Provider Accreditation Manual

Revised February 2017

Includes: COPE Accreditation Criteria and Standards for Commercial Support: Standards to Ensure Independence in CE Activities
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WHAT IS COPE®?
Optometric continuing education (CE) is the primary method used by optometric regulatory boards to promote the continuing competence of licensed optometrists. The Council on Optometric Practitioner Education (COPE®) was created by the Association of Regulatory Boards of Optometry (ARBO®) to accredit continuing education on behalf of optometric licensing boards. At least 52 licensing boards currently accept COPE Accredited Courses toward maintenance of licensure. COPE utilizes standardized application processes based on criterion referenced standards to fulfill its mission.

COPE’s Mission is: To assist member boards in the accreditation of optometric continuing education.

COPE’s Objectives are:
- To accredit optometric continuing education providers and activities for the public welfare;
- To monitor programs to help assure the quality and independence of continuing education in appropriate settings with adequate administration;
- To reduce duplication of effort by member boards;
- To create a uniform method of recording continuing education activities;
- To be the reference source for member boards for information about continuing education providers and activities utilized by licensed optometrists to fulfill their continuing education requirements.

COPE PROVIDER ACCREDITATION OVERVIEW
COPE Accreditation serves the public, regulatory boards and the profession by promoting improvement in competence, performance and patient outcomes. For all COPE Accredited CE, the accreditation criteria require documentation of educational practice gaps and CE outcomes measurement. The COPE Accreditation Criteria, adopted in 2015, enhance the opportunity for collaborative interprofessional CE activities and promote concurrent validity with other members of the CE community.

COPE offers two options for accreditation of optometric continuing education, Activity Accreditation or Provider Accreditation. CE providers are free to choose either accreditation option. Larger providers (e.g., more than ten activities per year) are more likely to benefit from choosing to pursue Provider Accreditation. Provider Accreditation will allow great creativity and freedom within the educational planning process but will also require greater documentation of the organization’s overall processes.

Both COPE Provider and Activity Accreditation share the same Accreditation Criteria and Standards for Commercial Support (SCS); however, implementation of the criteria and SCS differ between the two accreditation pathways. Note: COPE Policies, Glossary and FAQs contain language which pertains to both the Provider and Activity accreditation processes. Where implementation of the policies differ, the language is designated by colored text.

The key components of the Provider Accreditation process involve submission of a Self-Study Report of the organization’s educational planning process and an analysis performance in practice activity review. COPE’s Accreditation Criteria define the expectations of all COPE Accredited CE and provide a framework for an organization’s accreditation process. The COPE Accreditation Criteria and the implementation materials necessary to complete the Provider Accreditation Process are outlined within this document.
COPE ACCREDITATION CRITERIA

A. **EDUCATIONAL PURPOSE**

*Criterion 1:* The provider has a CE mission statement for the organization that includes the expected results articulated in terms of changes in competence, performance or patient outcomes that will be the result of the program.
*Criterion 1 is only applicable in Provider Accreditation. It is not required for accredited activities.*

B. **EDUCATIONAL ACTIVITY PLANNING**

*Criterion 2:* The provider incorporates into CE activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their learners.

*Criterion 3:* The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

*Criterion 4:* The provider ensures that the content of the CE is validated, the intervention has scientific and educational integrity and contains customary and generally accepted optometric and medical practices.

*Criterion 5:* The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

*Criterion 6:* The provider develops activities/educational interventions in the context of desirable professional (i.e. optometrist) attributes. (e.g. Institute of Medicine’s Core Competencies for Health Care Professionals, ASCO Attributes of Students Graduating from Schools and Colleges of Optometry, ABO/ACGME/ABMS Competencies)

*Criterion 7:* The provider develops activities/educational interventions independent of commercial interests. (Standards for Commercial Support 1, 2, & 6)

*Criterion 8:* The provider appropriately manages commercial support. (Standards for Commercial Support 3)

*Criterion 9:* The provider maintains a separation of promotion from education. (Standards for Commercial Support 4)

*Criterion 10:* The provider promotes improvements in health care and NOT proprietary interests of a commercial interest. (Standards for Commercial Support 5)

C. **EVALUATION AND IMPROVEMENT**

*Criterion 11:* The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.

*Criterion 12:* The provider gathers data or information and conducts a program-based analysis on the degree to which the CE mission of the provider has been met through the
conduct of CE activities/educational interventions.

*Criterion 12 is only applicable in Provider Accreditation. It is not required for accredited activities.

Criterion 13: The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g. planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CE mission.

*NOTE: For Activity Accreditation, COPE Administrators will identify and plan the needed or desired changes (e.g. planners, teachers, infrastructure, methods, resources, facilities, interventions) from the activity that may be utilized to improve future educational activities.

*COPE has adopted the ACCME® Accreditation Criteria. Used with the permission of the Accreditation Council for Continuing Medical Education (ACCME).
COPE STANDARDS FOR COMMERCIAL SUPPORT (COPE SCS): Standards to Ensure Independence in CE Activities

Standard 1: Independence

Standard 1.1 A CE provider must ensure that the following decisions were made free of the control of a commercial interest. (See page 33 for a definition of a "commercial interest" and some exemptions.) (a) Identification of CE needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CE; (e) Selection of educational methods; (f) Evaluation of the activity.

Standard 1.2 A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

Standard 2: Resolution of Personal Conflicts of Interest

Standard 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. COPE defines "'relevant' financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Standard 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CE, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CE activity.

Standard 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Standard 3: Appropriate Use of Commercial Support

Standard 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

Standard 3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

Standard 3.3 All commercial support associated with a CE activity must be given with the full knowledge and approval of the provider.

Standard 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

Standard 3.5 The written agreement must specify the commercial interest that is the source of commercial support.
Standard 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Standard 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

Standard 3.8 The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

Standard 3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

Standard 3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Standard 3.11 Social events or meals at CE activities cannot compete with or take precedence over the educational events.

Standard 3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CE activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

Standard 3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Standard 4: Appropriate Management of Associated Commercial Promotion

Standard 4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CE activities.

Standard 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CE activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CE.

- For print, advertisements and promotional materials will not be interleaved within the pages of the CE content. Advertisements and promotional materials may face the first or last pages of printed CE content as long as these materials are not related to the CE content they face and are not paid for by the commercial supporters of the CE activity.
- For computer-based, advertisements and promotional materials will not be visible on the screen at the same time as the CE content and not interleaved between computer “windows” or screens of the CE content. Also, COPE Providers may not place their CE activities on a website owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational website, links from the website of
a COPE Provider to pharmaceutical and device manufacturers’ product websites are permitted before or after the educational content of a CE activity, but shall not be embedded in the educational content of a CE activity. Advertising of any type is prohibited within the educational content of CE activities on the internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer-based CE activities, advertisements and promotional materials may not be visible on the screen at the same time as the CE content and not interleaved between computer windows or screens of the CE content.

- For audio and video recording, advertisements and promotional materials will not be included within the CE. There will be no “commercial breaks.”
- For live, face-to-face CE, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CE activity. Providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CE activity.
- For journal-based CE, none of the elements of journal-based CE can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

**Standard 4.3** Educational materials that are part of a CE activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of a COPE-defined commercial interest.

**Standard 4.4** Print or electronic information distributed about the non-CE elements of a CE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

**Standard 4.5** A provider cannot use a commercial interest as the agent providing a CE activity to learners, e.g., distribution of self-study CE activities or arranging for electronic access to CE activities.

**Standard 5: Content and Format without Commercial Bias**

**Standard 5.1** The content or format of a CE activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

**Standard 5.2** Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CE educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

**Standard 6: Disclosures Relevant to Potential Commercial Bias**

**Standard 6.1** An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

**Standard 6.2** For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.
**Standard 6.3**  The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

**Standard 6.4**  'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of a COPE-defined commercial interest.

**Standard 6.5**  A provider must disclose the above information to learners prior to the beginning of the educational activity.

*COPE has adopted the ACCME® Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM as COPE policy. Used with permission of the Accreditation Council for Continuing Medical Education (ACCME).*
COPE ACCREDITATION PRE-APPLICATION

When an organization desires to start the COPE Provider Accreditation process, they are required to fill out a short Pre-Application to determine their eligibility to become a COPE Accredited Provider. The primary purpose of the Pre-Application is to determine whether the organization is a commercial interest. (See Standards for Commercial Support 1.1 (page 6)). Commercial interests are not eligible to become a provider of COPE accredited CE. A Provider Pre-Application Fee is charged by COPE and must be paid prior to COPE making the determination of commercial interest status. However, if the applicant is found not to be a commercial interest, then the payment of that Pre-Application Fee is credited against that applicant’s subsequent accreditation fee.

The provider will also be asked to report the demographics (number and types of activities) of a typical one year CE cycle. These demographics will be utilized by COPE to recommend the number of activities from which examples of evidence must be submitted to supplement the Self-Study Report.

COPE PROVIDER ACCREDITATION PROCESS

COPE's provider accreditation process is an opportunity for an applicant to demonstrate that its CE practices are in compliance with COPE's accreditation requirements through three sources of data about the applicants CE program: the Self-Study Report, Performance in Practice Review, and accreditation interview.

Self-Study Report
The Self-Study Report is the method by which a provider will demonstrate their understanding and adherence to the COPE Accreditation Criteria. The Self-Study Report is a documented narrative of the processes a provider uses in the planning, administration, and analysis of their educational activities. It is intended to be the “story” of how the provider develops their CE program.

Providers must submit a detailed explanation of the approach the organization utilizes to meet each of the accreditation criteria. Each provider will also be required to demonstrate their execution of the criteria via submission of specific evidence which shows the utilization of the accreditation criteria within the planning and administration of one or more continuing education activities. Accreditation is dependent on the provider not only declaring that they know what to do, but that they are also able to demonstrate that knowledge in action.

For initial accreditation, providers must demonstrate compliance with COPE's Criteria 1-4 and 7-12 to receive an outcome of Provisional Accreditation with a two-year accreditation term. If any of the Criteria 1-4 or 7-12 are found to be in Noncompliance, the accreditation outcome will be Nonaccreditation. For reaccreditation, providers must demonstrate compliance with COPE’s Criteria 1-13 to receive a decision of Accreditation with a four-year accreditation term. Providers that demonstrate one or more noncompliance findings in Criteria 1–13 and/or the policies receive Accreditation but are required to submit progress reports.

Providers are asked to organize their information in a criterion by criterion basis. Providers are encouraged to involve the whole educational team at their organization in the development of the Self-Study Report. An outline for completion of the Self-Study Report may be found at: https://www.arbo.org/new_cope/COPE_Provider_Self_Study_Report_Outline.pdf
Performance in Practice Review
COPE’s performance in practice activity review allows applicants to demonstrate compliance with COPE’s requirements and offers an opportunity to reflect on their CE practices. Providers will be asked to complete one or two COPE Performance in Practice Activity Review Forms, which demonstrate that they are implementing the criteria within an actual educational intervention. (Note: the number of Performance in Practice Activity Forms will be determined by COPE during the Pre-Application process.) The provider may choose which activities to report on the forms. The provider may elect to complete the forms relating to the same activities described in the Self-Study Report or they may elect to complete the forms relating to different activities if the provider feels that they may help COPE to understand the breadth of formats utilized by the provider or if they may highlight particular successes of the provider.

For initial accreditation, the provider may complete the form(s) in relation to either of the following scenarios.

1. The provider demonstrates their understanding of the accreditation criteria through a retrospective analysis of a previous activity. The Performance in Practice Activity Review Form will include a narrative of how the provider would have planned the activity to include elements of each of the accreditation criteria. A retrospective analysis of data obtained from the activity will need to show how the provider will improve on future activities to meet their stated goals and expected results of their CE mission statement.

   OR

2. The provider completes a Performance in Practice Activity Review Form which demonstrates their understanding of the accreditation criteria via narratives and articles of evidence from an activity currently being planned. They must also provide an organizational analysis demonstrating their quality improvement process and implementation plans for a CE outcomes measure process for the activity.

