

Commission on Accreditation of Ophthalmic Medical Programs

CoA-OMP



POLICIES AND PROCEDURES FOR THE APPROVAL OF EDUCATIONAL PROGRAMS FOR THE OPHTHALMIC ASSISTANT

Commission on Accreditation of Ophthalmic Medical Programs
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CoA-OMP

The Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP, formerly JRCOMP) is sponsored by the following collaborating organizations:

Association of Technical Personnel in Ophthalmology (ATPO),
which represents the interests of the allied health occupations.

Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO),
which represents the interests of ophthalmological medicine.

In consideration of approval and accreditation matters, members of CoA-OMP express independent judgments and do not serve as instructed representatives of their sponsors.

CoA-OMP is vested with the responsibility and authority to evaluate programs that have requested accreditation services. CoA-OMP's principal means of program evaluation consists of analyzing Self-Study Reports, sending representative teams to conduct site visits of programs, and deliberating at committee meetings.

CoA-OMP analyzes self-study reports submitted for accreditation of ophthalmic assistant programs, determines if a site visit is required for further clarification (**mandatory for Clinical Ophthalmic Assistant programs**), and makes final approval decisions.

STATEMENT OF NON-DISCRIMINATION

Members of CoA-OMP, consultants, and members of site visit teams are selected without regard to age, sex, race, color, national origin, disability, religion, sexual orientation, or marital status.

DEFINITIONS

Self-Study: a self-study is a formal process during which an educational program critically examines its structure and substance, judges the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements. The process should include a consideration of external factors influencing educational directions as well as an assessment of the extent to which the program is in compliance with established *Standards and Guidelines*.

Formal: organized and systematic

Accreditation Process: begins with a self-study and ends with a final recommendation made to the CoA-OMP Board of Directors

Educational program: the study is conducted by and for the program with the participation of appropriate constituencies

Structure and substance: the self-study is comprehensive and considers all elements of the program

Judges overall effectiveness: conclusions should be reached

Relative to mission: goals and objectives should be stated and appropriate to the program's mission

Identifies specific strengths and deficiencies: the study should be open, objective, and precise in the assessment

Indicates a plan for modifications and improvements: in particular, mechanisms to correct deficiencies should be proposed; formal long-range planning is a logical sequel to the self-study process

External factors influencing educational directions: conditions within the sponsoring institutions, projected changes in the profession's role, and the legal, social, political and economic climate affecting the program should be considered

The extent to which the program is in compliance with established approval Standards: at some point, the study should include a review of each *Standard* to determine if there are areas of marginal or non-compliance

Survey team: the individual(s) selected to visit an educational program

Program Director: The person responsible for the organization, administration, periodic review, continued development, and general effectiveness of a program

CLINICAL AFFILIATE:

The terms clinical education, directed clinical experience, field-work, and practicum refer to the planned learning experiences assigned as an integral part of, or complement to didactic courses. Clinical education is designed to provide initial and basic experiences in direct observation and then in participation in selected practical activities, under the supervision of qualified, competent personnel. The clinical portion of a structured educational program is usually specifically related to prior or ongoing didactic education.

Clinical education for ophthalmic assistants is offered in independent health care facilities, which may include hospitals, clinics, institutes, and professional practices. These facilities are involved in scheduling students to participate during specific blocks of time in planned activities that provide them with opportunities to apply academically acquired knowledge in an actual work situation applicable to their field of preparation. Emphasis is on skill and performance in the basic procedures used in an occupational setting and on dealing with a variety of situations that are likely to be encountered on the job. **Evaluation of competence is an essential part of clinical education.**

COMPONENTS OF THE SELF-STUDY PROCESS

A. PLAN

1. Establish timetable
2. Design the study, determine areas to be addressed and methods to be used
3. Identify participants and resources
4. Assign tasks

B. ACT

1. Gather data
2. Analyze data
3. Draw conclusions
4. Propose solutions and changes

C. REPORT

1. Organize information generated by study
2. Write draft
3. Circulate for review
4. Write final report

PROCEDURES IN ACCREDITATION

The accreditation process is continuously evolving. The trend has been from quantitative to qualitative criteria, from the early days of simple checklists to an increasing interest and emphasis on measuring the outcomes of educational experiences.

