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**Program Assessment Review (PAR)**

International Council of Accreditation (ICA)

2025 Woodlane Drive ◊ Saint Paul, MN 55125 ◊ 651-731-7243

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***ICA PAR Introduction***

Each program must conduct a Program Assessment Review (PAR), at the request of the chief executive officer or designated representative of the institution, that culminates in the preparation of a report. The PAR report is the specific information needed by ICA to determine if the program meets the *Standards* for accreditation. The Standards have been adopted by the ICA Board of Directors, the International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO), the Association of Technical Personnel in Ophthalmology (ATPO), the Canadian Society of Ophthalmic Medical Personnel (CSOMP), and the Consortium of Ophthalmic Training Programs (COTP) and are subject to review every five years. The Standards review process is a rigorous one that includes input from all communities of interest, a public open hearing, and approval by ICA, and its sponsoring organizations.

To properly prepare the PAR report, please review the instruction and submission requirements below. Should you have questions during the process, contact ICA for assistance.

**INSTRUCTIONS TO COMPLETE THE PAR**

The ICA PAR was designed to be an interactive working document that programs could easily navigate and be able to include most required evidence inside.

**Icons in PAR**

1. **Check Box:** This is used to show the Reviewers you have provided sufficient information, have met the requirements, or a particular item does or does not apply to your program. Click on the check box to mark complete (will appear ).
2. Click or tap here to enter text. **Text Area:** This is used to enter text or data into a field; click the words to start entering in text. This area will expand as you include more text. Text, numbers, and screenshots can be copied and pasted into this area.
3. Choose an item. **Drop Down Menu:** This is used to select pre-filled data; click the words to select the appropriate data.

**PROGRAM INFORMATION**

All information in this section is required to be completed. If a certain item does not apply to your program, please check the box () “not applicable.”

**EVALUATING YOUR PROGRAM**

Each Standard is sectioned into the following format:

1. Standard Criterion
2. Guidance/Required evidence
3. Rationale/Evidence
4. Program Self-Assessment of Compliance
5. Assessment of Program Compliance with the Full Standard

**Standard Criterion**

The Standards are the minimum requirements of quality used in assessing programs that prepare individuals to become AOP. The extent to which a program complies with these Standards determines its accreditation status. The Standards constitute the minimum requirements to which an accredited program is held accountable and are printed in regular typeface.

**Guidance/Required evidence**

The Guidance and Required Evidence accompanying the Standards provide explanations intended to assist in interpreting the Standards and to provide recommendations on how to meet and/or exceed the Standards.

**Rationale/Evidence**

The program is responsible for including all required Rationale/Evidence in this section. ICA has listed all required evidence of each Criterion with a check box () next to each requirement. Below each Rationale/Evidence requirement is a text area to copy and paste the evidence into (appears: Click or tap here to enter text.). In this area, the program can either copy and paste the direct text of the required evidence or may copy and paste a screenshot. Please use the following instructions when inserting information into the Rationale/Evidence section:

*Completion steps if the evidence is up to 15 lines of text:*

1. Attach the required evidence in the text area.
2. Once the evidence has been attached, the program must check the box () next to the requirement to mark complete.

*Completion steps if the evidence is greater than 16 lines of text:*

1. Include required evidence in the provided template folder.
2. Check the box () next to the requirement to mark complete.
3. Check the box () under “Additional Documentation”. This will tell the reviewer **EXACTLY** where to find the required evidence.
   1. ***IMPORTANT:*** The additional documentation submitted **MUST** **ONLY** be what is requested. There should **NOT** be any other information included that does not pertain to the required evidence. If additional documentation that is not requested is submitted, your PAR will be sent back and will not be reviewed by the Board.

*Example: If the required evidence is requesting a specific policy and the program is providing this information under “Additional Documentation,” the program should only place the specific policy into the correct folder, clearly labeled as the named policy. The program* ***SHOULD NOT*** *submit the entire policy handbook under this specific request.*

**Program Self-Assessment of Compliance**

Once all required evidence is submitted, the program will need to assess their compliance with the specific Criterion. Click on the drop-down menu “Choose an item” (appears: Choose an item.) and select the appropriate choice:

1. “Program Meets Criterion” or
2. “Program Does Not Meet Criterion”

**Assessment of Program Compliance with the Full Standard**

After the program has gone through each criterion in a Standard, they must complete the Assessment of Program Compliance at the end of the Standard section.

1. Under the Assessment, check the box () next to each Criterion the program met.
2. Under the Compliance Level, check the box () next to the compliance level the program met [Compliance (C), Partial Compliance (P), or Non-Compliance (N)] based on the assessment of each Criterion.

**OVERVIEW OF ASSESSMENT OF PROGRAM COMPLIANCE**

At the end of the PAR is the Overview of Assessment of Program Compliance. After the program completes its assessment of each Criterion and Standard, the program will need to enter its compliance level in this section.

1. Check the box () under the compliance level column achieved for each Standard [Compliance (C), Partial Compliance (P), or Non-Compliance (N)].
2. Check the box () for every Critical Criterion (CC) met in each Standard.
3. At the bottom of the table, add and write in the total number of items met/achieved: Compliance (C), Partial Compliance (P), Non-Compliance (N), and Critical Criterion (CC).
4. Complete the “Final Assessment by Program” table by checking the box () above the appropriate action item, using the total number of items met/achieved.

**SUBMITTING THE PAR**

1. The program **MUST** use the required templates within the PAR.

* Submission of materials not requested in this PAR document may result in the PAR being returned to the program without review by the Board.

1. The application page **MUST** include all signatures from appropriate program personnel and executive leadership. Electronic signatures are acceptable.
2. The “Program Information” section **MUST** be completed in full.
3. The PAR **MUST** be completed and submitted electronically to ICA. The ICA office will contact the program directly with instructions to submit.
   * If the PAR is completed and/or received in alternative formats (e.g., handwritten), it will be returned to the program without review by the Board.
4. The appropriate fee **MUST** be sent by the PAR submission deadline. Your program’s PAR will **NOT** be reviewed until the appropriate fee has been received.

***ICA Accreditation Application***

|  |  |
| --- | --- |
| **Accreditation Application Type (check one):** |  |
| Applying for Initial Accreditation |  |
| Applying for Continuing Accreditation |  |
|  |  |
| **Institutional Type (check one)** | **Type of Program to be Accredited (check all that apply)** |
| Postsecondary Accredited Academic Institution | Ophthalmic Non-Clinical Assistant |
| Hospital or Medical Center | Ophthalmic Clinical Assistant |
| Branch of the Armed Forces | Ophthalmic Technician |
| Other Government Education or Medical Service | Ophthalmic Medical Technologist |
| Secondary Accredited Academic Institution |  |

**THE FOLLOWING INFORMATION APPEARS ON PUBLICATIONS PROMOTING THE FIELD OF OPHTHALMIC ALLIED HEALTH**

|  |  |
| --- | --- |
| Click or tap here to enter text. | |
| Program Name | |
| Click or tap here to enter text. | |
| Program Address 1 | |
| Click or tap here to enter text. | |
| Program Address 2 | |
| Click or tap here to enter text. | |
| City, State/Province, Zip/Postal Code, Country | |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Program Phone Number | Program Email |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Program Fax Number | Program Web Site |

**REQUIRED SIGNATURES**

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
| CEO/President/Institution Executive and Credentials (type name/credentials) | Title |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Signature of CEO/President/Institution Executive | Date |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Dean or Comparable Administrator and Credentials (type name/credentials) | Title |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Signature of Dean or Comparable Administrator | Date |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Program Director and Credentials (type name/credentials) | Title |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Signature of Program Director | Date |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Medical Director and Credentials (type name/credentials) | Title |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Signature of Medical Director | Date |

***Part I – Program Information***

* For specific instructions, please refer to the introduction area of the PAR.
* **DO NOT** include any attachments for this section in the provided template folders. All information **MUST** be in the provided text areas.
* This section **MUST** be completed in full.