A sample Performance in Practice Activity Review Form may be obtained at: https://www.arbo.org/new_cope/COPE_Performance_in_Practice_Activity_Review_Form.pdf

Accreditation Interview
Applicants for provider accreditation must participate in an interview with members of the COPE Accreditation Review Committee. The interview provides an opportunity for the applicant to discuss their CE program and their organization’s policies and practices to ensure compliance with COPE’s Accreditation Criteria, SCS and policies.

After the phone interview, the Accreditation Review Committee will review the data collected from the Self-Study Report, Performance in Practice Activity Review Form(s), and the phone interview and will make an accreditation determination.
PROVIDER SELF-STUDY REQUIREMENTS

All of the following elements as indicated by the dark bullet points must be addressed in the Self-Study Report narrative. In addition, the provider has the option to submit optional examples of evidence to demonstrate their understanding of the COPE Accreditation Criteria. The optional examples of evidence should be related to the activities selected for the Self-Study Report narratives. The listed examples are neither an exhaustive nor a prescriptive enumeration of all the possible articles of evidence, but are listed to give providers ideas of how the elements may be addressed in their Self-Study Report. All of the elements must be labeled (e.g., bolded element name) within the Self-Study Report.

Self-Study Prologue: Providers must provide a brief history of their CE program and a description of their leadership structure. An organizational chart must be included.

A. Educational Purpose and Mission

Criterion 1: The provider has a CE mission statement for the organization that includes the expected results articulated in terms of changes in competence, performance or patient outcomes that will be the result of the program.

- The provider must attach a copy of their actual mission statement.
- The provider must supply a brief statement citing the specific goals and objectives of their educational programs articulated in terms of changes in:
  - professional competence
  - professional performance
  - patient health outcomes.

B. Educational Activity Planning

Providers that produce multiple CE activities throughout the year will be requested to submit two types of activities for specific examination by COPE as determined by the Pre-Application process. For the two selected activities, the provider shall submit descriptive narratives and optional evidence examples. Providers who produce only one annual activity (e.g., a State Association’s annual meeting) may use the single activity as a reference for a descriptive narrative and source of optional evidence examples.

Criterion 2: The provider incorporates into CE activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their learners.

- The provider must cite the specific practice gap(s) the activity is addressing and describe the method the planning committee used to determine the practice gap(s).
- The provider must cite the specific educational need that underlies the practice gap(s) being addressed and describe how the provider determined the underlying need.

Providers may supply additional documents as evidence of compliance with the above criterion for each of the selected activities identified in the Pre-Application process.
Optional Examples of Evidence:
- Copies of planning meetings discussing the derivation of identified practice gaps and the format of educational intervention for each course within the activity
- Journal articles identifying new research results or new technology
- Inter-professional literature identifying a health care deficit in the community
- Copies of tools that will be used by the provider in completing the provider’s analysis

**Criterion 3:** The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

- The provider must specifically state the skill, strategy or patient outcome the activity was designed to change.

**Criterion 4:** The provider ensures that content of the CE is validated, the intervention has scientific and educational integrity and contains customary and generally accepted optometric and medical practices.

- The provider must describe how they review the content of educational interventions to ensure that the intervention has scientific and educational integrity and that it contains customary and generally accepted optometric and medical practices.

Providers may supply additional documentation as evidence of compliance with the above criterion for each of the selected activities identified in the Pre-Application process.

Optional Examples of Evidence:
- Documentation of review of scientific content by content experts within the planning committee of the provider’s organization.  
  OR
- Validation scientific content by COPE Reviewers through the long-standing COPE Course Review Program. See https://www.arbo.org/submit_course.php.
  OR
- Selection of existing course from within the COPE course database. See https://www.arbo.org/course_search.php.

**Note:** Historically, scientific content for COPE CE was validated through the COPE Course Review Program. This program still remains active. However, Accredited COPE Providers do not have to utilize this service if their organization has the resources to validate and document that COPE courses present scientifically valid content. Larger providers likely will have the internal resources to meet this requirement. However, they still may elect to have COPE provide the
content review. Selection of Courses from within the existing COPE course database would also satisfy this accreditation criterion.

Providers could also use a combination of content review methods within a single activity. (i.e. Some courses within an activity are reviewed through the provider’s planning committee while other courses within the activity are selected from the existing COPE course database).

**Criterion 5:** The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

- The provider must explain why the format of the activity was appropriate for the setting, objectives and desired results of the activity.

Providers may supply additional documents as evidence of compliance with the above criteria for each of the selected activities identified in the Pre-Application process.

**Optional Examples of Evidence:**
- Copies of planning meetings discussing the determination of the format of educational intervention for each course within the activity

**Criterion 6:** The provider develops activities/educational interventions in the context of desirable optometrist attributes. (e.g. Institute of Medicine’s Core Competencies for Health Care Professionals, ASCO Attributes of Students Graduating from Schools and Colleges of Optometry, ABO/ACGME/ABMS Competencies). See p. 49 for a list of desirable optometrist attributes.

- The provider must state the desirable attribute(s) for the activity.

**Criterion 7:** The provider develops activities/interventions independent of commercial interests. (Standards for Commercial Support 1, 2, & 6) The Provider must address each separate Standard as indicated by the dark bullet points.

a. **Standard for Commercial Support 1 -- Independence**

- The provider must describe the planning processes used by their organization to ensure that the activities are planned and presented independently from commercial interest influence. The provider must indicate the mechanisms implemented to ensure that they retain complete control of the CE content. Providers are asked to specifically comment on the areas of:

  i. identification of CE needs
  ii. determination of educational objectives
  iii. selection and presentation of content
  iv. selection of all personnel and organizations that will be in a position to control content
  v. selection of educational methods
  vi. evaluation of activity

Providers may supply additional documents as evidence of compliance with the above
criterion for each of the selected activities identified in the Pre-Application process.

Optional Examples of Evidence:
- Copies of planning meeting minutes
- Copies of organization policy manual sections addressing independence
- Documentation of results of review of lecture material or PowerPoint presentation

b. Standard for Commercial Support 2 -- Resolution of Personal Conflicts of Interest

- The provider must describe the mechanism the organization uses to both identify and resolve conflicts of interest for everyone in a position to influence educational content (i.e. instructors, authors, planners, reviewers and others who controlled content). COPE defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. See full definition on page 38.

Providers may supply additional documents as evidence of compliance with the above criterion for each of the selected activities identified in the Pre-Application process.

Optional Examples of Evidence:
- SIGNED copies of conflict of interest disclosures by all members of the planning committee, instructors, or staff who may influence educational decisions  
  Note: When a “signed copy” is required, digital signature is permissible
- Documentation of a planning committee member recusing themself from discussions

c. Standard for Commercial Support 6 -- Disclosures Relevant to Potential Commercial Bias

- The provider must state the process and mechanism by which the provider discloses the source and type of commercial support to the learners.
- The provider must state the processes and mechanism(s) for disclosure to the learners of relevant financial relationships of all persons in a position to control educational content.

Providers may supply additional documents as evidence of compliance with the above criterion for each of the selected activities identified in the Pre-Application process.

Optional Examples of Evidence:
- Policies and procedures manual that demonstrates how the provider identifies and resolves conflicts of interest
- Screen shots of PowerPoint disclosure slides
- Disclosure statements accompanying journal articles

Criterion 8: The provider appropriately manages commercial support (Standards for Commercial Support 3)
• The provider must submit their written policies and procedures for the receipt and disbursement of commercial support, both funds and in-kind support. (SCS 3.1)
• The provider must maintain a written agreement that is SIGNED between the provider and commercial supporter that describes the terms, conditions and purposes of the commercial support (whether provided directly to the provider, joint sponsor, or educational supporter) (SCS 3.4-3.6) NOTE: When a “signed copy” is required, digital signature is permissible.
• The provider must submit their policies and procedures for expense reimbursement of the instructors, authors, or planners of continuing education. (SCS 3.7)
• The provider must indicate the policies, procedures or communications to ensure that no direct payment from a commercial interest is given to the director of an activity, any planning committee members, teacher or authors, joint provider, or any others involved in an activity. (SCS 3.3 3.9)
• The provider must describe the policies or procedures they ensure that social events or meals at commercially supported CE activities do not compete with or take precedence over educational events. (SCS 3.11)

Providers may supply additional documents as evidence of compliance with the above criteria for each of the selected activities identified in the Pre-Application process.

Optional Examples of Evidence:
- Copies of written and signed educational grant agreement between the corporate supporter and the provider
- Submission of financial reconciliation of commercial support utilization from a CE activity

Criterion 9: The provider maintains a separation of promotion from education. (Standards for Commercial Support 4)

- If the provider organizes commercial exhibits in connection with CE activities, they must describe how the organization ensures that commercial exhibits are not a condition of provision of commercial support for CE activities. (SCS 4.1)
- If the provider organizes commercial exhibits in connection with CE activities, they must describe how the organization ensures that arrangements for commercial exhibits do not influence planning or interfere with CE presentations. (SCS 4.2)
- The provider must describe how the organization ensures that advertisements or promotional materials (whether in print, internet-based, audio or live presentations) are kept separate from the educational presentation. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CE activities (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (SCS 4.2, 4.3)

Providers may supply additional documents as evidence of compliance with the above criterion for each of the selected activities identified in the Pre-Application process.
Optional Examples of Evidence:
- Copies of written and signed educational grant agreement between the corporate supporter and the provider
- Documentation detailing receipt and expenditure of commercial support
- Documentation of identification and resolution of all conflicts of interest between educational planning committee members and exhibit hall committee
- Minutes of planning committee meeting
- Submit entire printed material, power point, etc. as presented
- Results of attendee evaluations affirming that promotion was excluded from the educational content

**Criterion 10:** The provider promotes improvements in health care and NOT proprietary interests of a commercial interest. (Standards for Commercial Support 5)

- The provider must describe how they ensure that the content or format of a CE activity and related materials do not promote the proprietary business interest of a commercial supporter.
- The provider must indicate how they ensure that CE activities give a balanced view of therapeutic options.

Providers may supply additional documents as evidence of compliance with the above criterion for each of the selected activities identified in the Pre-Application process.

Optional Examples of Evidence:
- Provider policy statements to presenters
- Copy of presentation slides or handouts as presented
- Documentation of content review by planners

C. **EVALUATION (ORGANIZATIONAL REFLECTION) AND IMPROVEMENT:**

**Criterion 11:** The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

- The provider designs the CE to address specific practice gaps. The provider is asked to provide data and information about changes in the learners’ competence, performance or patient outcomes achieved as a result of the overall program’s activities/educational interventions. Accordingly, the provider is asked to specify the progress they are making toward “raising the bar” from knowledge-based CE results to outcomes based on optometrist competence, optometrist performance or patient outcomes.

Providers may supply additional documents as evidence of compliance with the above criterion.

Optional Examples of Evidence:
- Documentation of educational impact analysis
**Criterion 12:** The provider gathers data or information and conducts a program-based analysis on the degree to which the CE mission of the provider has been met through the conduct of CE activities/educational interventions.

- The provider must provide a narrative detailing their analysis of the overall program explaining the degree to which they are meeting the specific goals of their CE mission statement.

Providers may supply additional documents as evidence of compliance with the above criterion.

*Optional Examples of Evidence:*
  - Documentation of conclusions from planning committee debriefing session
  - Executive summary of post-activity analysis

**Criterion 13:** The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g. planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CE mission.

- The provider must describe how they used the data and information from the overall program-based analysis to identify areas or opportunities for improvement.
- For each area or opportunity identified, the provider is asked to specifically comment on the changes they are currently implementing or plan to implement as a quality improvement measure.
- For changes that have been implemented, the provider is asked to specifically comment and provide examples of the impact of the implemented change.

Providers may supply additional documents as evidence of compliance with the above criterion.

*Optional Examples of Evidence:*
  - Planning committee minutes showing action item on continuous improvement
  - Documentation of changes in activity offerings to more closely reflect practice gaps

**RECORDING AND VERIFYING LEARNER ATTENDANCE:**

- Describe the mechanism your organization uses to record and verify learner participation from 5 years from the date of your CE activities.
- Using the information from one of the example activities, show the information or attendance records your mechanism can produce for an individual participant.

The provider is encouraged to contact ARBO at any point in the Self-Study process with questions that may arise.
Submitting Materials to COPE

The applicant shall submit an electronic copy of the Self-Study Report, Performance in Practice Activity Form(s) and any additional evidence to COPE. Any documents submitted as examples of evidence in support of the Self-Study Report or Performance in Practice Activity Review Form(s) must not contain any uniquely identifiable patient information in accordance with the Health Insurance Portability and Accountability Act (HIPPA).

Each section of the Self-Study Report must be labeled as follows:

I. Prologue
II. Purpose and Mission (C1)
III. Educational Activities (C2-7 and Policies)
IV. CE Program and Educational Activities (C8-9)
V. Content of Educational Activities (C10)
VI. Evaluation and Improvement (C11-13)

All examples of evidence must be labeled to correspond with the accreditation criteria that are being described. The Self-Study Report shall include a table of contents with page numbers.
COPE ACCREDITATION POLICIES

Accreditation Decision Making Process
COPE uses a criterion referenced decision-making process to ensure fair and accurate decisions. The data and information collected in the accreditation process are reviewed by COPE’s Accreditation Review Committee (ARC) and staff. During the review process, the Accreditation Review Committee may request additional information from the administrator or provider. The Accreditation Review Committee will give its accreditation decision in writing to the ARBO Board of Directors for final ratification. Upon the Board’s ratification, the administrator or provider will be sent a letter confirming the accreditation determination.

Activity Accreditation Decisions:
Activity accreditation decisions are based solely on data and information collected from the Pre- and Post-Activity Accreditation Forms. Pre-Activity data will be reviewed for compliance with the accreditation requirements. Activities that are found to be in compliance, based on the pre-activity data submitted, will be given a determination of Accreditation. To complete the accreditation process administrators are required to submit the Post-Activity Accreditation Form within 30 days of completion of the activity. Failure to submit the Post-Activity Form, or failure to meet the requirements of the Post-Activity Form, may result in an administrator being placed on probation. Continued failure to submit the required data, or failure to be in compliance with the accreditation requirements, will affect the administrator’s privilege to have future activities accredited by COPE.

Provider Accreditation Decisions: The accreditation and reaccreditation decision-making process assesses a CE provider’s compliance with the accreditation requirements. Accreditation decisions will be based solely on the data and information collected from the provider’s Self-Study Report, performance in practice activity review, and accreditation interview. Compliance or non-compliance findings will be reported to the provider for each accreditation requirement. Providers should allow 4-6 months from the date their data is received by COPE to receive a final accreditation determination.

- **Initial Provider Accreditation:** COPE’s review and initial accreditation decision will be based on the provider’s demonstration of compliance with Criteria 1-4 and 7-12. Compliance with these criteria and COPE’s policies will lead to an accreditation determination of **Provisional Accreditation** with a two-year accreditation term. However, if any of the Criteria 1-4 or 7-12 are found to be in noncompliance, the accreditation determination will be **Nonaccreditation**. At the end of the two year term of Provisional Accreditation, providers will be eligible for reaccreditation. If successful in reaccreditation, providers will be eligible for a status of Accreditation with a four-year term.

- **Provider Reaccreditation:** COPE’s reaccreditation process is an opportunity for each accredited provider to demonstrate that its practice of CE is in compliance with COPE’s accreditation requirements. Based on these compliance findings, COPE will determine the provider’s accreditation status, using one of these four options:

1. **Provisional Accreditation:** It is possible for a provider to receive extended Provisional Accreditation, for one or two years, if compliance issues are identified that would prohibit advancing to Accreditation.

2. **Accreditation** is the standard, four-year term awarded to accredited providers. Providers that demonstrate one or more noncompliance findings in Accreditation
Criteria 1–13 and/or the policies may receive a determination of Accreditation but are required to submit progress reports.

3. **Probation** is given to accredited providers that have serious problems meeting COPE requirements. Providers on Probation are required to submit progress reports. Providers with Accreditation may have their status changed to Probation if their progress reports do not demonstrate correction of noncompliance issues. Providers on Probation may implement improvements and return to a status of Accreditation. Providers cannot remain on Probation for longer than two years.

4. **Nonaccreditation**: A Nonaccreditation determination will be given in the following circumstances:
   - A Provisionally Accredited provider has serious noncompliance issues.
   - A provider on Probation fails to demonstrate in one or more progress reports that it has achieved compliance with all Accreditation Criteria within two years.
   - In certain circumstances, such as an accredited provider that has demonstrated recurrent noncompliance with the Standards for Commercial Support and/or has received previous decisions of Probation, an accredited provider may have its status changed to Nonaccreditation.

**Accreditation Fees**

**Activity Accreditation Fees**: Payment of the Activity Accreditation Fee is required upon submission of the Pre-Activity Accreditation Form. COPE’s Activity accreditation fees may be found at: www.arbo.org

**Provider Accreditation Fees**: Payment of the Initial Accreditation Fee and Reaccreditation Fee is due at the time of the submission of the accreditation materials. Accreditation materials will not be reviewed until payment in full is received. Payment of Annual Provider Accreditation Fees are due in a single payment every year on January 31 following the original accreditation decision. Failure to pay the annual accreditation fees within 30 days of the due date automatically will result in both probation status and additional related fees. COPE’s Provider accreditation fees may be found at: www.arbo.org.

**Accreditation Period**

**Activity Accreditation Period**
Activities are accredited for the duration of the activity (i.e. the duration of a meeting, webinar, journal article, etc.)

**Provider Accreditation Period**
Initially, providers will be accredited for a 2-year period of provisional accreditation. During this time, their accreditation status will be Provisionally Accredited. COPE reserves the right to require periodic progress reports during the accreditation period if potential deficiencies are noted in the data submitted by the provider. The progress reports will be submitted at 6 month intervals. Near the end of the 2-year provisional accreditation period, the provider will be required to submit another Self-Study Report, Performance in Practice Activity Review, and accreditation interview. (See Provider Reaccreditation Process.)

**Activity Records**
Administrators and providers are required to retain all activity files, including planning committee meetings, promotional materials, course outlines, course presentations, evaluation tools, and outcomes analysis during the term of the accreditation period plus one calendar year.
Accredited Providers will need to have access to these materials as part of the reaccreditation process.

**Appeals Process**
Upon completing the activity or provider accreditation process, your organization will receive notification of your accreditation status and term. An administrator or provider that receives a decision of Probation or Nonaccreditation may request reconsideration when it feels that the evidence presented to COPE justifies a different decision. Only data that was considered at the time of the ARC review may be reviewed upon reconsideration. Following the reconsideration, if COPE sustains its original action, the organization may appeal, to the ARBO Board of Directors. Appeals may be based only on the grounds that COPE’s decision was either not in accordance with the accreditation requirements of COPE, or not supported by substantial evidence.

**Attendance Documentation**
Each learner must receive documentation of attendance which will allow each course at an activity to be identified. All documentation, such as proof of attendance certificates provided to attendees should include **COPE Course ID # and the COPE Activity #**. This is necessary as licensing boards require the numbers when the course documentation is submitted as CE credit for license renewal.

All certificates or other attendance documentation must contain the following information.

- Name of participant
- State(s)/Province(s) of licensure and license number or **OE TRACKER number**
- COPE Activity # and each Course ID #
- Location and date(s) of the activity
- Name of the instructor(s)
- Name of the administrator or provider
- Number of hours of CE credit awarded
- Signature of the administrator or provider (or duly authorized representative) or symbol verifying attendance

**Attendance Monitoring**
Attendance monitoring at COPE activities must be an active process that is conducted with integrity and impartiality. Administrators and providers must monitor attendance at all activities and ensure that CE credit is provided only to those individuals actually present during the instructional time. No partial credit is permitted in any circumstances. Attendees will only receive credit if they have been present for the entire scheduled time. CE credit forms/certificates shall not be issued nor validated until the conclusion of the course.

**Attendance Records**
Attendance records must be retained for 5 years from the date of the activity. Submission of attendance data to COPE alleviates this administrative requirement. COPE (through the **OE TRACKER** system) will electronically maintain attendance records indefinitely. Administrators and providers shall submit the attendance information to COPE within 30 days of the activity.

Administrators and Accredited Providers can download pre-formatted spreadsheets for submitting attendance by logging in their administrator or provider account on the ARBO website. For larger activities, barcode scanners may be used and the attendance data sent electronically to ARBO. Course QR codes for use at a COPE accredited activity with the **OE TRACKER** mobile app can be made available. Contact ARBO for more information.
Continuing Education with Examination (CEE) Policy
(Also known as Transcript Quality (TQ) or Certified CE.)

Continuing education activities presented as Continuing Education with Examination (CEE) must include a post-course test to verify learning and comply with the following criteria:

A. Courses must be at least 2 hours in duration; only ‘live’ courses are eligible for CEE credit.
B. Courses must be sponsored by an accredited school of optometry, medicine, pharmacy or osteopathy; a statement must be provided certifying that the institution will assume responsibility for the testing and grading of the post-course assessment. The name and address of the sponsoring institution must be prominently displayed on the documentation of post-course test results sent to each participant.
C. Post-course tests for CEE must be in multiple-choice question (MCQ) format and conform to the National Board of Examiners in Optometry’s (NBEO) Item Writer’s Manual. Visit www.optometry.org for a copy of the manual, or visit the COPE downloads page to find a link to the manual. In general, multiple-choice questions should incorporate a simple stem that poses a question, or forms an incomplete statement (which is completed by the selected answer), and provides four or five options from which the test candidate will select one answer.
D. Test candidates must receive a score of at least 70% or better in order for a certificate of completion to be issued.
E. Tests must include at least 10 questions for each hour or fraction of an hour of credit. The number of test questions should be rounded up for courses of partial duration (i.e., a 2.5 hour course must provide 30 test questions, etc.).
F. Instructors who submit CEE courses acknowledge that course attendees are not prepped on test questions or guided on test content areas during course instruction. Furthermore, instructors must make no reference to test questions in the course outline, or in any other course handout. On occasion, an instructor may elect to present a CEE Course as CE (i.e. without the examination) but this must be disclosed in advance to the administrator and the course attendees.
G. If the post-course test is given on-site, it must be administered in an atmosphere of educational integrity. If not tested on-site, the test must be delivered directly to the attendee after the completion of the course who must then complete it and return it to the sponsoring school for evaluation. Tests may not be removed from the course site by candidates and administrators and providers must assure adequate security in all testing environments.
H. A printed copy of the post-course test and answer key must be included with the course application. Accredited providers must keep a copy of the post-course test and answer key for review by COPE, if requested.

When developing post-course tests, instructors should note the following (this is a brief overview of test preparation and does not replace a thorough review of the NBEO’s Item Writer’s Manual):

- The scope of the test should address the material in the course outline and correspond with content areas and areas of emphasis.
- Item options (answer choices) should be based on prior knowledge or knowledge taught in course.
- Instructors should undertake a simple post-test analysis of the results to determine if there are any flawed items (i.e., items that, due to low or erratic scores, are revealed as ambiguous, confusing or inaccurate) and remove them from future tests. The scoring for a test where items are flawed and removed should be recalibrated accordingly.
- Scores should be expressed as a percentage in all cases.
• Instructors should identify the relative importance in course outline’s design, and item distribution should match those emphases.

• Administrators and providers must maintain records of post-course tests and when authorized by the participating doctor, verify the score for a period of five years from the date of the continuing education activity.

COPE Accreditation Data Storage
COPE will retain electronic copies of all accreditation documents including, but not limited to, Pre-Application, Self-Study Report, Performance in Practice Activity Review Forms(s), or Pre- and Post-Activity Accreditation Forms, ARC Reviewer Forms, decision reports, etc. for the term of accreditation. Administrators and providers are required to retain all accreditation documentation for the current term of accreditation.

COPE Accreditation Statement
The accreditation statement identifies the organization that is responsible for demonstrating compliance with all of COPE’s accreditation requirements. The accreditation statement must appear on all activity materials and brochures referencing COPE accredited CE. The accreditation statement does not need to be included on initial, save-the-date type activity announcements.

COPE Administrators: “This activity, COPE Activity Number ######, is accredited by COPE for continuing education for optometrists.”

Accredited Providers: “(Name of Accredited Provider) is accredited by COPE to provide continuing education to optometrists.”