The process begins with the institutional or programmatic self-study, a comprehensive effort to measure progress according to previously accepted objectives. The self-study considers the interests of a broad cross-section of constituencies - students, faculty, administrators, alumni, and the appropriate approving commission and serves as the basis for evaluation by CoA-OMP. The CoA-OMP appointed site visitor (if a site visit is required) assesses the program in light of the self-study and adds judgments based on its own expertise and its external perspective. This visitor prepares a site visit report, which is reviewed by the institution or program for factual accuracy. The original self-study, the site visit report, and any response the institution or program may wish to make are forwarded to CoA-OMP. This information is then the basis for a CoA-OMP decision regarding the accreditation status of the program.

CoA-OMP reserves the right to review member institutions or programs at any time. It also reserves the right to review any substantive changes and holds programs continually responsive to their educational peers, to the constituents they serve, and to the public.

The approval process may be said to:

- foster excellence in education through the development of uniform national criteria and guidelines for assessing educational effectiveness
- encourage improvement through continuous self-study and review
- assure the educational community, the general public, and other agencies or organizations that an institution or program has clearly defined and appropriated objectives, maintains conditions under which their achievement can reasonably be expected, is in fact accomplishing them substantially, and can be expected to continue to do so
- provide counsel and assistance to established and developing institutions and programs, and endeavor to protect institutions against encroachment which might jeopardize their educational effectiveness of academic freedom

PURPOSES OF ACCREDITATION

The accreditation process has two fundamental purposes:

1. The identification of educational programs for ophthalmic assistants which can be recommended:
 - a. To ophthalmologists as a source of well-trained ophthalmic assistants
 - b. To prospective students/trainees, counselors, and the public as giving sound and thorough training to those persons interested in becoming ophthalmic assistants.
2. The establishment of a process whereby both accredited and unaccredited programs are stimulated toward their own improvement.

ELIGIBILITY

Accreditation review by CoA-OMP is open to ophthalmic assistant programs established in:

1. Community and junior colleges
2. Hospitals and clinics
3. Medical schools
4. Military educational facilities
5. Postsecondary vocational/technical schools and institutions
6. Other acceptable institutions which meet comparable standards for education in this field

APPLICATION FOR ACCREDITATION

Accreditation is a voluntary process. Evaluation of an allied health educational program is undertaken only with specific authorization from the chief executive officer of the sponsoring institution. A self-study report is prepared by the program and forwarded to CoA-OMP. A decision is made at this point on whether the program may be accredited or whether it should be visited (**site visit is mandatory for Clinical Ophthalmic Assistant programs**).

Maintenance of accreditation status is likewise voluntary and available only to programs that continue to meet the *Standards* required by CoA-OMP.

Application materials may be obtained by visiting the CoA-OMP Web site, www.jcahpo.org/coaomp.html.

FEES

Application Fee (for all programs)	\$400.00
Annual Fee	\$200.00
Site Visit*	ACTUAL COSTS

* mandatory for Clinical Ophthalmic Assistant Programs

SUMMARY OF BASIC CoA-OMP ACCREDITATION PROCESS

The basic accreditation process is presented in distinct steps for the purpose of illustration.

- | | | |
|--------------------|---|-------------|
| | Initial/Continuing Approval Application | |
| Step 1 Institution | | CoA-OMP |
| | <ul style="list-style-type: none">• Program administrators must sign application requesting accreditation• CoA-OMP provides guidance, procedures, and policies regarding the process | |
| | Self-Study Report | |
| Step 2 Program | | CoA-OMP |
| | <ul style="list-style-type: none">• CoA-OMP evaluates the self-study report to determine readiness of program to be accredited• If major problems exist in the self-study report, clarification or further documentation will be requested and a site visit may be required (mandatory for Clinical Ophthalmic Assistant Programs) | |
| | Site Visit (if required) | |
| Step 3 CoA-OMP | | Program |
| | <ul style="list-style-type: none">• CoA-OMP selects trained site visitor (usually the self-study report evaluator)• Site visitor conducts site visit, writes a site visit report and conducts an exit conference for presentation of findings at the termination of visit | |
| | Site Visit Report | |
| Step 4 CoA-OMP | | Program |
| | <ul style="list-style-type: none">• Site visit report is sent to appropriate institutional officials to provide opportunity for comment and for correction of factual errors and observations | |
| | Accreditation Recommendation | |
| Step 5 CoA-OMP | | CoA-OMP |
| | <ul style="list-style-type: none">• Accreditation decision is formulated by CoA-OMP based upon the self-study report, site visit report (if conducted), and other appropriate information• Program officials are notified of CoA-OMP's observations and accreditation• CoA-OMP reconsideration may be requested by program for recommendations of probation, accreditation withheld or a withdrawal | |
| | Notification Letter | |
| Step 6 CoA-OMP | | Institution |
| | <ul style="list-style-type: none">• Institution is informed of accreditation action taken by CoA-OMP• Actions of accreditation withheld or accreditation withdrawn may be appealed to CoA-OMP | |

ACCREDITATION INTERVAL

The accreditation cycle for ophthalmic assistant programs repeats at up to five-year intervals, or by changes in the status of the program. Progress reports may be requested of program if deficiencies are cited.