**SPONSORING INSTITUTION MISSION STATEMENT**

**Instructions:** State the mission of the sponsoring institution:

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| Click or tap here to enter text. |

**CONSORTIUM DATA FORM**

**Instructions:** Please select one of the following:

|  |  |
| --- | --- |
| Is this program part of a consortium? | Yes  No |

If yes, please continue and complete the below table(s). If no, do not complete this section.

|  |  |
| --- | --- |
| **Sponsoring Institution #1 Name** | Click or tap here to enter text. |
| Name (CEO or Comparable Official) and Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, State/Province, Zip/Postal Code, Country | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Web Site | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Sponsoring Institution #2 Name** | Click or tap here to enter text. |
| Name (CEO or Comparable Official) and Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, State/Province, Zip/Postal Code, Country | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Web Site | Click or tap here to enter text. |

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| --- | --- |
| **Sponsoring Institution #3 Name** | Click or tap here to enter text. |
| Name (CEO or Comparable Official) and Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, State/Province, Zip/Postal Code, Country | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Web Site | Click or tap here to enter text. |

**CONSORTIUM AGREEMENT**

**Instructions:** Include a copy of the program’s formal, signed, consortium agreement.

Not Applicable

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| Click or tap here to enter text. |

**HISTORICAL NARRATIVE**

**Instructions:** Provide narrative answers to the following two prompts.

1. Discuss the historical development of the program.

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| Click or tap here to enter text. |

2. Describe the communities of interest the program serves, and special considerations that impact your program characteristics.

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| Click or tap here to enter text. |

**PROGRAM STRENGTHS AND LIMITATIONS**

**Instructions:** Provide narrative answers to the following five prompts.

1. List the program’s strengths.

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| Click or tap here to enter text. |

2. List the program’s limitations (areas that need improvement).

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| Click or tap here to enter text. |

3. Describe the process and/or evaluation systems used to identify the program’s strengths and limitations.

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| Click or tap here to enter text. |

4. Provide an analysis of the data collected assessing the program’s strengths and limitations.

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| Click or tap here to enter text. |

5. Provide action plans to correct deficiencies for all areas in need of improvement.

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| Click or tap here to enter text. |

**PERSONNEL INFORMATION**

**Instructions:** Check all program personnel that applies and enter required fields.

**Program Director**

|  |  |
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| Name and Credentials | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Medical Director**

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| Name and Credentials | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**CEO/President/Institution Executive Representative**

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| Name and Credentials | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Didactic Instructor 1**

|  |  |
| --- | --- |
| Name and Credentials | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Didactic Instructor 2**

|  |  |
| --- | --- |
| Name and Credentials | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Didactic Instructor 3**

|  |  |
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| Name and Credentials | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Dean or Comparable Administrator**

|  |  |
| --- | --- |
| Name and Credentials | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Other (please specify):** Click or tap here to enter text.

|  |  |
| --- | --- |
| Name and Credentials | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**PROGRAM ORGANIZATION CHART**

**Instructions:** Include a program organizational chart of the sponsoring institution (or consortium), which portrays the administrative relationships under which the program operates. Start with the immediate administrative officer. Include all program key personnel and faculty, anyone named in the PAR, and any other persons who have direct student contact. Include the names and titles of all individuals shown.

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| Click or tap here to enter text. |

**SURVEY RESULTS**

**Instructions:** Please include a summary of all survey results from the following six evaluations (*Survey templates can be located on ICA's website at* [*icaccreditation.org*](http://icaccreditation.org)*)*.

1. Student Program Resource Survey

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| Click or tap here to enter text. |

2. Student Evaluation Questionnaire

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| Click or tap here to enter text. |

3. Program Personnel Resource Survey

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| Click or tap here to enter text. |

4. Faculty Evaluation Questionnaire

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| Click or tap here to enter text. |

5. Graduate Survey

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| Click or tap here to enter text. |

6. Employer Survey

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| Click or tap here to enter text. |

**DOCUMENTATION FROM ANNUAL REPORT**

**Instructions:** Complete the following using the template provided.

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| --- | --- | --- | --- | --- |
|  | **Non-Clinical Assistant**  Not applicable | **Clinical**  **Assistant**  Not Applicable | **Technician**  Not Applicable | **Medical Technologist**  Not Applicable |
| Program Duration  (in months) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Certificate/degree awarded to graduates | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Maximum numbers of students per class | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Month(s) students complete program | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total number of students currently enrolled | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Date(s) of graduation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Tuition for the first year  (in USD) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Tuition for the second year (in USD) *if applicable* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Hours** |  | | | |
| Didactic hours for  program completion | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Laboratory hours for program completion | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Clinical hours for program completion *(if applicable)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Program Evaluation**

**Instructions:** Describe the strategy for monitoring community needs and program effectiveness. Provide results of monitoring, a statement of conclusions, and plans to address areas of concern. Results should include survey responses from students, faculty, graduates, and employers.

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| Click or tap here to enter text. |

**DOCUMENTATION FROM THE ANNUAL REPORT CONTINUED**

**Program Retention**

**Instructions:** The program should demonstrate that student retention is maintained at a level appropriate to the institution and its mission and meets any other legal or accreditation criteria. If any information is unavailable, please provide a narrative statement regarding why the information is not included and an action plan for collecting the information in future years. Please provide data for the last three graduating classes.

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| --- | --- | --- | --- |
| **Year of Graduation (Calendar Year)** | **20**Choose an item. | **20**Choose an item. | **20**Choose an item. |
| # Entering class | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| # Graduates  *(Include an explanation of attrition, if any, in the narrative below)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Certification Exam Results** | | | |
| # Taking certification exam | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| # Becoming IJCAHPO certified | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Employment Outcomes** | | | |
| # Students employed within 6 months of graduation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| # Students not employed within 6 months of graduation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| # Students with unknown employment status | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Narrative

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| Click or tap here to enter text. |

**PART II – Standard and Criteria Review and Assessment**

* For specific instructions, please refer to the introduction area of the PAR.
* All evidence must be included, and each Standard assessment finalized before completing the “Final Assessment by Program.”