COPE® Logo
The COPE logo is a registered trademark of the Association of Regulatory Boards of Optometry. Permission to use the logo will only be granted upon written request. All promotional or educational materials combined with the COPE logo must contain the appropriate accreditation statement. (See COPE Accreditation Statement)

COPE Category Assignment
The Instructor, COPE Administrator or Accredited Provider, must assign a COPE course category, according to the major emphasis of the course content, to each course. Many jurisdictions’ statutes contain language regarding specific categories of education used by optometrists in license renewal. Optometric licensing boards require the category assignment of continuing education in the process of verifying the requirements for maintenance of licensure. The definitions for each category are found on page 46-48. COPE audits the category assignments on a quarterly basis and reserves the right to change the category if evidence in the audit determines the course would more appropriately be defined by another category. Accredited Providers who deviate from these definitions in the assignment of a course category place their accreditation status at risk.

COPE Course Numbers
COPE utilizes identification numbers to uniquely identify the courses, articles or other educational interventions. The course number is combined with the course category designation and must be listed on all certificates of attendance. (Example 12345-GL) Optometric licensing boards require the unique identification numbers in verification of maintenance of licensure.

COPE Administrators will obtain course numbers through submission of course content through the COPE Course Review Process.
Accredited Providers may obtain course numbers from COPE to assign after validation of the course content by their own planning committee or may obtain course numbers through submission of course content through the COPE Course Review Process. COPE requires Accredited Providers to submit course demographics (COPE Course Number, title, instructor(s), description, category, number of hours, format, presentation method, whether the course is CEE) for all courses presented at an educational activity. The data must be submitted to COPE prior to the activity taking place. The course and activity information will be posted on the ARBO website offering a marketing opportunity to potential learners.

Course Learning Materials
Course learning materials typically include course outlines, handouts and/or PowerPoint presentations. Course outlines are utilized by learners during a lecture and after the educational intervention for post-educational reinforcement of concepts presented within a course. Outlines are also used by licensing boards to validate continuing education courses utilized in maintenance of licensure.

Course outlines should conform to the following guidelines:

- The outline should constitute 1.5—2 pages per hour of presentation.
- The first page of the outline should include each instructor’s name, address, phone number, email address and a clearly identified course title.
- The outline should be in sufficient detail so as to permit either the participant or an observer the ability to clearly follow along throughout the presentation. An outline can be considered sufficiently detailed if an observer is able to enter the presentation and after 5-10 minutes be able to identify where the presenter is in the outline. There should be enough detail in the outline such that course participants may use the document as a reference tool subsequent to the lecture.
- General reading references that guide course participants in further exploration of the presentation topic are strongly encouraged.
- If the presentation features a post-course test, the course outline should reflect the relative importance of key issues, and test question distribution should match these emphases. However, the outline should not carry direct references to test questions, or similar markers that inordinately alert course participants to test questions.

PowerPoint presentation submissions are acceptable in lieu of course outline submissions. However, a sequence of images is not sufficient. Text notes are required and are necessary to permit a participant the ability to follow the presentation and reference it after the conclusion of the course. **A minimum of 10 slides per lecture hour is required.**

**Please Note:** COPE Administrators and Instructors will submit course learning materials prior to the activity when submitting courses through the COPE Review Process. Accredited Providers who ensure the validity of their own content are not required to submit course learning materials to COPE prior to an activity. However, **Accredited Providers must keep the course outlines, course handouts or PowerPoint presentations for a period of 5 years and provide them to COPE upon request in case of an audit, investigation, or request by an optometric licensing board.**

Course Presentation
The continuing education course presentation and the format by which the presentation is made are aspects of CE that must be identified for many optometry licensing boards as part of the license renewal process. For a list of presentation methods, see p. 36.
Course Qualification Period
The course qualification period for each course qualified by COPE will depend on the format of the course. After qualification, courses with a live OR interactive distance learning format will be valid for one year. Courses with an enduring distance learning format will be valid for three years. Note: For more information on course formats, see page 35.

For example:
- **Live Courses:** 1 Year Qualification Period
- **Interactive Online Courses:** 1 Year Qualification Period
- **Enduring Online Courses:** 3 Year Qualification Period
- **Audio/Video Courses:** 3 Year Qualification Period
- **Written Courses:** 3 Year Qualification Period

Data Submission
COPE Administrators and Accredited Providers must agree to submit information regarding courses given during each CE activity.

COPE Administrator Data Submission-
1. **Administrator Pre-Activity Data Submission:**
   Administrators are required to submit the Pre-Activity Accreditation Form and supporting documents prior to the activity taking place. Administrators will supply the basic demographics of the activity and information on the educational planning process used in designing the activity. Financial/proprietary interest for all people involved in the planning process must also be disclosed and any commercial support received for the activity must be documented. (See COPE Pre-Activity Accreditation Form)

2. **Administrator Post-Activity Data Submission:**
   Administrators are required to submit the Post-Activity Accreditation Form and supporting documents within 30 days of the completion of the activity. Administrators will provide post-activity documentation of commercial support and educational outcome evaluation information. (See COPE Post-Activity Accreditation Form)

Accredited Provider Data Submission-
1. **Provider Pre-Activity Data Submission:**
   Accredited Providers will obtain course and activity numbers from COPE. Submission of this data to COPE offers marketing opportunities for the provider’s activities. All optometrists taking CE courses require certain data to be verified as a condition of maintenance of licensure. Licensing boards require this information in order to grant licensure on a regular basis.

2. **Provider Post-Activity Data Submission:**
   Attendance data must be submitted to COPE within 30 days of completion of the CE activity to be uploaded into OE TRACKER.

Provider End of Year Reporting of Accredited CE Activities:
The following data must be submitted by all accredited providers to COPE annually:

- Number of activities
• Number of hours/units of education
• Number of optometrist learners
• Number of other learners
• Number of commercial supporters
• Aggregate total of commercial support received during year

Disclosure of Relevant Financial Relationships
Instructors must include a disclosure slide at the beginning of each presentation or a statement at the beginning of any printed material addressing the following. (See page 38 for the definition of a relevant financial relationship.)

1. That the instructor developed the course material and information independently.
2. The relevant financial relationship(s) of all in control of content. Should no relevant financial relationships exist, this must be disclosed.
3. Disclosure of off-label or experimental usage must be disclosed to the learners during the presentation.

Disclosure of Commercial Support
Administrators and providers must include a statement at the beginning of each activity or at the beginning of any printed material addressing the following:

1. That the content of the activity was planned and prepared independently by the administrator or provider without input from members of a commercial interest.
2. That the administrator or provider received commercial support from (name of corporate supporter) for the activity in the form of an unrestricted educational grant.
3. Acknowledgement of commercial support must state the name of the commercial interest(s).
4. When commercial support is “in-kind”, the nature of the support must be disclosed to the learners.
5. Disclosure must never include the use of trade names, corporate logos or product group message.

Distance Learning/Multimedia Policy
NOTE: Because of statutes and/or regulations governing some licensing boards, Distance Learning/Multimedia courses do not qualify as CEE Courses. Only live lectures qualify as CEE courses.

A course qualifies as Distance Learning/Multimedia if it is presented in any of the following formats where the instructor is not physically present:

• Interactive Distance Learning—Examples: Webinar, video conference, teleconference, or other format that allows for immediate interaction and feedback between the audience and the instructor. Once the event has taken place, learners may no longer participate in that activity.
• Enduring Distance Learning—Examples: Webcast, podcast, video, journal, website, written or other format that provides one-way content to the audience without immediate interaction with the instructor. There is not just one time on one day to participate in the activity, rather, the participant determines when he/she participates.

Courses presented for COPE review under any of the Distance Learning/Multimedia
formats must comply with the following requirements:

A. Courses must include a post-course test to verify learning.
B. Post-course tests and answer keys must be reviewed by an accredited school of optometry, medicine, pharmacy or osteopathy.
C. Tests must be in multiple-choice question (MCQ) and should conform to the National Board of Examiners in Optometry’s (NBEO) *Item Writer’s Manual*.
D. Post Course tests must receive a score of at least 70% or better in order for a certificate of completion to be issued.
E. Post-course tests must include a minimum number of questions based on the length of the course.
   - 0.25 hours/units require a minimum of 3 questions
   - 0.50 hours/units require a minimum of 5 questions
   - 1.00 hours/units require a minimum of 10 questions
F. The post-course test and answer key must be uploaded with the application materials to COPE.
G. Tests may accompany a course as part of the delivery mechanism (i.e., an internet-based course may allow test candidates to take the test online; or a correspondence course may include the test in the same publication as the article, etc.)
H. Post-course test evaluations may be done by the sponsoring school or other impartial method. The sponsoring school is responsible for ensuring that the test and answer key are valid and that the grading process is objective. The school must ensure the administration and grading of the test is unbiased, if they are not grading the test themselves.

**Facilities**
The physical environment of a CE activity must be conducive to learning. The instructional area must be appropriate and adequate to the content and method of delivery of a course.

**Instructor Qualification**
Administrators and providers must select instructors who have the necessary knowledge to teach the course as evidenced by a doctoral-level degree or expertise gained through training or experience. The instructor must supply a current curriculum vitae (CV). The CV must provide clear evidence that the instructor is qualified to teach the course. Under no circumstances may an instructor serve as both the administrator/provider and the instructor for an activity at the same time as this situation would create a conflict of interest under COPE Standards for Commercial Support. (SCS 3: Appropriate Use of Commercial Support)

**Open Access**
COPE Accredited CE must be open to all optometrists. COPE Administrators and Providers must ensure this by the following:

- No efforts shall be made to exclude any learners.
- Commercial interests cannot invite or select learners or generate invitation lists.
- Public notice of COPE Accredited Activities is required; posting on a members-only website does not satisfy this.
- If attendance is limited by space requirements, this must be included in all invitations and public notices, with a first come, first served policy.
- Non-members or affiliated parties of a COPE Provider must be able to attend the CE activity. Administrators and providers may adjust the registration fees in a reasonable manner to accommodate the non-members.
Provider Reaccreditation Process
Nine months before the end of the current accreditation period, AccreditedProviders are asked to submit a listing of all the activities that have occurred within the current accreditation period. COPE will, within 30 days of the provider’s submission of all activities; select the number and type of activities from which the provider will develop a new Self-Study Report and Performance in Practice Activity Review Form(s) for reaccreditation. The Performance in Practice Activity Review Form(s) will be submitted illustrating activities completed within the previous accreditation period. COPE will sample activities from all years of a provider’s term of accreditation and from all types of activities.

Provider Reaccreditation Fees may be obtained at www.arbo.org. COPE must receive the Reaccreditation materials and fee no later than 90 days before the end of the Provisional Accreditation period or additional fees will be required. If the provider is unable to submit the materials 90 days before the end of the current accreditation term, they may apply for an extension of 120 days with the decision being made in the next decision cohort.

The Accreditation Review Committee will review and evaluate the data submitted by the provider, conduct a reaccreditation phone interview and will give its decision in writing to the Board of Directors for ratification. Upon the Board’s ratification, that provider shall become fully accredited for a 4-year period. COPE will notify the provider of the reaccreditation decision prior to the end of the provider’s current term of accreditation.

Public and Confidential Information
The following information is considered public information and therefore may be released by COPE. Public information includes certain information about Accredited Providers and Administrators, and COPE reserves the right to publish and release to the public, including on the ARBO website, all public information:

1. Names and contact information for Accredited Providers and Administrators;
2. Accreditation status of provider or administrator;
3. Some annual report data submitted by the Accredited Provider or Administrator, including for any given year:
   a. Number of activities
   b. Number of hours of education
   c. Number of optometrist learners
   d. Accepts commercial support (yes or no)
   e. Accepts advertising/exhibit revenue (yes or no)
   f. Participates in joint providership (yes or no)
   g. Types of activities produced (list)
4. Aggregated accreditation finding and decision data broken down by provider or administrator type;
5. Responses to public calls for comment initiated by COPE; and
6. Any other data/information that COPE believes qualifies as “public information.”

Note: COPE will not release any dollar amounts reported by individual Accredited Providers or Administrators for income, expenses, commercial support, or advertising/exhibits.

COPE will maintain as confidential information, except as required for COPE Accreditation purposes, or as may be required by legal process, or as otherwise authorized by the Accredited Provider or Administrator to which it relates:
1. To the extent not described as public information above, information submitted to COPE by the provider or administrator during the initial or reaccreditation decision-making processes for that provider or administrator;
2. Correspondence to and from COPE relating to the accreditation process for a provider (e.g. Self-Study Report) or administrator; and
3. COPE proceedings (e.g. Board minutes, transcripts) relating to a provider or administrator, other than the accreditation outcome of such proceedings.

In order to protect confidential information, COPE and its volunteers are required:
1. Not to make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information that COPE or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes;
2. Not to use such confidential information for personal or professional benefit, or for any other reason, except directly for COPE purposes.

Refund Policy
In the event an application for COPE Course Qualification, Activity Accreditation or Provider Accreditation is not approved by COPE, no fees will be refunded.

Resolution of Conflict of Interest in the Accreditation Process
Under no circumstance, may a member of the Accreditation Review Committee participate in the accreditation decision-making process if they have a financial interest in the applicant administrator’s or provider’s organization or if they participate in the committee structure of the administrator’s or provider’s organization.

Validation of Clinical Content
The administrator or provider must assure that all courses (including distance learning/multimedia or workshops) will contribute to the advancement and enhancement of scientific knowledge, professional competency, or improved patient outcomes in the practice of optometry. The courses must be designed to reflect the educational needs of optometrists. Courses must have scientific and educational integrity and must contain customary and generally accepted optometric and medical practices. The content or format of a CE activity or its related materials must not promote the proprietary business interest of a commercial interest. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality; avoid the use of trade names. If the CE educational material or content includes trade names, then, where available, trade names from multiple companies should be used. The COPE database of courses is available, however; providers and administrators are still responsible for reviewing the content to determine if courses in the database meet the needs of their individual learners.

COPE Administrator Content Review: Validation of clinical content must be done through submission of a course to the COPE Course Review Process. (See COPE Course Qualification Manual for more information.)

Accredited Provider Content Review: Validation of clinical content may be done by the provider’s planning committee members or through submission of a course to the COPE Course Review Process.
COPE ON-SITE REVIEW PROCESS

The On-Site Review Process allows COPE to obtain objective information that can be used to determine compliance with COPE criteria and standards. COPE On-Site Reviewers utilize a uniform series of checklists to reduce bias, assuring that all providers and activities are evaluated fairly and consistently. Although COPE will conduct complaint-triggered reviews of COPE activities, the majority of the reviews are random. COPE estimates that between 5 and 10% of all COPE activities will be reviewed per year.

COPE Administrators and Providers agree to accept COPE designated On-Site Reviewers at their activities. The reviewers will appear randomly and without advance notice. In case of a complaint registered with COPE, COPE may send an On-Site Reviewer to an activity as part of the COPE investigative process. The On-Site Reviewer may present an official letter from COPE verifying his/her status as a COPE On-Site Reviewer and must be permitted to attend without being required to pay a registration fee. However, COPE Reviewers who seek CE credit are expected to register and pay for activities in the same manner as any other participant.

COPE INVESTIGATIVE PROCESS

COPE has a process for investigating complaints about courses or activities that do not comply with COPE’s policies. The following is a summary of the steps involved in COPE’s Investigative Process. While COPE’s Investigative Process primarily is a complaint-driven process, COPE may act on its own initiative to start an investigation, either as part of an audit or independent of auditing efforts.

Submission of Complaints
1. Complaints must be submitted in writing to ARBO within 3 months of the activity prompting the complaint.
2. Complaints can refer to a course and/or an activity.
3. To trigger investigation, the complaint must claim non-compliance with an active COPE policy, accreditation criterion, or Standard for Commercial Support.
4. Complaints must include contact information of the person making the complaint; this information will be protected and confidential, except as may be required by legal process.

Complaint Review
1. When received, ARBO staff will alert the COPE Committee leadership.
2. Staff and committee designee will determine whether complaint is worthy of investigation and what additional information is required for review.
3. Follow-up correspondence regarding decision will be sent to person who filed complaint.

Investigation Due Diligence and Review
1. Staff will contact the administrator or provider requesting copies of all course and event attendee evaluations, and attendee list with contact information.
2. Staff may contact the administrator or provider requesting additional information and/or documentation.
3. Staff may contact the instructor requesting additional information and/or documentation.
4. Staff may contact attendees requesting additional information and/or documentation.
5. Staff may contact commercial supporters requesting additional information and/or documentation.
6. Response from administrators or providers and instructors must be received by ARBO within 30 days of the request.
7. COPE Committee leadership will review documentation and information submitted.

**Investigation Findings and Notice**
1. The administrator or provider may be found in compliance or not in compliance for the activity reviewed.
2. Notice will be sent to the administrator or provider with explanation.
3. Should the administrator or provider be found not in compliance, COPE may require the administrator or provider to submit documentation of corrective action within thirty days of receipt of the notice, or revoke the administrator’s or provider’s ability to produce COPE Accredited activities.
4. COPE Committee leadership will review corrective action documentation to ensure it is adequate to address the issue. If it does not adequately describe or document compliance it will not be accepted.

**Investigation Outcomes**
1. If the administrator or provider does not respond within the designated timeframe, their ability to present COPE Accredited activities will be revoked.
2. Documentation of investigations and findings will be maintained in the ARBO office and made available to the COPE Committee and considered should there be additional complaints or future investigations.
3. Notice will be sent to the administrator or provider within 10 days of any decision to be made at any time during this process to rescind their ability to present COPE Accredited activities.
4. ARBO reserves the right to provide some information about the COPE Investigation Process to State/Jurisdiction licensing boards, which may include but is not limited to the facts and circumstances involved in the complaint and investigation, the name of the administrator or provider, the names of the commercial supporters and the findings.

**Repeated Investigations**
After three complaints/investigations, COPE may suspend the privileges of an administrator or provider to present COPE Accredited activities.
1. First Infraction: COPE will ask the administrator or provider to submit written documentation of corrective action to remediate the issue. COPE informs the administrator or provider that an On-Site Reviewer may be sent to the next activity at COPE’s expense to verify compliance. The reviewer will report back one of three decisions: no violation, minor violation, or significant violation.
2. Second Infraction: COPE will ask the administrator or provider to submit written documentation of corrective action to remediate the issue. COPE informs them that an On-Site Reviewer will be sent to the next activity at the administrator’s or provider’s expense to verify compliance. The reviewer will report back one of three decisions: no violation, minor violation, or significant violation.
3. Third Infraction: Possible suspension of privileges by COPE.

**Appeal Process**
1. If an administrator or provider disagrees with the findings of the investigation, they may, in writing, appeal the decision and request a review of the information by the COPE Advisory Committee. The administrator or provider should include information on why they feel they should be able to continue as a COPE Administrator or Provider.
2. If the administrator or provider disagrees with the findings of the COPE Advisory Committee, they may, in writing, appeal the decision to the ARBO Board of Directors.
GLOSSARY OF COPE TERMS

Accreditation Review Committee
The committee that reviews data and information submitted for Provider and Activity Accreditation and makes accreditation determinations that are ratified by the ARBO Board of Directors. The Accreditation Review Committee is comprised of members of the ARBO Staff, members of the COPE Committee, members of the Accredited Provider/Administrator community, and other stakeholders from the optometric profession. The Accreditation Review Committee must complete training, prior to participating in the accreditation decision process, to ensure that all accreditation determinations are made in a consistent manner in accordance with COPE Accreditation Criteria and COPE Standards for Commercial Support.

Activity Number
Each activity shall be given a unique identification number. All documentation provided to an optometrist for submission to a licensing board, such as a certificate of attendance slip, must include the COPE activity number.

COPE Administrators will obtain an activity number once their Pre-Activity Accreditation Form has been reviewed and approved.

Accredited Providers will obtain activity numbers from COPE prior to their activity taking place.

ARBO
The Association of Regulatory Boards of Optometry (ARBO®) is a 501(c)(3) not-for-profit association of regulatory boards of optometry. ARBO's mission is to represent and assist member licensing agencies in regulating the practice of optometry for the public welfare. ARBO created COPE in 1993 as a service to its member licensing boards; COPE is entirely administered from ARBO's administrative offices.

Commercial Interest
A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered commercial interest. A commercial interest is not eligible to become an approved COPE Administrator/Provider and cannot control the educational content for COPE Approved CE. Under this definition, the following types of organizations are eligible for become approved COPE Administrators/Providers and free to control the content of COPE Approved CE:

- 501(c) Non-profit organizations (Note: 501(c) organizations are screened for eligibility. Those that advocate for commercial interests as a 501(c) organization are not eligible to become COPE Approved Administrators/Providers. They cannot serve in the role of joint sponsor, but can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group optometric or medical practices
- For-profit hospitals
- For-profit rehabilitation centers
• For-profit nursing homes
• Blood banks
• Diagnostic laboratories

Commercial Supporter
Any proprietary entity providing educational grants to COPE Administrators and Accredited Providers.

Competence
The ability of a physician to combine knowledge, strategies and skills into action if called to do so. Competence may also be defined as “knowing how” to do something or what the physician would do given the opportunity to do so. For further reference, see: Miller GE. The assessment of clinical skills/competence/performance. Acad. Med. 1990; 65(9 Suppl.):S63-7

Conflict of Interest
A conflict of interest is created when an individual has an opportunity to affect CE content about products or services of a commercial interest with which he/she has a financial relationship. COPE considers ‘CE content about products or services of a commercial interest’ to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

COPE®
The Council on Optometric Practitioner Education (COPE®) is a program of the Association of Regulatory Boards of Optometry (ARBO®). COPE accredits continuing optometric education providers and activities on behalf of optometric licensing boards.

COPE Accredited CE
Continuing education activities produced and delivered by COPE Administrators and Providers in compliance with the COPE Accreditation Criteria, Standards for Commercial Support, policies and procedures.

COPE Activity
An educational event or publication produced by a COPE Administrator or Provider in accordance with the COPE Accreditation Criteria, Standards for Commercial Support, policies and procedures.

COPE Administrator
The organization, group or entity assuming overall responsibility for program planning, promotion, on-site administration and financial management of CE activities who submits their activities individually for COPE accreditation.

COPE Advisory Committee
A committee established to give meaningful interprofessional input to the COPE Accreditation process. This committee has representation from the COPE Committee, COPE Provider, and COPE Administrator organizations. The Advisory Committee also serves as a peer review committee for appeals in case of COPE investigations of reported non-compliance.

COPE Course
A structured, educational session/intervention specifically designed to impart new knowledge, shared experiences or factual evidence, which is used maintain the level of
optometric competence consistent with the statutory requirements of a given state law defining optometry.

**COPE Provider**
The organization, group, or entity assuming overall responsibility for program planning, promotion, on-site administration, and financial management of CE activities and who has successfully completed the COPE Provider Accreditation process.

**Course Category**
Each COPE Course is categorized into a generalized content area developed by COPE to meet the CE requirements for practitioner re-licensure of participating boards of optometry. Courses are categorized according to the major emphasis of the course content. Courses may be reallocated to a different content area by COPE during the review process, or at any point subsequent to its acceptance. For specific definitions of individual categories, see page 46.

**Course Demographics**
Key course information entered into COPE’s database that is made available to regulatory boards of optometry (attendance and course authentication), program providers (future program planning), and general practitioners (future CE program attendance planning).

**Course Description**
A brief statement of what the instructor(s) intends to present. It is a thumbnail sketch summarizing the course which is suitable for publishing.

**Course Format**
The method used to physically teach a course. COPE uses the following specific format definitions.

A. **LIVE:** A live format is when the instructor is in the same room with the participants, even if other formats are used as audiovisual aids for teaching the course. The instructor is face-to-face with the audience and can touch the participants.
   1. **CE:** There is no post-course test.
   2. **CEE (Continuing Education with Examination):** There is a post-course test.  
      **Important:** See CEE Policy, page 23.

B. **DISTANCE LEARNING/MULTIMEDIA:** The course instructor is not physically present (not face to face).
   1. **Interactive Distance Learning:**
      - **Examples:** Webinar, video conference, teleconference, or other format that allows for immediate interaction and feedback between the audience and the instructor. Once the event has taken place, learners may no longer participate in that activity.

   2. **Enduring Distance Learning (Non-Interactive):**
      - **Examples:** Webcast, podcast, video, journal, website, written or other format that provides one-way content to the audience without immediate interaction with the instructor. There is not just one time on one day to participate in the activity, rather, the participant determines when he/she participates.
Course Number
COPE utilizes identification numbers to uniquely identify the courses, articles or other educational interventions. The course number is combined with the course category designation and must be listed on all certificates of attendance. (Example 12345-GL) Optometric licensing boards require the unique identification numbers in verification of maintenance of licensure.

Course Outline
A course outline is a basic guide to the key learning elements contained in a course. Usually laid out in bullet format, a course outline should be in sufficient detail so as to permit either the participant or an observer the ability to clearly follow along throughout the presentation. An outline can be considered sufficiently detailed if an observer is able to enter the presentation and after 5 or 10 minutes be able to locate where in the outline the presenter is. As a rough guide, a 1.5 to 2 page outline is typical for a one-hour course. See page 50 for a sample outline.

Course Presentation
The method used to present the information in a course. More than one presentation method can be used in a course. This information is used by many optometric licensing boards as part of the process of approval of accredited CE for license renewal.

COPE utilizes the following specific definitions for course presentations:

**CD-DVD:** A presentation recorded on a CD-ROM or DVD that provides one way content to the learner. See DISTANCE LEARNING/MULTIMEDIA POLICY on page 27.

**GRAND ROUNDS:** A presentation of clinical cases involving actual patient encounters, and the discussion of the diagnosis and treatment of that particular patient condition.

**HANDS-ON WORKSHOP:** A laboratory that emphasizes the demonstration and application of hands-on techniques and skills in optometric procedures and instrumentation.

**LECTURE:** A discourse given before an audience for the purposes of instruction in an area of study with one or more instructors.

**ONLINE:** The presentation of clinical cases or information related to professional eye care delivered solely via the Internet. See DISTANCE LEARNING/MULTIMEDIA POLICY on page 27.

**PANEL:** A discourse in a given area of study, presented by usually three or more simultaneous instructors.

**POSTERS:** The presentation of a poster at a scientific meeting. Authors must be present with the leading author meeting the COPE criteria. Interactivity is required for credit.

**SYMPOSIA:** A presentation usually by multiple persons on numerous topics, each presented in a short time frame.

**WRITTEN:** The presentation of clinical cases or information related to professional eye care solely in a written (printed/typeset), or electronically recorded format. See DISTANCE LEARNING/MULTIMEDIA Policy on page 27.
Course Review
A service provided by COPE to validate clinical content of COPE Courses. COPE Reviewers will review the course learning materials prior to an activity to assure that the course has educational and scientific integrity, that the course contains customary/generally accepted optometric and medical practices, and that the course is in compliance with the COPE Standards for Commercial Support.

Credit Hour
COPE hours/units are defined in the following increments:

<table>
<thead>
<tr>
<th>Hours/Units of Credit</th>
<th>Minutes of Instructional Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.25 hours/units</td>
<td>15 minutes</td>
</tr>
<tr>
<td>0.50 hours/units</td>
<td>25 minutes</td>
</tr>
<tr>
<td>0.75 hours/units</td>
<td>40 minutes</td>
</tr>
<tr>
<td>1.00 hours/units</td>
<td>50 minutes</td>
</tr>
<tr>
<td>1.25 hours/units</td>
<td>65 minutes</td>
</tr>
<tr>
<td>1.50 hours/units</td>
<td>75 minutes</td>
</tr>
<tr>
<td>1.75 hours/units</td>
<td>90 minutes</td>
</tr>
<tr>
<td>2.00 hours/units</td>
<td>100 minutes</td>
</tr>
</tbody>
</table>

Curriculum Vitae (CV)
A CV is a detailed chronological history of a person's educational and teaching experience, and professional accomplishments which qualifies the instructor to teach the course (not a biographical sketch).

Informatics
As defined by the U.S. National Library of Medicine, health informatics is the interdisciplinary study of the design, development, adoption, and application of IT-based innovations in healthcare services delivery, management, and planning.

Instructor
The person (or persons) who actually teaches the course, and who assumes responsibility for the educational content and method of presentation of the course.

Knowledge
Facts and information acquired by a learner through experience or education.

Performance
The demonstration of physician competence in clinical practice. It may also be defined as what the optometrist actually does in clinical practice. For further reference, see: Miller GE. The assessment of clinical skills/competence/performance. Acad. Med. 1990; 65(9 Suppl.):S63-7

Performance in Practice Activity Review Form
The form submitted by providers, in addition to the Self Study Report, to demonstrate that they are implementing the accreditation criteria within actual educational interventions/sessions.
**Practice Gap**
The difference between what optometrists are doing or accomplishing compared to what is achievable on the basis of current professional knowledge. A practice gap is an educational need that a physician knows they have or that a provider deduces from data. A practice gap is a description of a problem in practice that the administrator or provider will address with an educational intervention. Professional practice gaps can be clinical or non-clinical.

**NOTE:** Although citing knowledge as a practice gap is acceptable for some educational interventions, administrators and providers must demonstrate that their overall programs are based on practice gaps in the areas of optometric competence, performance, and/or patient outcomes.

**Pre-Activity Accreditation Form**
The document utilized by COPE Administrators to demonstrate that they are implementing the accreditation criteria within the initial planning of an educational activity/intervention.

**Post-Activity Accreditation Form**
The document submitted by COPE Administrators within 30 days of the completion of the educational intervention/session to demonstrate full compliance of the accreditation criteria including a post-activity educational outcomes assessment.

**Probation**
One of the potential accreditation determinations given to Accredited Providers and Administrators that have serious problems meeting COPE accreditation requirements. The Accredited Provider or Administrator must correct the noncompliance issues in order to achieve accreditation. Probation may also be given to Accredited Providers whose progress reports are rejected.

**Relevant Financial Relationships**
Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership of advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. COPE considers relationships of the person involved in the CE activity to include financial relationships of a spouse or partner.

With respect to personal financial relationships, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

With respect to financial relationships with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

**Reviewer**
A COPE recognized and licensing board-endorsed optometrist or a faculty at an optometric school or college who has completed the COPE Reviewer training program successfully.
COPE Reviewers serve indefinitely but must periodically re-certify to continue as a COPE Reviewer. They are not compensated for their service. COPE Reviewers serve two primary functions. COPE Reviewers validate clinical content in courses submitted to COPE through the Course Review Program and also provide objective feedback via direct observation of a COPE Activity regarding compliance with COPE Accreditation Criteria, Standards for Commercial Support, and policies.
COPE ACCREDITATION FREQUENTLY ASKED QUESTIONS

How long are COPE qualified courses valid?
Beginning February 1, 2017, courses qualified by COPE are valid for the following time period (see page 35 for more information on course formats):

- **Live and Interactive Distance Learning Courses are valid for 1 year.**
  - **Live Course:** Face-to-face real-time learning
  - **Interactive Distance Learning Course:** Real-time webinar, video conference, teleconference, or other format that allows for immediate interaction and feedback between the learner and instructor.

- **Enduring Distance Learning Courses are valid for 3 years.**
  - **Enduring Distance Learning Course:** Webcast, podcast, video, journal, website, written, or other format that provides one-way content to the learner without interaction with the instructor.

Why does the dollar amount of commercial support received need to be reported to COPE under the new rules?
The COPE Standards for Commercial Support (SCS) ensure that optometric CE is independent of commercial bias. SCS 3.13 requires that a CE provider produce accurate documentation of the receipt and expenditure of commercial support. This includes providing the total amount of money received from commercial supporters.

Does Criterion 2 mean that the expected results need to be articulated for every course at an activity or for the overall activity in general?
Specifying multiple expected results may be appropriate if each course has a different goal. However, if an activity has multiple courses that are all centered on the same expected result, Criterion 2 may be satisfied by stating a single expected result. Regardless of the number of expected results within an activity, the activity should be planned to elicit a change in either professional competence or professional performance or patient outcomes.

What is an example of a practice gap? Is it the same as a topic of interest?
A practice gap is not the same as a topic of interest. For example, if learners express a desire for a course in optical coherence tomography (OCT), the request alone is not a considered a practice gap. An OCT course is a topic of interest. The learners must still be asked why they desire the course in OCT and what specifically the learner would like to know in order to help them in clinical practice. Is the request generated out of a lack of understanding of the technology of OCT (knowledge based need) or the uncertainty of how to interpret the OCT results (competency based need)? Do they desire the topic for another educational need? Once the underlying educational need is known, a practice gap has been identified. The appropriate learning format that will best address the educational need may then be selected.

Do I always have to survey my learners to determine what practice gap will be addressed during an activity?
No. Multiple resources may be used to determine a practice gap. Practice gaps may be identified through conversations with learners, journal articles, new practice guidelines,
patient outcome data, etc. For example, you may read a result of a public health survey which determines a rising rate of low vision services utilization in the diabetic community. The planning committee may use this information to plan an activity which has the goal of reducing diabetic retinopathy rates by educating optometrists about recently released diabetic guidelines, detection of diabetic macular edema, appropriate use of intravitreal injections for diabetic macular edema, etc.

What about new technology? How can I determine a practice gap if the learners are not familiar with the new technology and don't even “know what they don’t know?”

The introduction of new technology to the profession is an appropriate utilization of accredited CE. The practice gap may be defined by the fact that new information is now available which would aid the optometrist in clinical practice or research. The activity must still be planned in compliance with the COPE Standards for Commercial Support.

Can an individual who works for industry serve as an instructor for COPE Accredited CE?

In rare cases, an industry representative may present CE if they are not delivering a proprietary message about the company’s product(s). For example, if they are speaking about science behind new products or technology introduced in the profession, but not giving a “commercial” lecture, this would be allowed. The onus is on the provider/administrator to review the materials and information prior to the lecture to assure that no violation of Standards for Commercial Support occurs. The provider/administrator must also ensure appropriate disclosure to the learners. Accordingly, it may also be appropriate for the provider/administrator to place a “real time monitor” in the lecture to assure that COPE SCS are followed.

Optometrists in my jurisdiction need 10 hours of retina CE to fulfill their license renewal requirements. Is that a practice gap?

No. Designing a CE program solely based on license requirements does not qualify as a practice gap analysis. You certainly may design a retina track curriculum, but the planning committee must determine the specific problems in practice and the underlying educational needs of the learners that will be addressed within the retina curriculum.

Does each course within an activity have to specify a different practice gap?

Having each course within an activity meet a different practice gap may be appropriate if every lecture is unrelated to the whole lecture series. However, if a meeting is being designed to address a single practice gap, and all courses support the practice gap, a single practice gap may be appropriate for that activity. Each course may support a different need, but as long as the courses center on a certain practice gap, this would meet the COPE accreditation criteria.

How do I select the appropriate format for my CE activity?

All activity formats (e.g., didactic, small group, interactive, hands-on skills labs) are acceptable and should be chosen based on what the administrator or provider hopes to achieve with respect to change in competence, performance, and/or patient outcomes. When choosing the educational format for an activity, the administrator or provider should take into account the setting, objectives, and desired results of the activity. If a provider/administrator believes that the best way to impart knowledge or strategies is through a didactic lecture, the provider will
choose a live lecture as a format. If a provider/administrator believes that the learners may respond better in a self-directed manner, they may choose to develop a distance learning format (video, audio, or text). If the best way to address the practice gap is through hands-on learning, a provider/administrator would choose a workshop format.

**Why did COPE select the particular outcomes measures that are required in the new accreditation criteria?**

Although there are varied methods of outcome measures within adult learning theory, the particular outcomes selected are those most commonly used in healthcare continuing education systems. The terms are derived from a framework for assessment of continuous learning developed by Donald E. Moore, Jr., PhD from Vanderbilt University School of Medicine. This framework is most commonly referred to as Moore’s 7 levels of CME outcome measures and is represented as a pyramid. *(See image of Moore’s pyramid on next page.)*

Healthcare continuing education accreditation systems agree that accredited CE should strive to move from declarative knowledge to competency or higher outcome measures. For more information see references below.