SELF-STUDY FOR OPHTHALMIC ASSISTANT PROGRAMS

Ideally, ongoing internal review, analysis, and assessment of the entire range of educational operations, including ancillary services that contribute to accomplishing valid objectives, should be conducted by faculty and other appropriate members of the academic community. This type of self-study (also called self-analysis or self-assessment) is required of programs requesting to be considered for accreditation by CoA-OMP. It provides self-study materials to guide the evaluation of the program within its institutional setting. These materials usually include an outline of the self-study report, a copy of the Procedures and a copy of the *Standards*.

SELF-STUDY REPORT

The self-study report is associated with the specific information needed by CoA-OMP for accreditation purposes.

COMPONENTS OF THE SELF-STUDY REPORT:

Style:	Should be clear, concise, consistent.
Content:	Should include the following: <ol style="list-style-type: none">1. How and for what purpose the study was done2. Who participated3. Description of present status of various program elements and any external influential factors4. Analysis of the above with identification of specific strengths and deficiencies5. Proposals for correction of deficiencies and other program modifications6. Conclusions reached7. Exhibits if needed for clarity

Programs are advised that the report need contain only enough representative documentation to substantiate compliance with the *Standards*, as clarified in the guidelines. The report should also contain a qualitative self-assessment based on application of the *Standards* and should conclude with changes anticipated to strengthen the program.

Program self-evaluation itself may go well beyond the needs of the accreditation process. Such effort is laudable but need not be fully reported to satisfy the accreditation process provided by CoA-OMP.

In general, a self-study report should be contained within one hundred pages, it should not exceed one hundred and fifty pages. The full written curriculum should not be

included (but should include the course descriptions and objectives); extensively detailed curricula vita are not desired; philosophical expansion is not appropriate; the full range of individual tests for assessing student progress is not needed, and so forth.

A final section of the self-study report should be devoted to a thoughtful summary of the results of the self-analysis.

The self-analysis summary should integrate and highlight the strengths and weaknesses of the program. Sufficient annotation should be offered with each strength so as to justify it, as well as convey the perspective for its selection. Program needs should be treated similarly, and with frankness. Needs should be separated into deficiencies in meeting *Standards*, marginal compliance (potential problem areas), and suggestions for improvement of the program not associated with deficiencies or marginal compliance.

The most satisfactory self-analysis summary will also include either mandates for planning, elements of a plan, a plan outline, or the plan itself, as responsive to the analytic outcomes.

The review and authorizing signatures (Chief Executive Officer, Medical and Program Directors, Dean or appropriate academic supervisor) appearing on the cover page attest to the acceptance of a commitment to the self-analysis outcomes by institutional and program officers. The cover page should be dated and titled, and bear full institutional and program identities as well as the approval signature of the authorizing institutional officers.

SUBMITTAL

The report should be securely bound to resist damage in transit and during heavy use on site. It should be clearly written, editorially treated, reproduced on 8 1/2 x 11 white bond except where color-coded paper will be helpful, paginated and sectioned by tables, and presented with a Table of Contents. The self-study should be written so that it is tabbed with a summary of each section of *Standards* attached with exhibits to follow. The report, therefore, is separated into sections of *Standards*.

Self-study reports should be submitted in four (4) copies, not less than four (4) months prior to a desired site visit date (if required). Submit copies of self-study to:

Commission on Accreditation of Ophthalmic Medical Programs
2025 Woodlane Drive
St. Paul, MN 55125-2998

The Program Director or other officer should negotiate a tentative schedule of events with CoA-OMP staff before the start of the organized self-study report.

SELF-STUDY REVIEW

Upon receipt of the application materials, copies of the self-study are sent to selected reviewers appointed by the Chairman of CoA-OMP for thorough review. These reviewers submit their reactions in writing to the Chairman utilizing the initial reviewer report form.