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| **Standard 1 – Admission Requirements and Fair Practices** |

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| **1.1 Admission requirements clearly delineate the minimum criteria for entrance to the program and admission practices align with published information and are consistently applied to all applicants.**  **Critical Criterion** |
| **Guidance:**  Admission requirements must be made in accordance with clearly defined and published practices of the institution. Any specific academic and technical standards required for admission to the program must also be clearly defined, published, and readily accessible to prospective students and the public. Procedures for assessing and applying advanced placement, transfer of credit, and credit for experiential learning must be published and accessible to prospective students.  Admission criteria must include educational requirements leading to eligibility for certification at the level of the program.  The program must follow national guidelines for the acceptance of students. This may include the ability to benefit (ATB), preadmission tests or evaluations, or prior learning assessments.  ***Required evidence:***  *Complete admission policies, procedures, and criteria that are applied to prospective students to determine their eligibility for entrance to the program, including ATB students, as applicable.* |
| **Rationale/Evidence:**  Admission policies  Click or tap here to enter text.  Admission procedures  Click or tap here to enter text.  Admission criteria  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 1.1”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **1.2 The program does not deny admission nor discriminate against applicants, enrolled students, or program personnel.** |
| **Guidance:**  The program must publish and consistently follow a policy that ensures applicants, students, and program personnel are treated equally. The program must reasonably accommodate applicants and students with disabilities.  ***Required evidence:***  *Policies and procedures related to non-discrimination of applicants, students, and program personnel.* |
| **Rationale/Evidence:**  Non-discrimination policies and procedures  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 1.2”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **1.3 Prior to enrollment, the program informs applicants of any potential barriers that could prevent them from successfully completing the program.** |
| **Guidance:**  The program must establish a procedure for determining that the applicants’ or students’ health will permit them to meet the didactic and clinical performance requirements of the program. If students must complete any mandatory clinical requirements before placement (e.g., immunizations, Tuberculosis test, background check, CPR/first aid, etc.), these requirements must be made known to applicants before enrollment. Applicable technical standards must be disclosed before admission.  ***Required evidence:***  *The program must provide policies, procedures, and/or documentation that are made available to applicants relative to any additional program requirements which might impede their ability to successfully complete the program.* |
| **Rationale/Evidence:**  Program requirement policies on potential barriers to complete the program  Click or tap here to enter text.  Program requirement procedures on potential barriers to complete the program  Click or tap here to enter text.  Other program requirement documentation on potential barriers to complete the program  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 1.3”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **1.4 All published advertising materials present clear and accurate information regarding the program.** |
| **Guidance:**  Published information contained in academic catalogs, advertising materials, brochures, webpages, etc., must represent a true and accurate description of the level of the program. There must be no ambiguous or misleading information concerning curriculum, policies and procedures, facilities, equipment, learning environment, graduate employment rate, eligibility to apply for certification examinations, or expected income expectations for graduates.  At minimum, the following must be published and accessible to applicants:   * name, address, telephone number of accrediting agency, and any corresponding status of accreditation * admissions policies and procedures * policies on advanced placement, transfer of credits, and credits for experiential learning   At a minimum, students must be provided with the following written information:   * academic calendar * student grievance procedure * criteria for successful completion of each course/segment of the program and for program graduation, including the required number of clock hours or credit hours * requirements for laboratory and supervised clinical practice, including a list of all required competencies * policies and procedures for withdrawal and refunds of tuition/fees   ***Required evidence:***  *All current advertising and promotional materials used by the program must be provided.* |
| **Rationale/Evidence:**  Academic catalogs  Click or tap here to enter text.  Program brochures  Click or tap here to enter text.  Program website  Click or tap here to enter text.  Other advertising materials  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 1.4”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **1.5 The cost of tuition and all associated program charges are published and accessible or provided to prospective students prior to enrollment.**  **Critical Criterion** |
| **Guidance:**  The program must publish the cost of tuition. In addition to tuition charges, the program must also publish an itemized list of all associated program fees (e.g., textbooks, laboratory fees, uniforms, supplies, miscellaneous fees, etc.). The program should also identify for applicants and students, the cost of out-of-pocket fees, such as immunizations, background checks, certification examinations, etc. Approximate ranges can be provided for these items if costs vary.  If the program or some courses are delivered via distance education, the program must identify any additional costs associated with this delivery method.  ***Required evidence:***  *The program must provide a list of all program fees and indicate how these fees are provided to prospective students.* |
| **Rationale/Evidence:**  List of all program fees and how these fees are provided to prospective students  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 1.5”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **Assessment of Program Compliance with**  **Standard 1 – Admission Requirements and Fair Practices** | |
| **Assessment** | |
| **Standard 1**  Admission Requirements and Fair Practices | 1.1  Critical Criterion  1.2  1.3  1.4  1.5  Critical Criterion |
| **Compliance Level** | |
| **Compliance (C)**  Meets 4-5 criteria including all critical criteria: 1.1 and 1.5 | |
| **Partial Compliance (P)**  Meets 3 criteria OR does not meet 1 critical criterion: 1.1 or 1.5 | |
| **Non-Compliance (N)**  Meets 0-2 criteria OR does not meet all critical criteria: 1.1 and 1.5 | |

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| **Standard 2 – Program Curriculum** |

