful.)

Ordering website:

http://www.amazon.com/exec/obidos/ASIN/0891281193/qid=1002572378/sr=1-2/ref=sr_1_0_2/107-6210374-3806144

Faye, E. Clinical low vision (2nd edition). (1976) Boston: Little, Brown. (Comment: Useful, but out of print; try libraries)

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**AMERICAN ACADEMY OF OPTOMETRY
LOW VISION DIPLOMATE PROGRAM**

Low Vision Practical Examination

Instructions to Candidates

The candidate must have had at least three case reports accepted to take the practical exam.

This examination will consist of a low vision evaluation (examination) of a low vision patient. You are to obtain a case history and all objective and subjective data necessary to determine the disposition of the case. You will be observed throughout the examination by two or three proctors. These proctors are low vision diplomates. **DISCUSS OUT LOUD WHAT YOU ARE DOING AND WHY!!** The proctors may want you to skip some procedures, giving you additional data and having you move on to the next test. If you would normally do a procedure and do not see the equipment to do it, mention it. You will be given a maximum of one hour for the examination, and fifteen minutes to write your final recommendations. We realize that one hour is not enough time to do a complete low vision evaluation. These recommendations should include everything important to the rehabilitation of the patient.

Most of the equipment needed to examine the patient will be provided, but you should bring your own retinoscope and ophthalmoscope. You will have 15 minutes prior to the exam to prepare your room. Also, if you are used to using a particular aid or instrument during your examination procedure, you may bring them with you.

The proctors will be interested in the following:

1. The rapport you establish with your patient.
2. The tests you perform and the skill you display.
3. Your knowledge of the aids and why you used them.
4. Analyzing the data you obtain and your recommendations and dispositions.

You will have 15 minutes to prepare your room. You will have one hour with the patient. We do not expect you to perform a complete examination. We are interested in your approach to the patient's expressed motivations and capabilities to function visually. Use this sheet to record important data you will need for your summary. Attach this sheet to your written report. **REMEMBER -- TALK TO PROCTORS THROUGHOUT YOUR EVALUATION.**

CASE HISTORY (What is major area of concern)
(Approximate time 15 minutes)

ACUITIES (Relate them to case history)
(Approximate time 10 minutes)

SUBJECTIVE
(Approximate time 15 minutes)

OTHER TESTS (Indicate what you would do and why -- Data may be available)

OPTICAL AIDS (Indicate aid of choice and why, indicate other aids that may be useful to the patient and why)
(Approximate time 15 minutes)

TRAINING: (Demonstrate in-office training, indicate additional training needed and problems expected for this patient and your RX) (Approximate time 5 minutes)

END EXAM

DISCUSSION: (15 minutes is allowed for proctors to discuss with you any procedures or techniques used in your exam.)

CASE WRITE UP: (You will have 15 minutes to complete your impressions in the case, tentative diagnosis, tentative RX and problems in motivation and training that you might expect from this patient. PLEASE PRINT)

Candidate's Signature

Verification of Optical Aids
Instructions to Candidates

There are three parts to the test and it should take 15 to 20 minutes to complete.

Part 1- Identify a common low vision aid by manufacturer and code number. A catalog of low vision aids will be provided.

Part 2- Measure the

- a) dioptric lens power
- b) transverse magnification and
- c) maximum add (image location)

of an unknown stand magnifier. You will be asked to calculate the equivalent power of the system for a 40 cm (+2.50 diopter) eye to image distance. You will be provided with a contact lens measuring reticule loupe, a close focus telescope, a tape measure and a 1 meter sized fixation target.

Part 3- Measure the

- a) magnification
- b) near focus range and
- c) type of system (Keplerian vs Galilean)

of an unknown telescope. You will be provided with a repeating target, p.d. ruler, and tape measure.

A calculator will be helpful for any mathematical work you must do to determine these values.

**American Academy of Optometry
Low Vision Diplomate Program**

Candidate's Guidelines for the Oral Examination

The candidate must have 5 case reports accepted to be eligible to take the Oral Examination.

This section of the Low Vision Diplomate Examination process provides an opportunity for candidates to reveal their own approach to low vision work. In what we hope is a congenial atmosphere, the candidate will be asked questions, some theoretical and some practical, designed to test the depth and breadth of the candidate's knowledge and experience.