If it is agreed that the evidence submitted clearly shows that the *Standards* are **not** met, the Chairman summarized the apparent deficiencies in a letter to the program, points out the availability of further consultation if needed, and invites either a new application at a later date or further information addressing the deficiencies as cited in the letter. A site visit may be scheduled if a decision to grant approval cannot be reached (site visit is mandatory for Clinical Ophthalmic Assistant Programs).

SITE VISIT

The site visit process provides the opportunity to validate and/or clarify the contents of the Self-Study Report and to determine the extent to which allied health programs seeking approval comply with the *Standards*. The visit, usually one day in duration; is scheduled for a mutually convenient time. The Self-Study Report is supplied to the visitor for review prior to the visit.

A site visitor must be an ophthalmologist or a certified ophthalmic medical assistant and must have successfully completed a Site Visitor Workshop or equivalent. CoA-OMP has the responsibility of evaluating the qualifications of visitors. They shall be selected without regard to age, sex, race, color, national origin, disability, religion, sexual orientation, or marital status.

CoA-OMP charges its representatives with gathering data on which it can evaluate the compliance of the program with the *Standards*.

Site Survey Activities:

- Preparing for the site visit by studying the self-study and related program information in conjunction with the *Standards* and CoA-OMP directions
- Determining the facilities to be visited, the individuals to be interviewed, the reports and records to be reviewed, and additional information to be collected
- Meeting with and interviewing various individuals and groups, such as the chief executive officer of the sponsoring institution, appropriate academic supervisor, administrators of the program, resource personnel instructors, students, members of the admissions committee, graduates, and employers of graduates
- Analyzing the results of the site conference
- Presenting findings (accompanied by references to specific *Standards* if marginal or noncompliance is identified) during an exit conference with appropriate institutional administrators, program administrators, and others
- Providing institution and program officials with an opportunity to respond to the findings to correct any misconceptions, inaccuracies, etc.
- Completing the Site Visit Report

Objectivity and impartiality are essential throughout the site visit process.

CONFLICT OF INTEREST*

Members of CoA-OMP and staff must refrain from participating in the discussion or vote on accreditation matters if for any reason a conflict of interest or the appearance of a conflict of interest can arise. Minutes of meetings must reflect this non-participation.

Other persons involved in the accreditation review process must withdraw from participation in that process if for any reason a conflict of interest or the appearance of a conflict of interest can arise.

Provisions To Avoid Conflict of Interest in the Site Visit Process:

Site visitors who are competent to participate in the approval review process by virtue of their experience, training, and orientation are presented with opportunities to provide information to and receive information from faculty, staff, administrators, students, and other parties. Reasonable precautions are taken to ensure that site visitors develop and express objective opinions and decisions, free of self-interest and personal bias.

Persons should not serve as site visitors for a program if they

- are employed in the proximity of the sponsoring institution
- have recently been appointees of, employees of, or consultants to, the sponsoring institution, or have relatives who are appointees or employees of the sponsoring institution
- are recent graduates of the sponsoring institution; or
- are not acceptable to the program

CoA-OMP SITE VISIT AGENDA

CoA-OMP has adopted a model or suggested site visit agenda outline. This agenda should assign approximate times to all the functions the visitor is expected to complete and should account for all the time allotted to the visit, as well as identify those interviewed by title.

An agenda for the visit shall be arranged between CoA-OMP staff and the program director (or other program official) well before the visit is to take place. Program officials take part in the preparation of the agenda so that it accommodates the characteristics of local facilities and allows for scheduled interviews with appropriate faculty, students, and administrators.

Finally, the agenda should indicate prompt closure at the end of the exit conference, with the immediate departure of the visitor.

Following the opening conference with institutional and program officers to state the purpose of the visit, expectations and needs, it is acceptable for the individual site visitor to undertake interviews and visits within the program and the institution.

The model agenda should include interviews with students without faculty present. Alternatively, students may be interviewed separately, in pairs, and so forth, at the option

of CoA-OMP and the visitor. It is not deemed productive to observe a routine didactic class in session; a visitor's presence alters the classroom environment.

CoA-OMP usually provides broad policy guidance as to which clinical or other training affiliate facilities should be visited. Within that guidance, the visitor determines these visits. In any event, efforts are made to restrain visit costs while determining the relative compliance of the affiliates with the standards.

The following model agenda for one day with illustrative timing, may be associated with a majority of programs. However, exceptions occur within the nature and scope of certain educational programs. The principles and practices (but not necessarily the illustrative times) indicated in the model agenda should be reflected in the agendas developed for each program visit.