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| **2.1 The program establishes clearly written and published objectives that are consistent with the needs and expectations of stakeholders served by the program.** |
| **Guidance:**  Program objectives must, at a minimum, include requirements for successful completion of the program and competently prepare graduates for entry-level employment consistent with the level of the program.  ***Required evidence:***  *Excerpt of program objectives for student handbook, webpage, or other documentation that is published and readily accessible to students.* |
| **Rationale/Evidence:**  Excerpt of program objectives from the student handbook  Click or tap here to enter text.  Excerpt of program objectives from webpage  Click or tap here to enter text.  Excerpt of program objectives from other documentation that is published and readily accessible to students  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 2.1”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **2.2 Applicants and students are provided with a clearly written description of the program.** |
| **Guidance:**  The program description must provide a written synopsis of the program content, learning objectives, supervised clinical practice, and the competencies required for graduation.  ***Required evidence:***  *A copy of the program description that is made available to applicants and students must be provided.* |
| **Rationale/Evidence:**  Program description  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 2.2”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **2.3 Common Didactic Curriculum for the relevant AOP program must be followed.**  **Critical Criterion** |
| **Guidance:**  The program curriculum must include content that enables students to attain the knowledge and skills necessary to assist the ophthalmologist in the provision of care to eye patients by performing all assigned duties and tasks consistent with their level of training.  The content areas for all AOP programs are based on the job task analysis of the profession endorsed by IJCAHPO, the International Core Curriculum, and a thorough review from other qualified eye care professionals. Curriculum and certification standards are developed by the International Joint Commission on Allied Health Personnel in Ophthalmology/Joint Commission on Allied Health Personnel in Ophthalmology. See Appendix A.  The curriculum must ensure the achievement of program goals and learning objectives. Instruction must be an appropriate sequence of classroom, distance education, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for graduation.  Actual program length may vary, depending on the institutional policy or government laws or regulations. Program length includes didactic, laboratory, and clinical experiences. The minimum didactic hours are listed in the curriculum (Appendix A). Course sequencing should be such that it promotes a logical progression of learning.  A competency is an area of the curriculum that tests for the appropriate practical skills and knowledge to complete a predefined set of professional tasks and abilities.  The core outcomes for AOP programs are listed below:  1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of ophthalmic health problems and the promotion of health  2. **Medical Knowledge** about ophthalmic and systemic disease and cognate sciences and the application of this knowledge to patient care  3. **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals  4. **Professionalism,** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population  5. **Community and health services** that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value  6. **Technical and scientific skills** adequate to administer treatment, perform tasks, and collect data as ordered by an ophthalmologist  Programs may include a combination of didactic and distance learning. Supervised clinical experience is required for all program levels except the non-clinical assistant level.  Pertinent scientific principles and concepts must be identified, incorporated into the curriculum, and included in the supervised clinical instruction of the program.  ***Required evidence:***  *A matrix (cross-reference) document that identifies where each of the content areas (from Appendix A) is covered in the program’s curriculum. See the example in Appendix B.* |
| **Rationale/Evidence:**  Matrix (cross-reference) document that identifies where each of the content areas is covered in the program’s curriculum  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 2.3”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **2.4 The program progresses in a logical sequence to enable student learning.** |
| **Guidance:**  The curriculum must be designed in a manner that provides students with opportunities to apply knowledge and to practice skills through correlated and supervised instruction in clinical practice areas. Application of clinical practice must build upon evidence-based concepts and knowledge to enable students to attain the competencies required for program graduation.  ***Required evidence:***  *A program syllabus (map) that identifies all information pertinent to the program’s sequence and delivery:*   * *the total length of the program* * *clock and/or credit hours awarded for each course* * *course prerequisites and/or co-requisites* * *the sequence of the courses/segments delivered to students* * *options available for the student: full-time/part-time* * *the maximum time frame for program completion* |
| **Rationale/Evidence:**  Program syllabus (map)  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 2.4”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **2.5 The program is delivered using a variety of instructional methods to ensure students are actively engaged in their education and to facilitate the achievement of learning objectives.** |
| **Guidance:**  Instructional methods may include but are not limited to, textbooks, lectures, demonstrations, webinars, online courses, and videos. Activities such as field assignments, case studies, etc., should be incorporated into the curriculum to enhance the application of previous and ongoing learning.  Site-based delivery:  Didactic instruction may be delivered through lecture and student-instructor interaction.  Laboratory and clinical delivery:  A meaningful supervised laboratory and clinical experience that closely relates to the didactic content presented in the didactic and laboratory components must be included in the program. While performing ophthalmic procedures during clinical rotations, students must be supervised by another certified ophthalmic technician, appropriately qualified AOP, a licensed ophthalmologist, or another licensed ophthalmic professional working within their scope of practice must be present.  Online delivery:  Delivery of programs or courses offered via distance education must be conducive to student learning and enable students to meet the required learning objectives. Instruction offered through distance learning format must afford students the same learning opportunities as instruction offered in a traditional face-to-face format.  Appropriate systems and processes must be implemented to provide properly protected and secured internet and online security technology for the faculty and student use, and sequential learning with passwords and online restrictions. All examinations, discussions, and course work that are completed and submitted online must take place through a protected and secured login portal. Programs must have a learning management system in place that includes the ability to ensure that the student taking examinations, participating in discussions, and completing and submitting course work is the enrolled student.  ***Required evidence:***  *The program must provide a list of instructional methods that are utilized to deliver the program, along with a description of the educational assignments and activities students are required to complete during the program.* |
| **Rationale/Evidence:**  Site-based instructional methods  Click or tap here to enter text.  Laboratory and clinical instructional methods  Click or tap here to enter text.  Online instructional methods  Click or tap here to enter text.  Educational assignments description  Click or tap here to enter text.  Educational activities description  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 2.5”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **2.6 Clearly written and comprehensive syllabi are provided to all students at the beginning of the program or prior to each course.**  **Critical Criterion** |
| **Guidance:**  At a minimum, course/segment syllabi must include the following elements:   * Course/segment title * Course/segment description * Course/segment learning objectives * Textbooks and other instructional resources used for course/segment delivery * Required pre-and/or co-requisites * Competencies students must attain (didactic and/or supervised clinical practice) * Methods of evaluation and weight applied to each (exams, quizzes, assignments, etc.) * Requirements for successful completion of the course/segment     ***Required evidence:*** *Copies of the syllabus for each course of the program that include the required elements.* |
| **Rationale/Evidence:**  ***Please include three (3) course syllabi below and attach the entire program syllabus in the additional documentation* *folder***  Syllabus for the course (insert course name) Click or tap here to enter text.  Click or tap here to enter text.  Syllabus for the course (insert course name) Click or tap here to enter text.  Click or tap here to enter text.  Syllabus for the course (insert course name) Click or tap here to enter text.  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 2.6”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **2.7 Supervised clinical experience must meet minimum clinical hours and documentation of achievement of competencies.**  **Critical Criterion** |
| **Guidance:**  Minimum supervised clinical hours:   * Ophthalmic assistant: 400 hours * Ophthalmic technician: 750 hours * Ophthalmic medical technologist: 1500 hours   ***Required Evidence:***  *The program must provide documentation of clinical hours.*  *The program must provide documentation of competency attainment.* |
| **Rationale/Evidence:**  Documentation of clinical hours  Click or tap here to enter text.  Documentation of competency attainment  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 2.7”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **Assessment of Program Compliance with**  **Standard 2 – Program Curriculum** | |
| **Assessment** | |
| **Standard 2**  Program Curriculum | 2.1  2.2  2.3  Critical Criterion  2.4  2.5  2.6  Critical Criterion  2.7  Critical Criterion |
| **Compliance Level** | |
| **Compliance (C)**  Meets 5-7 criteria including all critical criteria: 2.3, 2.6, and 2.7 | |
| **Partial Compliance (P)**  Meets 4-5 criteria OR does not meet 1 critical criterion: 2.3, 2.6, or 2.7 | |
| **Non-Compliance (N)**  Meets 0-3 criteria OR does not meet 2-3 critical criteria: 2.3, 2.6, and 2.7 | |

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| **Standard 3 – Student Assessment** |
| **3.1 The program’s policies, procedures, and forms used to assess student performance are clearly written, published, and consistently applied to all students.**  **Critical Criterion** |
| **Guidance:**  Policies and procedures must be in place to guide and inform the student of the assessment and evaluation process. Forms and tools used to assess students must include all required competencies and enable the evaluators to validate student attainment of these competencies. The forms and tools must be directly related to the learning objectives identified in the program’s curriculum. Assessment criteria must be well defined, objective, and promote consistency and accuracy of student grading. All required criteria that must be met to pass an assessment must be identified in the assessment forms and tools.  ***Required evidence:***  *The program must describe the processes used to assess students in didactic, laboratory, and clinical courses. The program must provide all policies and procedures related to student assessment. All forms and tools used to assess student attainment of competencies must also be provided.* |
| **Rationale/Evidence:**  Processes used to assess students in didactic courses  Click or tap here to enter text.  Processes used to assess students in laboratory courses  Click or tap here to enter text.  Processes used to assess students in clinical courses  Click or tap here to enter text.  Policies and procedures related to student assessment  Click or tap here to enter text.  List of all competencies students must attain  Click or tap here to enter text.  Forms and tools used to assess student attainment of competencies  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 3.1”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **3.2 Assessment of students is conducted on a recurrent basis and with sufficient frequency to provide both the students and program personnel with valid and timely indications of the students’ progress toward and achievement of the competencies and learning objectives stated in the curriculum.**  **Critical Criterion** |
| **Guidance:**  Documented assessments of all students must be conducted frequently to provide both the students and program personnel with the students’ progress toward and achievement of the competencies and learning objectives stated in the curriculum. Student assessment must be directly related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components.  Assessments of both a formative and summative nature must be utilized by the program. Formative assessments must monitor student learning and progression toward competence by identifying strengths and/or areas for improvement and providing constructive feedback to the students. Summative assessments must measure the students’ comprehension of didactic knowledge and their proficiency in attaining required clinical competencies. The program should strive to ensure clinical experiences are equitable for all students. Criteria for student clinical site selection and assignments must be consistently applied.  ***Required evidence:***  *Student records from the most recent graduate cohort and previous cohort that include both formative and summative assessments and demonstrate attainment of the required competencies. Examples of assessments include test scores, rubrics, logbooks, etc. Criteria for student clinical site selection and assignment. Tabular data from the past five years need to be available.* |
| **Rationale/Evidence:**  Student records from the most recent graduate cohort  Click or tap here to enter text.  Student records from the previous cohort  Click or tap here to enter text.  Criteria for student clinical site selection and assignment  Click or tap here to enter text.  A completed clinical rotation matrix  Click or tap here to enter text.  Tabular data from the past five years  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 3.2”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **Assessment of Program Compliance with**  **Standard 3 – Student Assessment** | |
| **Assessment** | |
| **Standard 3**  Student Assessment | 3.1  Critical Criterion  3.2  Critical Criterion |
| **Compliance Level** | |
| **Compliance (C)**  Meets 2 criteria including all critical criteria: 3.1 and 3.2 | |
| **Partial Compliance (P)**  Meets 1 criterion OR does not meet 1 critical criterion: 3.1 or 3.2 | |
| **Non-Compliance (N)**  Meets 0 criteria OR does not meet all critical criteria: 3.1 and 3.2 | |