Alliance for Continuing Education in Health Professions   www.acehp.org

What are some examples of knowledge, competence, performance, or patient outcomes as expected results within optometric CE?

**Scenario #1:** You determine through practice gap analysis that your learners are not adequately familiar with scleral contact lens fitting. You develop an educational intervention to address this need.

**Knowledge:** The optometrist is able to identify the patient conditions benefitting from scleral contact lenses. The optometrist will also be able to verbalize the fitting steps.

**Competence:** The optometrist has demonstrated ability to apply and remove scleral lenses, correctly identify fluorescein patterns and articulate how to manage complications.

**OR**

**Competence:** The optometrist is able to articulate how they will change their clinical practice as a result of the course.

**Performance:** Data is obtained to show that the optometrist has successfully managed scleral lens patients within clinical practice.

**Patient Outcomes:** You are able to determine through review of data or patient surveys that visual acuities and quality of life has improved in a population as a result of appropriate scleral lens care.

**Scenario #2:** You determine through a practice gap analysis that your learners would benefit from additional training in the management of dry eye disease. You develop an educational intervention to address this practice gap.

**Knowledge:** The optometrist is able to identify the etiology of dry eye disease and the possible treatment protocols.

**Competence:** The optometrist has been able to demonstrate the ability of to insert punctual plugs and articulate when punctual plugs are appropriate in the management of dry eye disease.

**OR**

**Competence:** The optometrist is able to articulate how they will change their clinical practice as a result of the course.
Performance: You are able to identify through direct observation or review of data that the learners are able to successfully manage patients with dry eye disease in clinical practice.

Patient Outcomes: You are able to identify that patient satisfaction scores are improved on patient dry eye survey forms as a result of the learners applying the new information after the course.

Why is knowledge acceptable as a documented educational need but not acceptable as a CE outcome measure?

The goal of accredited CE is to enable doctors to put knowledge into action. Achieving this goal begins at the planning level. The primary impetus for CE is to address a specific problem in practice (a practice gap). It very well may be that the underlying problem in practice is due to a lack of knowledge. In this instance, the provider/administrator may design a CE course to impart knowledge, but the education should also supply strategies which help the doctor to use this knowledge in their practice. The CE outcome measure is the degree to which the provider/administrator has achieved the goal of helping the doctor put knowledge into action.

COPE acknowledges that, historically, most optometric continuing education programs have been measured at the level of satisfaction or knowledge. COPE Accreditation will encourage and require administrators and providers to demonstrate that they are “raising their bar” on outcome levels and show progress toward measuring outcomes at the competence, performance, or patient outcomes level.

How can I measure competency when the education is addressing procedures that are beyond the scope of licensure of the learners?

It is possible to measure competency even if the learner is attending a course that is beyond the scope of licensure provided that the outcomes measures are related to how the learner will apply the knowledge in clinical practice. This is particularly true with courses on ocular surgical procedures. It is imperative for optometrists to know and understand ocular surgeries and to appropriately manage pre-operative and post-operative patients. The competency measures assess whether an optometrist will use the knowledge to provide better care for their patients.

Example: You ask a retina specialist to give a lecture on ocriplasmin for intravitreal injections and measure the outcomes for the activity. If you only ask the ODs what they have learned, you are measuring outcomes at a knowledge level. If you ask the ODs how they will change their practice and the OD articulates how they will make more appropriate referrals for the procedure, you have moved to a competence outcomes measure.

Do all of my activities need to demonstrate positive educational outcome measures in order to maintain accreditation?

No. It is possible that an activity may not meet the expected results desired and documented during the planning process. Accreditation Criterion 13 does require that you identify, plan, document and implement changes in the overall program to improve future CE activities.
Why does COPE select the activities which will be reviewed during the Reaccreditation process? Why can’t I select the activities I wish to highlight?
The process of a random selection of activities by the accreditor gives validity to the process of accreditation. This method is used by most healthcare continuing education accreditors to assure all stakeholders that each and every activity is planned and executed according to accreditation criteria and standards.

Can I submit my audience survey forms to meet Criterion 11?
The submission of survey forms alone does not meet Criterion 11. COPE is interested in the information that is concluded from surveys, data or other tools you use to evaluate your activities or overall CE program. You may elect to submit the audience survey form as an example of evidence to support your accreditation Self-Study Report, but the aggregate raw data from surveys will not meet Criterion 11 by itself.

Why does COPE require submission of data relating to financial support by commercial interests?
The administrator or provider is responsible for demonstrating that all relevant conflicts of interest have been identified and have been effectively managed. Neither ARBO nor COPE provides continuing education; neither is a competitor of any CE administrator/ provider. That is one way ARBO and COPE manage conflicts associated with such required reporting. COPE expects all administrators/providers to engage in the most rigorous disclosure of, and management of, all conflicts of interest, especially those of a commercial nature.

If an Accredited Provider validates a course for a specific activity, can the course be presented by an administrator at other educational activities?
Courses that are accredited through a provider’s planning committee are specific to that provider. If a COPE Administrator would like to present the same course at their activity, it must be submitted through the COPE Review system for content validation and assigned a new number after which the course will be placed in the COPE database.

NOTE: It is still the responsibility of the administrator to determine that the content of the course addresses a practice gap of their learners.
ADDITIONAL RESOURCES:

COPE COURSE CATEGORY DEFINITIONS

The following are the specific definitions of the individual course categories:

A. CLINICAL OPTOMETRY

Contact Lenses (CL):  All aspects of contact lens applications.

Functional Vision/Pediatrics (FV):  Those portions of optometric practice that deal with visual processing and neuro-optometric rehabilitation, including sports vision, binocular vision, and visual training or vision development courses.

General Optometry (GO):  Any study in the area of the eye and vision care, which constitutes eye and vision research, or examination, diagnosis and treatment of anomalies of the human eye and visual system. For the purposes of these categories “General Optometry” excludes any other category enumerated here.

Low Vision/Vision Impairment & Rehabilitation (LV):  All aspects of low vision devices, care and therapy.

Public Health (PB):  Those portions of optometry focused on disease prevention and health promotion at a population level and considering evidence from the fields of biostatistics, environmental health, health policy and management of social and behavioral sciences.

Examples:  Disease surveillance, vision screening, health disparities, determinants of health, health literacy, health education, environmental optometry, infection control, health services research, health law, health economics, evidence based practice, behavior change communication, cultural competency, etc.

B. OCULAR DISEASE

Glaucoma (GL):  The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and the outcomes of therapeutic regimens.

Examples:  Any course with major emphasis on diagnosis, treatment, and/or surgical and medical management of glaucoma (i.e., trabeculectomy, laser surgery for glaucoma).

Injection Skills (IS):  Instruction and clinical training in subcutaneous, intramuscular, and intravenous injection for the purpose of therapeutic diagnosis and treatment of disease or anaphylaxis.

Laser Procedures (LP):  The study and clinical training in the performance of any ophthalmic laser procedure of the anterior segment and adnexa.

Examples:  SLT, ALT, LPI, YAG, Punctoplasty, etc.

Peri-Operative Management of Ophthalmic Surgery (PO):  The study of all aspects of pre- and post-operative management of invasive ophthalmic surgery procedures (excludes Refractive Surgery).

Examples:  Cataract surgery, blepharoplasty, strabismus surgery, keratoplasty, etc.

Refractive Surgery Management (RS):  Instruction and/or clinical training in refractive or photorefractive technologies, which may include Perioperative Patient Management: Counseling and evaluation for indications or contraindications in patient selection, including recognition of associated complications and course of action in analysis and treatment.
Examples: Courses related specifically to management of PRK, RK and LASIK patients; corneal refractive surgery, etc.

Surgery Procedures (Optometric) (SP): Instruction and/or clinical training in the performance of ocular surgery procedures.

Examples: I&D of lesions, surgical lid lesion excision, suturing techniques, stromal micropuncture, chalazion curettage, etc.

Treatment & Management of Ocular Disease: Anterior Segment (AS): The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the anterior segment of the human eye.

Examples: Keratitis, anterior uveitis, conjunctivitis, blepharitis, lid anomalies, foreign body removal, etc.

Treatment & Management of Ocular Disease: Posterior Segment (PS): The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the posterior segment of the human eye.

Examples: Degenerative, infective, and vascular diseases of the retina/choroid/sclera and optic nerve, inclusive of all aspects of surgical care involving the posterior segment of the eye, i.e., retinopathies, neuropathies, retinal laser surgery, retinal detachment surgery, etc.

C. RELATED SYSTEMIC DISEASE

Neuro-Optometry (NO): The study of the etiology, clinical evaluation, diagnosis, treatment and management of disease and disorders of the nervous system, both systemically and as it relates directly to the eye and visual system.

Examples: Includes all aspects of nervous system conditions involving the brain, cranial nerves, spinal cord, peripheral nerves, and corresponding muscles, i.e., multiple sclerosis, pituitary tumor, brain trauma, Myasthenia Gravis, papilledema, Horner’s Syndrome, etc.

Oral Pharmaceuticals (OP): The study of the etiology, clinical evaluation, diagnosis and treatment of ocular disease using the appropriate indications, prescription utilization, and follow-up assessment of the oral medications used for ocular therapy.

Pharmacology (PH): The study of the interaction of chemical agents with biological systems.

Examples: Toxicology; adverse effects of systemic drugs; adverse effects of ocular drugs; control of ocular pain. Any courses related to medications and how they affect the various tissues or their mechanism of actions.

Principles of Diagnosis (PD): The study of the art and science of the process of determining the nature and circumstances of a diseased condition with emphasis on the biological and clinical procedures utilized in medical examination and disease differentiation, and underlying clinical pathophysiology, e.g., corneal topography, visual fields (unless specific to glaucoma); laboratory testing and imaging; fluorescein angiography; gonioscopy.

Systemic/Ocular Disease (SD): The study of the relationship of any anomaly of normal function of the human body and the possible manifestation of such as signs and/or symptoms in the eye or visual system.

Examples: General study of diabetes, HIV/AIDS, thyroid disease, etc., along with their ocular manifestations. Vascular diseases both systemic and ocular.
D. OPTOMETRIC BUSINESS MANAGEMENT

Ethics/Jurisprudence (EJ): The study of the body of law in the practice of optometry and its relationship to the Medicolegal system.

Examples: Any courses related to the rules and practice acts for optometry, or addressing medicolegal issues related to patient treatment, and liability concerns and issues.

Practice Management (PM): The study of management of the business affairs of optometric practice. This includes the concepts of managed care and operations management, courses designed to help market practices, to educate office staff, to improve billing efficiency and coding skills, to improve clinical recordkeeping and to enhance fiscal efficiency. EHR and ICD-10 courses are included in this category. This does not include courses that are intended for personal enhancement or investment prowess.
## DESIRABLE OPTOMETRIST ATTRIBUTES

<table>
<thead>
<tr>
<th>Institute of Medicine Core Competencies for Health Care Professionals</th>
<th>ASCO Attributes of Students Graduating from Schools and Colleges of Optometry</th>
<th>ABO/ACGME/ABMS Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide patient-centered care</strong>&lt;br&gt;Identify, respect, and care about patients’ differences, values, preferences, and expressed needs, relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.</td>
<td>A commitment to life-long learning and providing the highest standard of care.&lt;br&gt;The ability to acquire, analyze and apply new information while making reasonable and informed decisions that are consistent with the interests and needs of the patient and broader community.&lt;br&gt;Problem-solving and critical-thinking skills that integrate current knowledge, scientific advances and the human/social dimensions of patient care to assure the highest quality of care for each patient.&lt;br&gt;The ability to recognize personal limitations regarding optimal patient care and to work with the broader health care community in providing the best care possible.&lt;br&gt;An understanding of professional ethics and challenges to the optometric profession posed by conflicts of interest inherent in health care delivery, and the ability to incorporate those principles into decisions affecting patient care, always keeping the patient’s welfare foremost.&lt;br&gt;Professionalism, by demonstrating honesty and integrity in all interactions with patients and their families, colleagues and others with whom the optometrist must engage in his/her professional life.&lt;br&gt;A respect for the dignity of every patient and a commitment to empathetic and confidential care.&lt;br&gt;A commitment to work as an integral member of the larger interprofessional health care team to improve patient care outcomes.</td>
<td><strong>Practice-Based Learning and Improvement.</strong> Show an ability to investigate and evaluate patient care practices; appraise and assimilate scientific evidence; and improve the practice of optometry.&lt;br&gt;<strong>Patient Care and Procedural Skills.</strong> Provide care that is compassionate, appropriate, and effective treatment for eye and vision problems, and that promotes health.&lt;br&gt;<strong>System-Based Practice.</strong> Demonstrate awareness of, and responsibility to, the larger context and systems of health care.&lt;br&gt;<strong>Medical Knowledge.</strong> Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences, and their application in patient care.&lt;br&gt;<strong>Interpersonal and Communication Skills.</strong> Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g., fostering a therapeutic relationship that is ethically sound and uses effective listening skills with nonverbal and verbal communication; and working as both a team member and a leader).&lt;br&gt;<strong>Professionalism.</strong> Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.</td>
</tr>
<tr>
<td><strong>Work in interdisciplinary teams</strong>&lt;br&gt;Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</td>
<td><strong>Employ evidence-based practice</strong>&lt;br&gt;Integrate best research with clinical expertise and patient values for optimum care and research activities to the extent feasible.</td>
<td><strong>Show an ability to investigate and evaluate patient care practices; appraise and assimilate scientific evidence; and improve the practice of optometry.</strong>&lt;br&gt;<strong>Provide care that is compassionate, appropriate, and effective treatment for eye and vision problems, and that promotes health.</strong>&lt;br&gt;<strong>Demonstrate awareness of, and responsibility to, the larger context and systems of health care.</strong>&lt;br&gt;<strong>Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences, and their application in patient care.</strong>&lt;br&gt;<strong>Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g., fostering a therapeutic relationship that is ethically sound and uses effective listening skills with nonverbal and verbal communication; and working as both a team member and a leader).</strong>&lt;br&gt;<strong>Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.</strong></td>
</tr>
<tr>
<td><strong>Apply quality improvement</strong>&lt;br&gt;Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</td>
<td><strong>Utilize informatics</strong>&lt;br&gt;Communicate, manage knowledge, mitigate error, and support decision making using information technology.</td>
<td><strong>Demonstrate awareness of, and responsibility to, the larger context and systems of health care.</strong>&lt;br&gt;<strong>Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences, and their application in patient care.</strong>&lt;br&gt;<strong>Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g., fostering a therapeutic relationship that is ethically sound and uses effective listening skills with nonverbal and verbal communication; and working as both a team member and a leader).</strong>&lt;br&gt;<strong>Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.</strong></td>
</tr>
</tbody>
</table>
SAMPLE COURSE OUTLINE

PRESCRIBING DISTANCE TELESCOPES FOR LOW VISION PATIENTS IN YOUR PRIMARY CARE PRACTICE

Jane Doe, O.D.
123 Main Street
Someplace City, CA 95959
(700) 555-1212
lowvisiondoctor@123key.com

Course Outline
I. Who can benefit from telescopic devices?
   A. Distance tasks (primary use)
      1. Seeing the chalkboard
      2. Overhead menus at fast food restaurants
      3. Bus signs
      4. Identification of individuals at a distance
      5. Watching plays, movies
      6. Seeing television
   B. Intermediate tasks (secondary use)
      1. Computer use
      2. Arm’s length tasks, e.g. card playing
      3. Seeing countertops

II. Types of simple telescopes
   A. Galilean systems
      1. Galilean telescopes have positive lens as the objective and a negative lens of higher power as the ocular.
      2. Erect and upright image
      3. Relatively compact design
      4. Dim images and limited field-of-view
      5. Large exit pupil, which makes centering less difficult.
      6. Rejection of this visual aid is attributed mainly to its appearance.
   B. Keplerian systems
      1. Keplerian telescopes have a plus power objective lens and a plus power ocular lens
      2. Inverted images require an erecting lens or prism
      3. Typically larger dimension of the device and increased weight.
      4. Brighter images and wider fields of view
      5. Small exit pupil requiring better centering and aiming
      6. Greater design complexity and more expensive
      7. Size and weight can be reduced with in-the-lens design
      8. Rejection of this visual aid is also attributed mainly to its appearance.

III. Properties of telescopes
   A. The exit pupil and field of view
   B. The exit pupil and brightness
   C. Determination of the telescope type
   D. Verification of telescopic magnification (exit pupil method)

IV. Prescribing for distance tasks
A. Determination of proper magnification for specified distance task
B. Monocular vs. binocular

V. Instruction in the use of telescopic systems for distance tasks
   A. Stationary user and stationary object (spotting)
   B. Stationary user and moving object (tracking)
   C. Moving user and stationary object
   D. Moving user and moving target

VI. Case studies
   A. A 14 year old male with albinism has nystagmus, is light sensitive and currently wears single vision distance glasses, which he reports only “help a bit.” He cannot read the notes on the blackboard at school. Your refraction is:
      R. +4.00 — 2.25 x 180 VA 10/80 L. +3.00 — 3.00 x 170 VA 10/80
      He does not want to wear “anything that sticks out of his glasses.” He likes to watch soccer matches at the stadium also.
      1. What specific tasks does the patient want to do?
      2. What are the best corrected acuities?
      3. What magnification should you start with?
      4. How will the nystagmus affect the use of the telescope?
      5. Should he wear his glasses when using the telescope?
      6. How will wearing his glasses affect his field of view?
      7. What options are available?
      8. What about his light sensitivity?

   B. A 56 year old retired medical laboratory technician was diagnosed with beginning macular degeneration 7 years ago. She likes to play keno at the casinos but finds it very difficult to see the numbers on the overhead keno boards. She does not wear any glasses for distance and her acuities are: R. 10/40; L. 10/80.
      1. What is the task which needs to be accomplished?
      2. What are her acuities?
      3. How will the light in the surrounding area affect the selection of the scope?

   C. A 65 year old African American woman with glaucoma has a hard time seeing concerts from her seat in the theater. Best correction and acuities are:
      R. +1.00-0.50x095 VA 10/160 L. +0.50-0.50x080 VA 10/200
      She has found her 2x opera glasses to be inadequate.
      1. Can you help her with this level of vision?
      2. How would her glaucoma medications affect her using a telescope?
      3. What is the disadvantage of giving her a high powered system?

   D. A 69 year old man with significant cataracts does not want to have cataract surgery. He loves to fly radio controlled model airplanes but is finding it extremely difficult to see the planes in the air. His acuities are not improved with any standard correction. R. 20/100; L. 20/100
      1. Does the patient need his hands free?
      2. One eye or two?
      3. How will a higher powered system affect his ability to track the planes?

   E. A friend (with no visual impairment) wants to see his son play football. Many of the games are played at night, but several are during the day as well. He has seen ads for binoculars and is trying to decide whether he should buy a 4x12 binocular; a 6x15 binocular; a 7x50 binocular or a 10x20 “extra wide field” system. Can you give him any advice?
SAMPLE FINANCIAL RELATIONSHIP DISCLOSURE

COPE offers this document as a sample for COPE Administrators, Accredited Providers, Instructors and planning committee members to use for disclosing relevant financial relationship information. All elements of this form must be included with the course submission. **NOTE: COPE Administrators and Accredited Providers are not required or expected to use this document; it only serves as an example.**

Disclosure of Relevant Financial Relationships

Name: [INSERT NAME]
Activity Title: [INSERT COPE ACCREDITED ACTIVITY NAME]
Content of Activity: [INSERT SUMMARY OF CONTENT]
Date of Activity: [INSERT DATE OF ACTIVITY]

First, list the names of proprietary entities producing health care goods or services, consumed by, or used on patients, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Second, describe what you or your spouse/partner received (ex. Salary, honorarium, etc.). [COPE PROVIDER NAME] does not want to know how much you received.

Third, describe your role:

<table>
<thead>
<tr>
<th>Name of Commercial Interest</th>
<th>Nature of Relevant Financial Relationship (include all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Company X</td>
<td>Honorarium</td>
</tr>
<tr>
<td></td>
<td>Speaker</td>
</tr>
</tbody>
</table>

I do not have any relevant financial relationships with any commercial interests. My signature on this document confirms all of the following:

- I have read and will comply with the COPE requirements for course qualification. I further agree to notify COPE in writing should any information provided, including financial/proprietary information, change at any time during the one year qualification period of this course.
- I agree that I will keep my presentation free from commercial interest or bias. I will maintain independent control over the content of my presentation, so that it is balanced, objective, presented with scientific rigor and not be for the purpose of promoting products, equipment, etc. (Therefore, my presentation should not be perceived by attendees as a commercial.) I further agree that I will not change the basic content of my presentation following approval.
- I agree to disclose to the audience the existence of any significant financial/professional relationships with the manufacturer(s) of any commercial product(s) and/or the provider(s) of any commercial service(s) discussed in the educational presentation. (Said relationships can include such things as grant/research support, employment, consulting...
and/or speakers bureau arrangements, major stock ownership, etc.) I will disclose any of these relationships, whether or not there is direct commercial support for the CE activity. This disclosure is made to provide the audience the information on which they can make judgments as to a presenter’s objectivity.

- I agree to disclose the attendees; a) when products or procedures being discussed are off label, unlabeled, experimental, and/or investigational (not FDA approved); b) any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

- I agree I have an ethical responsibility to make appropriate decisions related to my presentation, and all issues involving financial remuneration. (Considerations in this regard could include kickback schemes or multiple remunerations for a single event.)

Signature: ________________________________

Date: ________________________________
SAMPLE COMMERCIAL DISCLOSURE STATEMENTS

NOTE: COPE Administrators and Accredited Providers are not required or expected to use the identical language in these disclosures. The following statements only serve as examples of elements that should be included in disclosure of relevant financial relationships to course participants.

FOR ADMINISTRATORS and ACCREDITED PROVIDERS:

1. The content of this COPE Accredited CE activity was planned and prepared independently by (Administrator or Provider) without input from members of a commercial interest.

2. (Administrator or Provider) has received commercial support from (Corporate Supporter) for this activity in the form of an unrestricted educational grant.

FOR INSTRUCTORS:

NOTE: A disclosure slide MUST be at the beginning of every presentation.

1. (Instructor) has a relevant financial relationship with (Commercial Interest). He/she serves as a (consultant, speaker, etc.)

   OR

2. (Instructor) has no relevant financial relationships to disclose.

3. The content and format of this course is presented without commercial bias and does not claim superiority of any commercial product or service.

FOR PERSONS WHO ASSIST THE INSTRUCTOR WITH CONTENT DEVELOPMENT:

1. (Person) is affiliated with (Commercial Interest) as a (consultant, speaker, etc)

   OR

2. (Person) has no direct financial or proprietary interest in any companies, products or services mentioned in this presentation.
SAMPLE STATEMENT FOR ACCREDITED SCHOOLS SPONSORING CEE

SAMPLE STATEMENT FOR ACCREDITED INSTITUTIONS SPONSORING CONTINUING EDUCATION WITH EXAMINATION (CEE) COURSES

(Printed on official letterhead)

December 1, 20XX

ADMINISTRATOR or PROVIDER NAME
ADMINISTRATOR or PROVIDER ADDRESS

This letter confirms that ABC College of Optometry is responsible for the testing and grading of the post-course test for the courses listed below, scheduled for the XYZ Annual Meeting, January 5-6, 20XX, in Atlanta, GA. ABC College of Optometry will provide documentation of the test results to each participant.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Use of TPAs in Contact Lens Practice</td>
<td>John Smith, OD</td>
</tr>
<tr>
<td>Contact Lens Management of Irregular Astigmatism:</td>
<td>Tim Roth, OD, Terry Maine, OD</td>
</tr>
<tr>
<td>Video Grand Rounds</td>
<td></td>
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<tr>
<td>Advanced Contact Lens Applications: Reversed</td>
<td>Phil Bartleby, OD</td>
</tr>
<tr>
<td>Geometry Lenses</td>
<td></td>
</tr>
</tbody>
</table>

Sincerely,

Emily Provost, OD, Dean