SUGGESTED SITE VISIT AGENDA (with illustrative time allotments):

8:30 am: Meet with institutional officers, Program and Medical Directors, and others as appropriate.

Purpose: 1. To allow the evaluator to review briefly the purpose of the site visit, the accreditation process, and the roles and functions of CoA-OMP.
2. To review the schedule for the first day as planned by the program, making adjustments as necessary.

8:45 am: Meet with Program Director

Purpose: To provide the visitor with an opportunity to obtain a more complete understanding of the curriculum and program objectives, philosophies, course objectives, operational procedures, student selection criteria, student evaluation protocols, enrollment, student attrition rates, processes for monitoring performances, success of program graduates, etc. Review records: admissions, academic records, placement, etc.

9:45 am: Visit support services and brief tour of the facilities

Purpose: To review library facilities, audio-visual resources, health services, classrooms, laboratories, etc.

10:30 am to

11:30 am: Faculty interviews (30 min.)

Purpose: To discuss practicum courses, course selections and content, instructional methods, testing mechanisms, etc.

Student interviews (30 min.)

Purpose: To obtain reactions to all phases of the program through a meeting or private interviews without faculty or others present

11:30 am to Lunch

12:30 pm

12:30 pm to Visit to Clinical Affiliate(s)

- 3:00 pm
Purpose: To review the clinical settings or affiliate sites. Preferably, this is done by visiting representative facilities which have been chosen as affiliates to survey the quality of their teaching environments. The time required for visits to clinical settings will vary due to factors such as distance.
- 3:00 pm:
Purpose: Concluding meeting with Program Director (15 min.)
Allows for clarification of any details prior to the exit conference.
- 3:15 pm: Exit Conference (30 min.)
Purpose: To share with program and institutional administrators the findings of the site visitor. Includes Program Director, Medical Director, and other institutional officers.

Conduct of the Exit Conference:

The visitor first expresses appreciation for the courtesies extended during the site visit and for the schedule arrangements, and informs the group of the following subsequent steps in the approval review process:

1. The program receives a written site visit report from CoA-OMP staff at an early date.
2. The chief executive officer and the Program Director are invited to comment on the report in writing and to correct any inadvertent errors in factual information.
Response is optional.
3. CoA-OMP reviews all appropriate materials at the next meeting following the site visit and formulates a decision.
4. The institution or program receives formal notification of the accreditation action by CoA-OMP.

Prior to presenting findings, the site visitor indicates that observations of principal strengths of the program will be stated first, followed by identification of any deficiencies in the program's relative compliance with the *Standards*. **Specific deficiencies noted must be related to specific *Standards*.** If the program or instructional staff do not agree with a finding or conclusion, they may offer clarification or corrections and the report may be modified promptly on agreement of the visitor. The visitor closes the oral report with expressions of appreciation for all of the program's contributions to the review process and terminates the session promptly. At the conclusion of the exit conference, the site visitor should depart promptly to avoid the possibility of diffusing or confusing the report of the findings. **Post-exit conference consultation should not be undertaken.**

Special Considerations:

Site visitors should be very sensitive to their language, both when soliciting information and when giving opinions, and especially when discussing evaluative issues and observations regarding the program's compliance with the *Standards*. Words with negative connotations should be avoided, as should reprimands and lecturing, when ascertaining how faculty, students, and others perceive program content and administrative and teaching policies and processes. Site visitors should, through both verbal and nonverbal communication, make the persons with whom they are talking feel comfortable about discussing the relative strengths and areas of concern as well as

what they contribute to or receive from the program. If notes are taken during the interviews or discussions, they should be recorded unobtrusively to avoid interfering with developing and maintaining good rapport.

Sufficient time should be scheduled to comfortably satisfy all commitments of the visit; late arrivals and early departures must be avoided.

Similarly, the evening prior to and the days and evenings scheduled for the visit should not include personal or social activities, especially not with personnel from the facility being evaluated.

Before endorsing the report by signature, the visitor must review the final written report to ascertain that:

- the report is legible, clear and accurate, without important omissions
- names of persons do not appear in the report proper but do appear in the appended list of those interviewed; titles of persons appear in the report as necessary, but only in impersonal and objective reference, or for the purpose of commendation
- personal or unverified observations have been removed
- needed editorial improvements have been made
- any deficiencies cited have been supported in the body of the report and that each references one or more specific *Standards*.