The major objective is to assess the candidate's understanding of major principles. The questioning on a particular topic will often start with a broad question (e.g., "Describe the procedures you generally use in refracting low vision patients") and then, as the candidate responds, additional questions might be asked (such as, "Why do you do that?" "Do you always do it that way?" "Do you control lighting?" "How?").

Questions demanding knowledge of details or computational skills will be kept to an absolute minimum. It is intended that this oral interview/examination will enhance the candidate's overall performance because it affords the candidate an opportunity to present and justify their own attitudes, methods, rationales, and biases.

The Chair will structure the interview to include questions to gain insight into strengths and weaknesses of the candidate as revealed in previous parts of the Diplomate examination. For example, the Chair will coordinate a review of comments from the Case Reports Committee regarding the candidate's case reports, and will discuss with the Chair of the Practical Examination Committee the performance of the candidate, to assist in preparing questions for the interview.

Questions concerning the administration of the Oral Examination should be directed to the designated member of the Low Vision Clinical Diplomate Executive Committee. See Current listing at the end of this guide.

**Executive Committee of the Low Vision Diplomate Program
Current Officers and Chairpersons 2003-2004**

Chairperson:

William Brown, OD, PhD
Mayo W7
200 First Street SW
Rochester, MN 55905
Phone: 507-284-4946
Fax: 507-284-4612
E-mail: brown.william2@mayo.edu

Written Exam:

Robert Greer, OD
University of California
360 Minor Hall
University of California
Berkeley, CA 94720-2020
Phone: 510-643-1062
Fax: 510-643-5109
E-mail: greer@spectacle.berkeley.edu

Vice-Chairperson:

William O'Connell, OD
32 Anpell Drive
Scarsdale, NY 10583
Phone: 212-780-5040/914-683-7500
Fax: 212-780-5207
E-mail: seehuntny@hotmail.com

Ocular Disease Exam:

Kia Eldred, OD
Univ of Houston College of Optometry
505 J. Davis Armistead Bldg
Houston, TX 77204-2020
Phone: 713-743-1977
Fax: 713-743-2053
E-mail: KEldred@optometry.uh.edu

Secretary:

Roger Cummings, OD
5401 Eastern Shores Drive
Greensboro, NC 27455
Phone: 336-282-3125
Fax: 336-282-2541
E-mail: rwcod@aol.com

Practical Exam:

Roanne Flom, OD
The OSU College of Optometry
338 W. 10th Avenue
Columbus, OH 43210
Phone: 614-688-3337
Fax: 614-688-5603
E-mail: flom.3@osu.edu

Past Chairperson:

Marilyn K. Gilbreath, OD
102 Scott Street
Ukiah, CA 95482
Phone: 707-462-7040
Fax: 707-462-7089
E-mail: gilpark@pacific.net

Oral Exam:

Richard Brilliant, OD
Wm Feinbloom Vision Rehab. Ctr
1200 W. Godfrey Avenue
Philadelphia, PA 19141
Phone: 215-276-6065
Fax: 215-276-6017
E-mail: rbrilliant@pco.edu

Case Reports:

Derrald Taylor, OD
19125 Midland Avenue
Mokena, IL 60448
Phone: 708-479-1241/312-949-7255
Fax: 312-949-7638
E-mail: dtaylor@eyeball.ico.edu

Mentor Program:

John Musick, OD
506 N. Main Street
Nicholasville, KY 40356
Phone: 859-887-2441
Fax: 859-885-3323
e-mail: jm@qx.net

Member at Large:

Curtis W. Keswick, OD
6531 Crown Blvd., Ste 4
San Jose, CA 95120
Phone: 408-997-2020
E-mail: kes2020@hotmail.com

Other very important people:**Research Track:**

Greg Goodrich, PhD
Western Blind Rehabilitation Center
VA Medical Center
3801 Miranda Avenue
Palo Alto, CA 94304
Phone: 650-493-5000 x 64385
Fax: 650-852-3474
E-mail: goodrich@roses.stanford.edu

Diplomate Renewal:

Bennett McAllister
Center for the Partially Sighted
12301 Wilshire #600
West LA, CA 90025
Phone: 909-312-0600
Fax:
E-mail: bennettmca@mac.com

Low Vision Section Chair:

Marilyn K. Gilbreath, OD
102 Scott Street
Ukiah, CA 95482
Phone: 707-462-7040
Fax: 707-462-7089
E-mail: gilpark@pacific.net