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| **Standard 4 – Program Personnel Qualifications, Training, and Professional Development** |
| **4.1 The medical director is educationally and experientially qualified and trained to ensure educational objectives are met and to fulfill the assigned role in the program.**  **Critical Criterion** |
| **Guidance:**  The medical director must be an ophthalmologist, who meets the legal requirements to practice in the jurisdiction in which the program is based. The medical director may also serve as the program director.  ***Required evidence:***  *Documentation including current license or relevant government documentation and curriculum vitae.* |
| **Rationale/Evidence:**  Documentation of current license or relevant government documentation  Click or tap here to enter text.  Curriculum vitae  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.1”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.2 The program director is educationally and experientially qualified and trained to ensure educational objectives are met and to fulfill the assigned role in the program.**  **Critical Criterion** |
| **Guidance:**  The program director must:   * Hold IJCAHPO certification at the same level or higher as that of the program being delivered. * Strive to achieve a certificate/degree or training in adult education and instructional theory. * Demonstrate competency in cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.   If the program is delivered in whole or in part via distance education, the program director must have completed training in online coursework, including moderating, facilitating, as well as developing courses for online use.  ***Required evidence:***  *Documentation such as a curriculum vitae and/or other relevant evidence must be provided for the program director.* |
| **Rationale/Evidence:**  Curriculum vitae  Click or tap here to enter text.  Proof of IJCAHPO certification (if applicable)  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.2”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.3 Instructional staff is educationally and experientially qualified and trained to ensure educational objectives are met and to fulfill the assigned role in the program.** |
| **Guidance:**  Instructors of discipline-specific courses:  Instructors of discipline-specific or core courses must hold proper credentials, such as a medical doctor (MD), doctor of osteopathy (DO), or IJCAHPO certification at or above the level of the content. Instructional staff members must have competency in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, for the subject matter taught.  Instructors of Medical Diagnosis/Treatment:  Program content on systemic diseases, eye diseases, medical diagnosis, treatment, and surgical procedures must be taught by a medical doctor (MD) or doctor of osteopathy (DO).  Instructors of Courses Related to Medical Diagnosis/Treatment:  Program content related to systemic diseases, eye diseases, medical diagnosis, treatment, and surgical procedures may be taught by a non-physician if the instructor meets ALL of the following:   * IJCAHPO certified at or above the level of the program, licensed optometrist, or certified orthoptist; * Approved to instruct the course by the medical director; * MD or DO played a role in the development of the course; * MD or DO reviewed and approved the course; AND * Focus of the content is on what the technician must know about the disease, diagnosis, treatment, or surgical procedure (e.g., recognizing features on an image consistent with a disease).   Instructors of Pharmacology:  Program content related to pharmacology must be taught by a registered pharmacist, Ph.D. pharmacologist, MD, or DO. Other instructors may teach courses on pharmacology if they meet ALL of the following:   * IJCAHPO certified at or above the level of the program, licensed optometrist, or certified orthoptist; * Approved to instruct the course by the medical director; * Registered pharmacist, Ph.D. pharmacologist, MD, or DO played a role in the development of the course; AND * MD or DO reviewed and approved the course.   Incidental references to pharmacological agents do not violate this rule.  ***Required evidence:***  *Documentation such as a curriculum vitae and certification must be provided for each member of the instructional staff. Documentation of courses reviewed by MD, DO, or Pharmacist should also be included.* |
| **Rationale/Evidence:**  Instructor 1 (insert name) Click or tap here to enter text. curriculum vitae and proof of IJCAHPO certification  Click or tap here to enter text.  Instructor 2 (insert name) Click or tap here to enter text. curriculum vitae and proof of IJCAHPO certification  Click or tap here to enter text.  Instructor 3 (insert name) Click or tap here to enter text. curriculum vitae and proof of IJCAHPO certification  Click or tap here to enter text.  Instructor 4 (insert name) Click or tap here to enter text. curriculum vitae and proof of IJCAHPO certification  Click or tap here to enter text.  Instructor 5 (insert name) Click or tap here to enter text. curriculum vitae and proof of IJCAHPO certification  Click or tap here to enter text.  Instructor 6 (insert name) Click or tap here to enter text. curriculum vitae and proof of IJCAHPO certification  Click or tap here to enter text.  Documentation of courses reviewed by MD, DO, or Pharmacist  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.3”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.4 The program must support the instructional staff by providing time, resources, and opportunities to pursue and complete field-related professional development activities and to enhance pedagogical skills.** |
| **Guidance:**  Programs must demonstrate that instructional staff members are encouraged in their continual pursuit of professional development to enhance field-related knowledge and skills and improvement of their competence in teaching methodology. The institution is encouraged to provide a faculty development program in the principles of adult education.  Professional development for distance education instructors:  The program must provide continual technical development and support for online instructors. The institution must have a faculty development program in the principles of adult education for course delivery in an online environment.  ***Required evidence:***  *Programs must provide a written policy that describes the support provided to instructional staff relative to opportunities for completion of professional development activities for maintaining and upgrading their professional and instructional abilities.* |
| **Rationale/Evidence:**  Professional development policy  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.4”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.5 The program has adequate clerical support.** |
| **Guidance:**  Adequate administrative and support staff must be available to support program faculty.  ***Required evidence:***  *The program must provide job descriptions for administrative and support staff available to the program.* |
| **Rationale/Evidence:**  (Insert position) Click or tap here to enter text. job description  Click or tap here to enter text.  (Insert position) Click or tap here to enter text. job description  Click or tap here to enter text.  (Insert position) Click or tap here to enter text. job description  Click or tap here to enter text.  (Insert position) Click or tap here to enter text. job description  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.5”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.6 Responsibilities assigned to the medical director are conducted in a manner that achieves program objectives and expected outcomes.** |
| **Guidance:**  The medical director must approve courses and properly credentialed instructors covering: systemic diseases, eye diseases, pharmacology, and surgical procedures. The medical director of the program must provide competent direction or guidance and instruction (as appropriate) to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, offer correct, timely information, and meet professional standards of patient care.  ***Required evidence:***  *A job or role description identifying all duties assigned must be provided to the medical director.* |
| **Rationale/Evidence:**  Medical director job or role description  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.6”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.7 Responsibilities assigned to the program director are conducted in a manner that achieves program objectives and expected outcomes.** |
| **Guidance:**  The program director must have time to fulfill assigned administrative and/or instructional responsibilities. Administrative duties may include program management and record-keeping; curriculum development and evaluation, student selection and counseling; participation in the budgetary process; participation in the development of printed materials related to the program; and clinical coordination.  The program director must be responsible for the effectiveness of the program. Sufficient non-teaching time must be allowed for program organization, administration, continuous review, planning, and development. The program director must:   * Coordinate all aspects of the program, including the organization, administration, continuous review, planning, development, and achievement of the program’s goals and outcomes. * Establish criteria for sites that provide clinical education experiences for students. * Evaluate on an annual and planned basis all sites where students are gaining clinical experience. * Provide clinical instructors with orientation/training on assessment policies, procedures, and forms. * Ensure regularly planned communication with the clinical instructors. * Ensure all clinical education experiences of students occur under the supervision of a qualified AOP.   The administrative and coordination responsibilities of the program director should be recognized as a department assignment. The amount of time devoted to these responsibilities should be consistent with departmental or institutional policy but should be deemed appropriate given the administrative responsibilities of the program director. A role may be developed for an assistant to aid with these duties as delegated by the program director.  For programs and courses delivered via distance education, the program director must be responsible for coordinating and providing faculty with training and education; ensuring the adequacy of distance education instructional design and technologies; and assuring student-instructor interaction and communication is occurring continually.  ***Required evidence:***  *A job or role description identifying all duties assigned must be provided to the program director.* |
| **Rationale/Evidence:**  Program director job or role description  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.7”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.8 Student supervision and assessment is conducted by qualified program instructional staff and clinical personnel.**  **Critical Criterion** |
| **Guidance:**  In each location where a student is assigned for didactic or supervised practical instruction, there must be a qualified individual designated to provide supervision and related frequent assessments of the student’s progress in achieving acceptable program requirements.  Students must perform direct patient care under the direction or supervision of a licensed ophthalmologist. Ophthalmic personnel working within their scope of practice may be responsible on a daily basis for the AOP student’s performance, teaching, and training, and should be certified or licensed at the same or higher level as the student’s training. An ophthalmologist should be on the premises during all clinical rotations.  Clinical Instructors must:   * Consistently supervise students during clinical experiences and have the ability to intervene on behalf of the student or patient to provide ongoing and consistent education. * Interact consistently and physically with the student at the site of the clinical experience. * Participate in regularly planned communication between the program and the clinical instructor. * Provide instruction and clinical experience in relevant practice competencies.   Programs may utilize optometrists that are in an MD practice for these learning areas: optics, spectacles, refraction, and contact lenses.  ***Required evidence:***  *Job or role descriptions identifying all duties assigned to instructional staff members and clinical personnel and a list of all clinical personnel (with credentials) including the supervising ophthalmologist and AOP responsible for daily training.* |
| **Rationale/Evidence:**  (Insert position) Click or tap here to enter text. Job description  Click or tap here to enter text.  (Insert position) Click or tap here to enter text. Job description  Click or tap here to enter text.  (Insert position) Click or tap here to enter text. Job description  Click or tap here to enter text.  (Insert position) Click or tap here to enter text. Job description  Click or tap here to enter text.  (Insert position) Click or tap here to enter text. Job description  Click or tap here to enter text.  (Insert position) Click or tap here to enter text. Job description  Click or tap here to enter text.  List of all clinical personnel (with credentials) including the supervising ophthalmologist and AOP responsible for daily training  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.8”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.9 Instructional staff members fulfill their student teaching and non-teaching responsibilities.** |
| **Guidance:**  Instructional staff members must be provided with time to complete assigned duties. Teaching loads for instructors must be reasonable and appropriate to enable them to prepare for class, grade examinations, and assignments, and deliver the coursework.  ***Required evidence:***  *A job or role description identifying all duties assigned to instructional staff. Course evaluations and student evaluations of the clinical experience.* |
| **Rationale/Evidence:**  Instructor 1 (insert name) Click or tap here to enter text. job or role description  Click or tap here to enter text.  Instructor 2 (insert name) Click or tap here to enter text. job or role description  Click or tap here to enter text.  Instructor 3 (insert name) Click or tap here to enter text. job or role description  Click or tap here to enter text.  Instructor 4 (insert name) Click or tap here to enter text. job or role description  Click or tap here to enter text.  Instructor 5 (insert name) Click or tap here to enter text. job or role description  Click or tap here to enter text.  Instructor 6 (insert name) Click or tap here to enter text. job or role description  Click or tap here to enter text.  Course evaluations  Click or tap here to enter text.  Student evaluations  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.9”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **4.10 The number of qualified instructional staff members is sufficient to ensure effective oversight, instruction, supervision, and evaluation of students.** |
| **Guidance:**  The program must maintain a sufficient number of instructional staff members to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competencies needed for entry to the profession. The program must establish policies or practices related to the supervision of students in the didactic, laboratory, and clinical environments.  ***Required evidence:***  *The program must provide the instructor-to-student ratio for the didactic, laboratory, and clinical environments and explain how these ratios support student education.* |
| **Rationale/Evidence:**  Instructor-to-student ratio for didactic environment and explanation of how the ratio supports student education  Click or tap here to enter text.  Instructor-to-student ratio for laboratory environment and explanation of how the ratio supports student education  Click or tap here to enter text.  Instructor-to-student ratio for clinical environment and explanation of how the ratio supports student education  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 4.10”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **Assessment of Program Compliance with**  **Standard 4 – Program Personnel Qualifications, Training, and Professional Development** | |
| **Assessment** | |
| **Standard 4**  Program Personnel Qualifications, Training, and Professional Development | 4.1  Critical Criterion  4.2  Critical Criterion  4.3  4.4  4.5  4.6  4.7  4.8  Critical Criterion  4.9  4.10 |
| **Compliance Level** | |
| **Compliance (C)**  Meets 7-10 criteria including all critical criteria: 4.1, 4.2, and 4.8 | |
| **Partial Compliance (P)**  Meets 5-6 criteria OR does not meet 1 critical criterion: 4.1, 4.2, or 4.8 | |
| **Non-Compliance (N)**  Meets 0-4 criteria OR does not meet 2-3 critical criteria: 4.1, 4.2, and 4.8 | |

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| **Standard 5 – Program Resources** |
| **5.1 The program demonstrates that it has the necessary financial resources to fulfill its obligations to students and ensure continuity of operations.**  **Critical Criterion** |
| **Guidance:**  Evidence must be submitted that current financial resources and allocation meet the program’s commitment to its students and for the continued operation of the educational program. Annual documentation of the program’s financial resources must be maintained, including complete records of the program’s budget allocations and expenditures.  ***Required evidence:***  *The program must provide sufficient evidence to enable assessment of its financial stability and soundness of its financial management.* |
| **Rationale/Evidence:**  Evidence of program financial stability and soundness of its financial management  Click or tap here to enter text.  **Additional Documentation**  ***REQUIRED: Programs must submit the financial information template (please download from ICA’s website).***  Additional Documentation Submitted in Folder “Standard 5.1”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **5.2 Program facilities, including classrooms and offices, are appropriate to support faculty and students and promote a positive educational environment.** |
| **Guidance:**  Sufficient and suitable classrooms, laboratories, clinical, and other facilities are available to accommodate students. Offices or workspace are provided for administrative and instructional staff.  ***Required evidence:***  *The program must provide a list or floor plan identifying all its didactic and laboratory classrooms, administrative offices, storage space, and other pertinent program-specific facilities.* |
| **Rationale/Evidence:**  List or floor plan identifying didactic classroom(s)  Click or tap here to enter text.  List or floor plan identifying laboratory classroom(s)  Click or tap here to enter text.  List or floor plan identifying administrative office(s)  Click or tap here to enter text.  List or floor plan identifying storage space(s)  Click or tap here to enter text.  List or floor plan identifying other pertinent program-specific facilities  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 5.2”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **5.3 Appropriate and sufficient equipment, instructional aids, and supplies are available for student use and for teaching the didactic and supervised clinical practice components of the program.**  **Critical Criterion** |
| **Guidance:**  Computer hardware and software, audiovisual resources, models, reference materials, and clinical equipment must be provided as required by the types of student learning experiences.  Technology adequate to support courses and equipment for delivery of online courses is required for programs or courses delivered via distance education.  ***Required evidence:***  *The program must provide lists of all equipment and primary renewable supplies. Policies and procedures for maintenance of laboratory equipment and service schedules or logs must be provided. If the program utilizes outside facilities and equipment for didactic instruction or laboratory practice, a full description of these facilities and the equipment housed within them is required.* |
| **Rationale/Evidence:**  List of all equipment and primary renewable supplies  Click or tap here to enter text.  Policies and procedures for maintenance of laboratory equipment  Click or tap here to enter text.  Service schedules or logs for laboratory equipment  Click or tap here to enter text.  Full description of outside facilities and equipment housed within them (if applicable)  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 5.3”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **5.4 The program maintains an appropriate library and learning resource materials that are sufficient in quantity and scope to support the educational objectives of the program.** |
| **Guidance:**  Students must have ready access to a sufficient supply of current books, journals, periodicals, electronic media, and other reference materials related to the program’s curriculum. If the program utilizes an online resource center, students must be properly trained to access and use the educational materials.  For programs offered via distance education, students must have online access to an appropriate supply of program-related educational materials, electronic media, and other reference materials.  ***Required evidence:***  *A list of primary resource materials and corresponding publication dates that made are available to students of the program must be provided.* |
| **Rationale/Evidence:**  List of current books and corresponding publication dates  Click or tap here to enter text.  List of current journals and corresponding publication dates  Click or tap here to enter text.  List of current periodicals and corresponding publication dates  Click or tap here to enter text.  List of current electronic media and corresponding publication dates  Click or tap here to enter text.  List of other reference materials and corresponding publication dates  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 5.4”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **Assessment of Program Compliance with**  **Standard 5 – Program Resources** | |
| **Assessment** | |
| **Standard 5**  Program Resources | 5.1  Critical Criterion  5.2  5.3  Critical Criterion  5.4 |
| **Compliance Level** | |
| **Compliance (C)**  Meets 3-4 criteria including all critical criteria: 5.1 and 5.3 | |
| **Partial Compliance (P)**  Meets 2 criteria OR does not meet 1 critical criterion: 5.1 or 5.3 | |
| **Non-Compliance (N)**  Meets 0-1 criteria OR does not meet all critical criteria: 5.1 and 5.3 | |

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| **Standard 6 – Records Maintenance and Privacy** |
| **6.1 Academic transcripts are maintained by the institution or program indefinitely and other educational records are kept in accordance with the program’s published policies.**  **Critical Criterion** |
| **Guidance:**  All student records must be kept in an accessible location and securely maintained against loss or damage. Student admission, attendance, assessment, financial, and other pertinent records must be maintained in physical or electronic format. Student evaluation records must be maintained in sufficient detail to document learning progress and achievements. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the institution or program.  ***Required evidence:***  *The program must provide its policies and procedures relative to student records maintenance.* |
| **Rationale/Evidence:**  Student record policies and procedures  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 6.1”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **6.2 The program’s policies, procedures, and practices on access to student educational and personal records ensure that student confidentiality and privacy are maintained at all times.** |
| **Guidance:**  The program must have policies describing its process for ensuring that student confidentiality and privacy are maintained. Personal, academic, financial, or other student information must only be shared within the legal guidelines applicable in the program’s location. Releases of any private student information must follow applicable legal guidelines. Student evaluation records that are maintained at a site during a student’s clinical placement must be returned to the program after the clinical rotation.  ***Required evidence:***  *Policies and procedures regarding the privacy of student information must be provided by the program. The program’s policies and procedures must describe who is permitted access to student records and under what circumstances. If a consent form is used by the program, a copy of the form must be provided.* |
| **Rationale/Evidence:**  Privacy of student information policies and procedures  Click or tap here to enter text.  Copy of consent form (if applicable)  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 6.2”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **6.3 The program has policies and procedures related to periodic review and renewal of affiliation agreements to determine each site’s viability as a clinical partner.** |
| **Guidance:**  In programs in which academic and clinical didactic and supervised practice are provided by two or more institutions, responsibilities for program administration, instruction, supervision, and other functions of the sponsoring institution and each affiliate must be clearly documented as a formal affiliation agreement or memorandum of understanding.  There must be a formal affiliation agreement or memorandum of understanding between the sponsoring institution and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity. The agreements must include a statement that students will be supervised by qualified personnel. The period covered under the agreement must be identified and the agreements must be signed and dated by both parties. All affiliation agreements must identify that appropriate insurance and liability protection has been secured for students, and the parties responsible for the coverage.  The program must identify and consistently apply criteria for determining the appropriateness of new clinical sites.  ***Required evidence:***  *All current, valid, and signed affiliation agreements must be provided. Criteria used to determine whether a new site is appropriate and sufficient for student clinical placements.* |
| **Rationale/Evidence:**  Complete list of clinical sites *(indicate active sites within period of accreditation)*  Click or tap here to enter text.  Current, valid, and signed affiliation agreements  Click or tap here to enter text.  Criteria used to determine whether a new site is appropriate and sufficient  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 6.3”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **6.4 The program has defined and published policies and procedures for processing faculty and student grievances and student academic appeals.**  **Critical Criterion** |
| **Guidance:**  Policies and procedures for addressing and processing faculty and student grievances and student appeals of grades must be published. The policies and procedures must specify the steps to follow for submitting an academic or non-academic grievance or appeal and the timelines in which the program will act on the grievance or appeal. There must be a mechanism and provisions in the policy and procedures that afford the petitioner the right to due process and an impartial resolution.  ***Required evidence:***  *The program must provide its policies and procedures related to managing faculty and student grievances and student academic appeals.* |
| **Rationale/Evidence:**  Faculty and student grievances policies and procedures  Click or tap here to enter text.  Student academic appeals policies and procedures  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 6.4”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **6.5 Policies and procedures for student withdrawal and for refunds of tuition and fees are published and made known to all students.** |
| **Guidance:**  The program’s policy must clearly state the procedures a student must follow to officially withdraw from the program. Refunds of tuition and fees must be fair and equitable to the student and the practice of issuing refunds must align with the program’s published policy. The timeline for issuing a refund of tuition following a student withdrawal must be identified in the policy.  ***Required evidence:***  *The program must provide its policies and procedures on student withdrawal from the program and issuing applicable refunds of tuition and fees.* |
| **Rationale/Evidence:**  Student withdrawal policies and procedures  Click or tap here to enter text.  Refunds of tuition and fees policies and procedures  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 6.5”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **6.6 The program publishes and equitably applies policies and procedures related to student remuneration at clinical sites.** |
| **Guidance:**  Policies and procedures under which students participate in the program assigned supervised clinical activities while enrolled in the program must be published and made known to all concerned. After demonstrating proficiency, students may be allowed to undertake certain defined activities with appropriate supervision and direction.  The policies and procedures related to students performing assigned supervised clinical activities must address whether the remuneration of students (i.e., receiving monetary compensation from clinical sites) is permitted. Policies must be fair and equitable to students, applied consistently to all students, and must not cause a perceived or real conflict of interest or take advantage of, or abuse, the student. Student remuneration must not adversely impact their education.  ***Required evidence:***  *The program must provide its policies and procedures regarding students performing assigned supervised clinical activities while enrolled in the program.* |
| **Rationale/Evidence:**  Students performing assigned supervised clinical activities policies and procedures  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 6.6”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **6.7 The program has policies concerning student health and safety and exposure to safe working practices.**  **Critical Criterion** |
| **Guidance:**  Policies and procedures must be in place and explained to students. The policies and procedures may include student health and immunizations, procedures for exposure and injury, universal precautions, electrical safety, ergonomics, and safe working practices.  ***Required evidence:***  *All program-related safety policies must be provided.* |
| **Rationale/Evidence:**  Student health and immunizations policies  Click or tap here to enter text.  Exposure and injury policies  Click or tap here to enter text.  Universal precautions policies  Click or tap here to enter text.  Electrical safety policies  Click or tap here to enter text.  Ergonomics and safe working policies  Click or tap here to enter text.  Other safety policies  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 6.7”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **6.8 The program provides students with timely access to academic and non-academic support services.** |
| **Guidance:**  The program informs students about the variety of academic and non-academic services and support available for successful completion of the program.  Services may include academic advising, academic support services, counseling, career counseling, health services, financial aid, and disability services.  ***Required evidence:***  *A list and/or short descriptions of internal and external support services available to students of the program must be provided.* |
| **Rationale/Evidence:**  Internal support services list and description  Click or tap here to enter text.  External support services list and description  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 6.8”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **Assessment of Program Compliance with**  **Standard 6 – Records Maintenance and Privacy** | |
| **Assessment** | |
| **Standard 6**  Records Maintenance and Privacy | 6.1  Critical Criterion  6.2  6.3  6.4  Critical Criterion  6.5  6.6  6.7  Critical Criterion  6.8 |
| **Compliance Level** | |
| **Compliance (C)**  Meets 6-8 criteria including all critical criteria: 6.1, 6.4, and 6.7 | |
| **Partial Compliance (P)**  Meets 4-5 criteria OR does not meet 1 critical criterion: 6.1, 6.4, or 6.7 | |
| **Non-Compliance (N)**  Meets 0-3 criteria OR does not meet 2-3 critical criteria: 6.1, 6.4, and 6.7 | |

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| **Standard 7 – Continuous Quality Improvement** |
| **7.1 The program has a process for collecting and analyzing graduate performance data.**  **Critical Criterion** |
| **Guidance:**  Programs must collect information regarding the competencies of their graduates. A variety of methods may be used including surveys of former students, assessment of clinical competence, follow-up studies of graduate employment, and certification examination attempt and pass rate. Opinions from employers regarding the adequacy of the program in preparing graduates for employment must be sought.  ***Required evidence:***  *The program must provide policies and procedures related to continuous quality improvement. Graduate performance data, certification results, employment rate, and stakeholder input must be provided.* |
| **Rationale/Evidence:**  Continuous quality improvement policies  Click or tap here to enter text.  Graduate performance data  Click or tap here to enter text.  Certification results  Click or tap here to enter text.  Employment rate  Click or tap here to enter text.  Stakeholder input  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 7.1”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **7.2 Based on the analysis of collected performance data and stakeholder input, the program implements appropriate and timely actions for improvement.**  **Critical Criterion** |
| **Guidance:**  The results of ongoing program evaluation must be reflected in changes to the curriculum and other dimensions of the program fostering student achievement and successful completion of the program.    ***Required evidence:***  *A description of all actions taken to address identified concerns for the past 3 years must be provided. The program must identify the origin of the recommendation for improvement and if the action was taken as a result of stakeholder input.* |
| **Rationale/Evidence:**  Description of all actions taken to address identified concerns for the past 3 years  Click or tap here to enter text.  Description of origin of the recommendation for improvement and if the action was taken as a result of stakeholder input  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 7.2”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **7.3 The program assesses the effectiveness of actions taken for program improvement.** |
| **Guidance:**  The program must have a timely process to assess the effectiveness of program changes. If the program change was ineffective, further action is required.  ***Required evidence:***  *Documentation of assessment and effectiveness of program changes must be provided. Documentation should include all assessment methods and outcomes of documented program changes. If a change is deemed ineffective the program must describe actions to be taken and a projected date of resolution.* |
| **Rationale/Evidence:**  Documentation of assessment and effectiveness of program changes  Click or tap here to enter text.  Describe actions to be taken and a projected date of resolution, if a change was deemed ineffective  Click or tap here to enter text.  **Additional Documentation**  Additional Documentation Submitted in Folder “Standard 7.3”  Click or tap here to enter text. |
| **Program Self-Assessment of Compliance:** Choose an item. |

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| **Assessment of Program Compliance with**  **Standard 7 – Continuous Quality Improvement** | |
| **Assessment** | |
| **Standard 7**  Continuous Quality Improvement | 7.1  Critical Criterion  7.2  Critical Criterion  7.3 |
| **Compliance Level** | |
| **Compliance (C)**  Meets 2-3 criteria including all critical criteria: 7.1 and 7.2 | |
| **Partial Compliance (P)**  Meets 2 criteria OR does not meet 1 critical criterion: 7.1 or 7.2 | |
| **Non-Compliance (N)**  Meets 0-1 criteria OR does not meet all critical criteria: 7.1 and 7.2 | |

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| **Overview of Assessment of Program Compliance** | | | | |
| **Standard** | **Compliance**  **(C)** | **Partial Compliance (P)** | **Non-Compliance (N)** | **Critical Criteria (CC)** |
| **1** |  |  |  | 1.5 |
| **2** |  |  |  | 2.3  2.6  2.7 |
| **3** |  |  |  | 3.1  3.2 |
| **4** |  |  |  | 4.1  4.2  4.8 |
| **5** |  |  |  | 5.1  5.3 |
| **6** |  |  |  | 6.1  6.4  6.7 |
| **7** |  |  |  | 7.1  7.2 |
| **Total of Compliance Levels (#)** | **\_\_\_\_\_ C** | **\_\_\_\_\_ P** | **\_\_\_\_\_ N** | **\_\_\_\_\_ CC** |

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| **Final Assessment by Program** |  |  |  |
| O N and 10-17 CC | 1-2 N OR 3 or more P | 3 N or more |
| Proceed to Site Visit | Site Visit on Hold | Unsuccessful Paper Review |