SITE VISIT REPORT

CoA-OMP has specified the format and content of the site visit report. In the usual procedure, the site visit report is submitted to the CoA-OMP staff, which sends copies of the report to the chief executive officer of the sponsoring institution and to the program director to provide an opportunity for comment and the correction of factual errors and conclusions.

Normally, the report should reach the institution within two weeks of the site visit. Longer periods should be justified by CoA-OMP staff. In no instance should this period exceed one month.

The report shall contain:

- factual findings including citation of areas of strength
- identification of weaknesses and suggestions for improving the program
- specific *Standards* must be cited in noncompliance
- identification of deficiencies necessitating action

CoA-OMP EVALUATION

After the program has had adequate time to respond to the factual content of the site visit report, the program is placed on the agenda for the next CoA-OMP meeting. CoA-OMP meets three times annually. During these meetings, CoA-OMP considers each current application for initial or continuing accreditation, accreditation policies and procedures, and matters such as staffing and financing the work of CoA-OMP.

Relevant elements entering into the discussion are:

- the program's application/self-study with supplemental materials
- reviewers' reports
- site visit report
- response from the program director
- any other pertinent information

CoA-OMP evaluates, when appropriate, the report of the site visitor in the presence of the site visitor. When the discussion relates to a program with which any CoA-OMP member has had an employment or advisory connection, that member must abstain from voting.

ANNUAL REPORTS

CoA-OMP requires an annual report be submitted by all accredited programs in order to comply with an administrative requirement of the *Standards* and to maintain accreditation. The CoA-OMP Annual Report Form, forwarded in January each year, requires that exhibit information be provided as part of the process of maintaining the *Standards*.

ENSURING DUE PROCESS

In order to ensure due process for all parties involved in the accreditation and operation of allied health educational program, CoA-OMP has disseminated clear descriptions of the rights of the parties involved and of their recourse should they feel that those rights have been denied. These descriptions appear in the *Standards and Guidelines*.

An institution dissatisfied with any accreditation action of CoA-OMP may appeal according to the format prescribed by CoA-OMP.

CONFIDENTIALITY IN THE ACCREDITATION PROCESS

Meticulous efforts are made by all components of the review process to maintain confidentiality of information collected during the entire approval review, as well as the avoidance of conflict of interest. CoA-OMP holds as confidential the following documents and the information contained therein:

- Application for Accreditation
- Self-Study Report
- Site Visit Report
- Progress Report
- All correspondence related to the accreditation process between CoA-OMP and the program

These materials are to be read and discussed only by the site visitor, members of CoA-OMP, and other authorized persons. At all stages of accreditation until CoA-OMP announces its decision, all persons connected with the process should keep strictly confidential the names of all applicant programs and all pending action. The site visitor returns all program materials to CoA-OMP immediately following the site visit.

CONTINUING ACCREDITATION

Accredited programs shall normally be reviewed every five years. Such review shall involve a new submission of required materials and an on-site visit (if required). If CoA-OMP has reason to believe the standards or ethics in any approved program have deteriorated below the *Standards*, it may at any time order a special evaluation. Such action may call for a complete or partial review, a staff visit, a visit by a CoA-OMP member, or a complete site visit.

In listing accredited programs, no distinction shall be made between those accredited and those accredited with citations, or those programs on probation. It is the policy of CoA-OMP to keep confidential the names of schools on probationary status and of any qualifications attached to the accreditation of the program. The applicable fees will be charged to the program for continuing accreditation.

ELIGIBILITY FOR CERTIFICATION

Students accepted into a program that has received accreditation should be guaranteed eligibility for certification upon successful completion of the program and all other applicable certification criteria. Such guarantee does not apply to probationary programs.

ADVERTISING APPROVAL STATUS

CoA-OMP encourages all institutions sponsoring accreditation programs, or individuals acting on their behalf, to follow guidelines which assure accuracy in advertising or otherwise announcing the approved status of such programs.

- Citations regarding accreditation status must be accurate and limited to the accredited program
- Statements should not be made about possible accreditation status not yet conferred by CoA-OMP
- Statements concerning accreditation should not be the focal point in an advertisement
- Singular citation by full title, initials, or acronym should refer only to the Commission on Accreditation of Ophthalmic Medical Programs

Institutions offering allied health programs accredited by CoA-OMP may use the following statement, or closely similar statement, in catalog announcements, descriptive or promotional information, and advertising:

(name of Allied Health Program) is accredited by
the Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP)