



Council on Optometric Practitioner Education

Course Qualification Manual

Revised January 2026

Includes: **COPE Standards for Integrity and Independence**
in Accredited Continuing Education

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WHAT IS COPE®?

Optometric continuing education (CE) is the primary method used by optometric regulatory boards to promote the continuing competence of licensed optometrists. The Council on Optometric Practitioner Education (COPE®) was created by the Association of Regulatory Boards of Optometry (ARBO®) to accredit continuing education on behalf of optometric licensing boards. At least 52 licensing boards currently accept COPE accredited courses toward maintenance of licensure. COPE utilizes standardized accreditation processes based on criteria referenced standards to fulfill its mission.

Mission: COPE is committed to advancing the quality and integrity of optometric continuing education by upholding standards of excellence that lead to better patient care and improved health outcomes.

COPE's Objectives are:

- To accredit high-quality, competency-based optometric continuing education that addresses practice gaps, enhances professional practice and contributes to positive health care outcomes for patients and their communities.
- To establish clear and transparent processes for accreditation of continuing optometric education.
- To ensure the integrity and independence of all accredited continuing optometric education content that promotes evidence-based outcomes.
- To promote culturally competent accredited continuing optometric education.
- To provide a process for continuous quality improvement of COPE Administrators, Accredited Providers, and Reviewers.
- To assist and support regulatory boards by providing a trusted standardized accreditation process that ensures public protection.

COPE COURSE QUALIFICATION OVERVIEW

COPE Accreditation serves the public, regulatory boards and the profession by promoting improvement in competence, performance and patient outcomes. All COPE Accredited CE is designed to reflect the educational needs of optometrists and is independent from commercial interests. Activities accredited by COPE are attended by optometrists seeking CE credit for license renewal because of the almost universal acceptance of COPE CE by optometric licensing boards. The first step in the COPE Accreditation process is submitting courses for review and COPE Qualification. In order for a COPE Qualified course to be fully COPE Accredited, a COPE Administrator must submit the pre- and post-activity data for approval by COPE.

GAINING COPE ACCREDITATION IS A 3-STEP PROCESS:

1. A course is submitted for COPE Qualification. The course is reviewed by a COPE Reviewer and, if it meets COPE's requirements, is accepted as a COPE-Qualified Course.
2. A COPE-Approved Administrator submits Pre-Activity data for COPE approval. If it meets COPE's Accreditation Criteria and Standards for Integrity and Independence in Accredited Continuing Education it is considered an approved COPE Activity.
3. COPE-Qualified Courses presented at an Activity/Event organized by a COPE Approved Administrator or COPE Accredited Provider are then considered COPE Accredited.

NOTE: Following the activity, COPE Administrators must also submit Post-Activity data for COPE approval.

COPE ACCREDITATION CRITERIA

CE MISSION AND PROGRAM IMPROVEMENT

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

**NOTE: This is only applicable in Provider Accreditation. It is not required for accredited activities.*

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

**NOTE: This is only applicable in Provider Accreditation. It is not required for accredited activities.*

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

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

EDUCATIONAL PLANNING AND EVALUATION

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

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

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

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

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

**COPE has adopted the ACCME® Accreditation Criteria. Used with the permission of the Accreditation Council for Continuing Medical Education (ACCME).*

COPE STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION OVERVIEW

The Standards for Integrity and Independence in Accredited Continuing Education are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

Eligibility

COPE is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, COPE has established the following guidance on the types of organizations that may be eligible to become COPE Administrators or Accredited Providers. COPE, in its sole discretion, determines which organizations are approved as COPE Administrators and Accredited Providers.

Types of Organizations That May Become COPE Administrators/Accredited Providers

Organizations eligible to become COPE Administrators/Accredited Providers (eligible organizations) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

<ul style="list-style-type: none">• Ambulatory procedure centers• Blood banks• Diagnostic labs that do not sell proprietary products• Electronic health records companies• Government or military agencies• Group medical practices• Health law firms• Health profession membership organizations	<ul style="list-style-type: none">• Hospitals or healthcare delivery systems• Infusion centers• Insurance or managed care companies• Nursing homes• Pharmacies that do not manufacture proprietary compounds• Publishing or education companies• Rehabilitation centers• Schools of medicine or health science universities• Software or game developers
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Types of Organizations That *Cannot* Become COPE Administrators/Accredited Providers

Companies that are ineligible to become COPE Administrators/Accredited Providers (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Owners and Employees of Ineligible Companies

The owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in ***joint providership*** with COPE Administrators/Accredited Providers. Joint providership enables COPE Administrators/Accredited Providers to work with nonaccredited eligible organizations to deliver accredited education.

COPE determines eligibility to become a COPE Administrator/Accredited Provider based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

COPE STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION

Standard 1: Ensure Content is Valid

Standard 1 applies to all COPE accredited continuing education.

COPE Administrators/Accredited Providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of COPE Administrators/Accredited Providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot become COPE Administrators/Providers if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

Standard 2 applies to all COPE accredited continuing education.

Accredited continuing education must protect learners from commercial bias and marketing.

1. The COPE Administrator/Accredited Provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The COPE Administrator/Accredited Provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Standard 3 applies to all COPE accredited continuing education.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The COPE Administrator/Accredited Provider is responsible for identifying relevant financial relationships

between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

COPE Administrators/Accredited Providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. Collect information: Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:
 - a. The name of the ineligible company with which the person has a financial relationship.
 - b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. Exclude owners or employees of ineligible companies: Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
 - a. When the content of the activity is not related to the business lines or products of their employer/company.
 - b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
 - c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
3. Identify relevant financial relationships: Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
4. Mitigate relevant financial relationships: Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
 - a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
 - b. Document the steps taken to mitigate relevant financial relationships.
5. Disclose all relevant financial relationships to learners: Disclosure to learners must include each of the following:
 - a. The names of the individuals with relevant financial relationships.
 - b. The names of the ineligible companies with which they have relationships.
 - c. The nature of the relationships.

- d. A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

Exceptions: COPE Administrators/Accredited Providers do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

1. Accredited education that is non-clinical, such as leadership or communication skills training.

Standard 4: Manage Commercial Support Appropriately

Standard 4 applies only to COPE accredited continuing education that receives financial or in-kind support from ineligible companies.

COPE Administrators/Accredited Providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

1. **Decision-making and disbursement:** The COPE Administrator/Accredited Provider must make all decisions regarding the receipt and disbursement of the commercial support.
 - a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
 - b. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
 - c. The COPE Administrator/Accredited Provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
 - d. The COPE Administrator/Accredited Provider may use commercial support to defray or eliminate the cost of the education for all learners.
2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the COPE Administrator/Accredited Provider. The agreement must be executed prior to the start of the accredited education. A COPE Administrator/Accredited Provider can sign onto an existing agreement between a COPE Administrator/Accredited Provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability:** The COPE Administrator/Accredited Provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by COPE or by the ineligible company that

provided the commercial support.

4. **Disclosure to learners:** The COPE Administrator/Accredited Provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the COPE accredited continuing education.

COPE Administrators/Accredited Providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
 - a. Influence any decisions related to the planning, delivery, and evaluation of the education.
 - b. Interfere with the presentation of the education.
 - c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The COPE Administrator/Accredited Provider must ensure that learners can easily distinguish between accredited education and other activities.
 - a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
 - b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
 - c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
 - d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

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COPE REQUIREMENTS FOR COURSE QUALIFICATION

Courses

- A. A course must be an organized program of learning that will contribute to the advancement and enhancement of professional competency and scientific knowledge in the practice of optometry, and be designed to reflect the educational needs of optometrists.
- B. A course must have scientific and educational integrity and must contain customary and generally accepted optometric and medical practices.
- C. A course must have an outline which demonstrates consistency with the course description and reflects the course content (see page 23 for guidelines.)
- D. A course handout/outline must be provided to all participants. The outline must be the same as the one submitted for COPE accreditation. If the original outline is updated, a copy must be provided to both ARBO and the event administrator/provider.
- E. A course must be taught in a manner appropriate to the educational content, objectives and purpose of the program, and must allow suitable time to be effectively presented to the audience.
- F. Disclosure of financial/proprietary interests:
 - a. Everyone in a position to impact the content of the CE must disclose any financial interest or other relationship with a COPE-defined ineligible company.
 - b. Courses presented on behalf of an ineligible company, which specifically promote one or more products of that company, will not be accredited by COPE.
 - c. Ineligible companies must have no influence or control over course development or presentation.
- G. Courses cannot be retroactively qualified/accredited by COPE.

Instructional Hours

- A. The minimum credit for any COPE-Qualified Course is 0.25 hours/units.
- B. COPE hours/units are defined in the following increments:
 - 0.25 hours/units of credit equals a minimum of 15 minutes of instructional time.
 - 0.50 hours/units of credit equals a minimum of 25 minutes of instructional time.
 - 1.00 hours/units of credit equals a minimum of 50 minutes of instructional time.

Instructor(s)

- A. Instructor(s) must have the necessary qualifications to present the course as evidenced by a doctorate-level degree (OD, MD, PhD, DO, JD, DDS, DC, PharmD, LLD, DEd, DS, etc.) or expertise gained through training or experience.
- B. All instructors, including adjunct/assistant instructors, must provide a current Curriculum Vita (CV.) **The CV must provide clear evidence that the instructor is qualified to teach the course.** (NOT a biographical sketch.)
 - The minimum information that must be provided on the CV includes:
 - Name
 - Office/work address, phone and fax numbers
 - Education (degree/certification, institution, year degree awarded)
 - Professional accomplishments/experience (appointments, publications, area(s) of expertise, prior lectures)
 - Professional affiliations/societies
 - Optometric/medical licensure information from the jurisdictions where the instructor holds a current license to practice

- C. The Instructor should submit the course information to COPE. A COPE Administrator/Provider may submit the course on behalf of the instructor, but the instructor must acknowledge the submission (see sample instructor acknowledgement below.) Under no circumstances can an ineligible company submit a course for COPE accreditation.
- D. All payments and reimbursements to the instructor must come directly from the COPE Administrator/Provider. Commercial Supporters cannot supplement nor provide any financial incentives to speak on COPE Accredited Courses.
- E. Under no circumstances can an Instructor serve as both the Instructor and Administrator/Provider for a COPE Accredited CE Activity at the same time.
- F. Instructors should not seek COPE accreditation if the presentation is for the purpose of promoting products, services, instruments or devices.
- G. Instructors will assure educational materials such as slides, abstracts and outlines will not include any advertising or product group message. Instructors will ensure balanced and transparent coverage of therapeutic and treatment options, and must disclose off-label or experimental information.
- H. Instructors may have assistance in the development of a course, including the creation of handouts, slides and objectives, though not from an ineligible company.
- I. Instructors will disclose all relevant financial relationships with any ineligible company when submitting courses for COPE accreditation. Should no relevant financial relationships exist, this must also be disclosed.
- J. Instructors will include a disclosure slide (see page 51 for a sample) at the beginning of each presentation disclosing:
 - 1. That the instructor developed the course material and information independently or if the instructor had assistance. The disclosure must include who provided the assistance.
 - 2. The instructor developed the course material independent from any influence of an ineligible company.
 - 3. Any personal conflicts of interest have been resolved.
 - 4. Any financial relationship with an ineligible company. Should no relevant financial relationships exist, this must also be disclosed.

Instructor Course Submission Acknowledgement

If a COPE Administrator/Provider is submitting a course on behalf of an instructor, the instructor must acknowledge the submission and the Administrator/Provider must attach the signed acknowledgement when submitting the course to COPE.

SAMPLE INSTRUCTOR ACKNOWLEDGEMENT

I, [INSERT NAME] acknowledge that this course, [INSERT COURSE TITLE], meets all the COPE requirements. I give my approval for [INSERT SUBMITTER NAME of ORGANIZATION NAME] to submit this course for COPE qualification on my behalf.

Instructor Signature and Date

INSTRUCTIONS FOR COURSE SUBMISSION

Please follow these step-by-step instructions when submitting your course for COPE qualification. If you have any questions, contact ARBO at 704-970-2710.

1. Go to the ARBO website at www.arbo.org. Go to the COPE link at the top of the page, move down the green box to Course Submission and then over and click on Submit a Course. Before you begin, review the list of required documents then click on the Submit a Course button.
2. **If you are not the Principal Instructor of the course** and you are submitting the course on behalf of the instructor, fill out your name and contact information as the submitter. Attach the signed Instructor Course Acknowledgement Form. **If you are the Principal Instructor of the course**, click the box where it says "I am the Principal Instructor of the Course". Click on Proceed to Step 2.
3. Enter the *OE TRACKER* number or name of the Principal Instructor and click on the search button. When the correct individual is located, click "Choose COPE Instructor" to continue. If Principal Instructor is not a licensed optometrist, or is not licensed in the US, use the Non-Optometrist or Non-US Instructor search function. If the individual is not found in the database, contact ARBO at 704-970-2710 or arbo@arbo.org to have the instructor added.
4. A. Review the information listed for the **Principal Instructor** (name, address, phone, etc.). If the information is not correct, contact ARBO at 704-970-2710 or arbo@arbo.org to have it changed. Attach the Principal Instructor's CV.
B. List the names and degrees of any **Co-Instructors** who participate in the presentation of the course and attach a CV for each Co-Instructor. Click on Submit Instructor Information.

Note: A **Co-Instructor** is an individual who, in conjunction with a Principal Instructor, may assist and participate in the presentation of a course, but also has the necessary qualifications to give the course independently of the Principal Instructor should the Principal Instructor be unavailable due to extenuating circumstances.

5. List the names and degrees of any **Adjunct/Assistant Instructors** who participate in the presentation of the course and attach a CV for each Adjunct Instructor. If there are no Adjunct Instructors for the course, leave blank. Click on Submit Instructor Information.

Note: An **Adjunct Instructor** is an individual whose main function is to support the Principal Instructor with the presentation or preparation of a course. An Adjunct Instructor may assist with the presentation of a course; however, the Principal Instructor must be responsible for presenting the majority of the course and an Adjunct Instructor cannot, under any circumstance, present a course in the absence of, the Principal Instructor.

6. A. Attach the Financial Disclosure information for **all** instructors (primary instructor, adjunct and/or co-instructors). If you are submitting the course on behalf of the instructor, attach the financial disclosure information for the instructor. Click on Submit.

Note: Any direct financial or proprietary interests you may have in any companies, products, pharmaceuticals or services must be disclosed. You must also disclose if you provide for-profit support of any kind, are a paid consultant to, an employee of, or serve as an officer on the board of any companies. This information must also be disclosed at the beginning of your presentation to your audience in a clear and unambiguous manner, both verbally, and included in your written course handout/outline (see page 51 for samples.)

- B. If you do not have any relevant financial relationships with any ineligible companies, check the box to denote this and enter the date and your electronic signature. Click on Submit. If you are submitting the course on behalf of the instructor and he/she does not have any relevant financial relationships with any ineligible companies, check the box and enter the date and the submitter's electronic signature.
7. A. Enter the course title in the box. The title must adequately describe the course and must be as it will appear in all future programs. **Note:** Because course titles cannot be changed once approved, it is recommended that you do not "date" a course (for example: Glaucoma 2010).
B. Enter the course description in the box. The course description is a brief statement (35 words or less) of what the instructor(s) intends to present which is suitable for publishing.
C. Enter the course objectives in the box. Briefly state the objectives of the course in 35 words or less. These must be different than the course description and note the learning outcomes of the course.
D. Select the Course Category. While a course may pertain to several course categories, there is usually one major topic which will cover most of the time and discussion, and which will best match one of the categories. Identify **one** category which best describes the educational experience provided by your course. **Note:** Do not use General Optometry unless no other category applies. (See pages 44-46 for category definitions.)
E. Select the number of hours/units and the Course Format (see pages 32-33 for Course Format definitions.) The Course Format must match the Activity Format (i.e. a course submitted as Synchronous In-Person cannot be given at a Synchronous Virtual activity.)
F. Attach the course outline or slide presentation. Click on Submit Course Information.
8. A. Indicate if the course is CEE (Continuing Education with Examination) and, if so, enter the appropriate sponsoring school/institution and attach the sponsoring statement from the school. (See CEE Policy on pages 21-22.)
B. If it is a CEE course, select the method of test distribution. Attach the post-course test and answer key. Click on Submit Course Information.
9. A. Indicate if the course is Asynchronous and, if so, enter the name of the school responsible for reviewing the post-course test and answer key. Attach a statement from the school stating that the test and answer key are valid and that the grading process is objective. (See Asynchronous Policy on page 19.)

- B. If it is an Asynchronous course, select the method of test distribution. Attach the post-course test and answer key. Click on Submit Course Information.
10. The application fees will automatically be calculated based on your submission. Select the method of payment. Click on Proceed to Enter Payment Details.
11. You will then be taken to Confirmation/Secure Payment Gateway. Enter credit card information and click Submit Billing Information. If the course is sponsored by an ASCO institution enter the ASCO code in the appropriate field. If you have been pre-approved by ARBO to be invoiced, enter the processing code provided by ARBO, and click Submit Invoice Course or Submit ASCO Course.
12. As the application moves through the process, you will receive email notifications of the status. Notification of action on your course application will follow within 4-6 weeks of submission. If your course is accepted by COPE, it is considered "COPE Qualified" and is eligible for COPE accreditation once a corresponding Activity/Event is submitted. Upon receiving your qualification notice from COPE, you will also be notified of the length of time the course will be active (the course qualification period) with the course expiration date. Course qualification periods will depend on the format of the course. (See page 24 for course qualification periods.) **Note:** Courses are not "COPE Accredited" until an Activity/Event has been submitted by an approved COPE Administrator or COPE Accredited Provider.

COPE COURSE FEES & REFUND POLICY

The Course Review Fee is based on the number of hours/units of the course. COPE Course Review Fees may be found at www.arbo.org. (Note: minimum length accepted is 0.25 hours/units.)

COPE will attempt to qualify a course as expeditiously as possible. However, to reduce the qualification time to less than 30 days, an Urgent Processing Fee may be added to the Course Review Fee. The Urgent Processing Fee may be found at www.arbo.org. Under no circumstances will COPE accept a course for qualification with a review time of less than 14 days.

Note: COPE does not issue refunds for any application for course qualification that has started the internal review process.

PROVISIONALLY-APPROVED APPLICATIONS

In the event your application is returned with provisional approval, you will be provided an opportunity to modify the application in such a manner that it can be approved. This may include circumstances such as an outline that is not sufficiently detailed, incorrect category selection, etc.

REJECTED APPLICATIONS

In the event your application is rejected, there are two steps that may be followed:

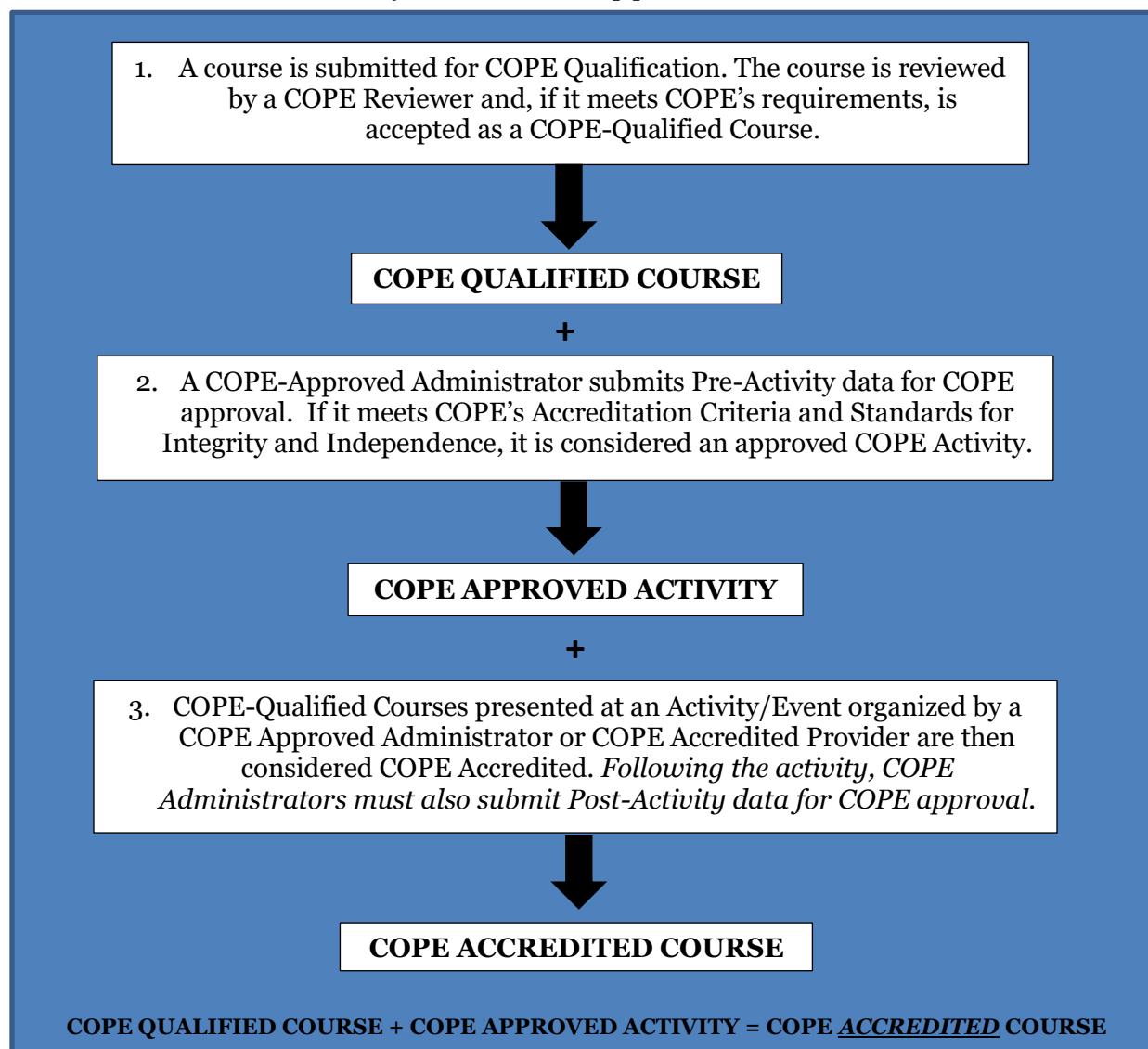
1. In writing, request the application be forwarded for a second review by a different reviewer.
2. If the application is rejected a second time, you may, in writing, appeal the decision to the COPE Committee. You should include information on why you feel the application should be approved.

IMPORTANT

The course application review process is anonymous. The reviewer of any specific application for course qualification is never identified to the instructor or submitter of the application.

COPE COURSE ACCREDITATION FLOWCHART

A course is considered accredited by COPE after a 3-step process:



Note: All relevant COPE Accredited activity and course information is posted on the ARBO website at www.arbo.org, where it is available for optometrists and participating licensing boards to access. The licensing boards verify credit certificates distributed to course participants against this information.

COPE ACCREDITATION POLICIES

Accreditation Decision Making Process

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

Activity Accreditation Decisions:

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

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

- **Initial Provider Accreditation:** COPE's review and initial accreditation decision will be based on the provider's demonstration of compliance with COPE's Accreditation Criteria. Compliance with these criteria and COPE's policies will lead to an accreditation determination of **Provisional Accreditation** with a two-year accreditation term. However, if any of the Criteria are found to be in noncompliance, the accreditation determination will be **Nonaccreditation**. At the end of the two-year term of Provisional Accreditation, providers will be eligible for reaccreditation. If successful in reaccreditation, providers will be eligible for a status of Accreditation with a four-year term.
- **Provider Reaccreditation:** COPE's reaccreditation process is an opportunity for each accredited provider to demonstrate that its practice of CE is in compliance with COPE's accreditation requirements. Based on these compliance findings, COPE will determine the provider's accreditation status, using one of these four options:
 1. **Provisional Accreditation:** It is possible for a provider to receive extended Provisional Accreditation, for one or two years, if compliance issues are identified that would prohibit advancing to Accreditation.
 2. **Accreditation** is the standard, four-year term awarded to accredited providers. Providers that demonstrate one or more noncompliance findings in Accreditation

Criteria and/or the policies may receive a determination of Accreditation but are required to submit progress reports.

3. **Probation** is given to accredited providers that have serious problems meeting COPE requirements. Providers on Probation are required to submit progress reports. Providers with Accreditation may have their status changed to Probation if their progress reports do not demonstrate correction of noncompliance issues. Providers on Probation may implement improvements and return to a status of Accreditation. Providers cannot remain on Probation for longer than two years.
4. **Nonaccreditation:** A Nonaccreditation determination will be given in the following circumstances:
 - A Provisionally Accredited provider has serious noncompliance issues.
 - A provider on Probation fails to demonstrate in one or more progress reports that it has achieved compliance with all Accreditation Criteria within two years.
 - In certain circumstances, such as an accredited provider that has demonstrated recurrent noncompliance with the Standards for Commercial Support and/or has received previous decisions of Probation, an accredited provider may have its status changed to Nonaccreditation.

Accreditation Fees

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

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

Accreditation Period

Activity Accreditation Period

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

Provider Accreditation Period

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

Activity Records

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

process.

Appeals Process

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

Asynchronous Policy

NOTE: Because of statutes and/or regulations governing some licensing boards, Synchronous Virtual and Asynchronous courses **do not** qualify as CEE Courses. **Only Synchronous In-person lectures qualify as CEE courses.**

A course qualifies as Asynchronous if the course instructor and learner are not together at the same time, have no real time communication, and the content is learner-paced.

Examples include:

- Recorded webinar without instructor interaction
- Journal article
- Recorded Webcast/podcast

Courses presented for COPE review under the Asynchronous format must comply with the following requirements:

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

Attendance Documentation

Each learner must receive documentation of attendance which will allow each course at an activity

to be identified. All documentation, such as proof of attendance certificates provided to attendees should include *COPE Course ID # and the COPE Activity #*. This is necessary as licensing boards require the numbers when the course documentation is submitted as CE credit for license renewal.

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

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

Attendance Monitoring

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

To assist COPE Administrators/Providers in ensuring accurate attendance, COPE has provided a list of examples of acceptable attendance monitoring options. ***Please note that this list may not include all attendance monitoring options available. COPE Administrators/Providers are welcome to contact ARBO to discuss other potential options.*

Attendance Monitoring Options:

- Virtual Roll Call
- Message Boards/Chats or Discussion Forum- Ask learners to post comments/something they learned at various times
- Interactive Polls- Ask questions throughout the course to ensure learner participation
- Quizzes- Pre-and post-course quiz or post-course quiz only (Reminder: Post-course tests are required for Asynchronous and CEE courses.)
- Post-Course Surveys or Evaluations
- Lecture Questions asked throughout Course for learners to respond in chat
- Meeting Platform/Software Attendance Tracking of attendees' sign-in and sign-out time

Attendance Records

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

Administrators and Accredited Providers can download pre-formatted spreadsheets for submitting attendance by logging into their administrator/provider account on the ARBO website. Course QR codes for use at a COPE accredited activity with the *OE TRACKER* mobile

app are also available for Administrators/Providers. Contact ARBO for more information.

Continuing Education with Examination (CEE) Policy

(Also known as Transcript Quality (TQ) or Certified CE.)

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

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

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

- The scope of the test should address the material in the course outline and correspond with content areas and areas of emphasis.
- Item options (answer choices) should be based on prior knowledge or knowledge taught in course.
- Instructors should undertake a simple post-test analysis of the results to determine if there are any flawed items (i.e., items that, due to low or erratic scores, are revealed as

ambiguous, confusing or inaccurate) and remove them from future tests. The scoring for a test where items are flawed and removed should be recalibrated accordingly.

- Scores should be expressed as a percentage in all cases.
- Instructors should identify the relative importance in course outline's design, and item distribution should match those emphases.
- Administrators and providers must maintain records of post-course tests and when authorized by the participating doctor, verify the score for a period of five years from the date of the continuing education activity.

COPE Accreditation Data Storage

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

COPE Accreditation Statement

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

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

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

COPE® Logo

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

COPE Category Assignment

The Instructor, COPE Administrator or Accredited Provider, must assign a COPE course category, according to the major emphasis of the course content, to each course. Many jurisdictions' statutes contain language regarding specific categories of education used by optometrists in license renewal. Optometric licensing boards require the category assignment of continuing education in the process of verifying the requirements for maintenance of licensure. The definitions for each category are found on pages 44-46. COPE audits the category assignments on a quarterly basis and reserves the right to change the category if evidence in the audit determines the course would more appropriately be defined by another category. Accredited Providers who deviate from these definitions in the assignment of a course category place their accreditation status at risk.

COPE Course Numbers

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

COPE Administrators will obtain course numbers through submission of course content through the COPE Course Review Process.

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

Course Learning Materials

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

Course outlines should conform to the following guidelines:

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

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

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

Course Qualification Period

The course qualification period for each course qualified by COPE will depend on the format of the course (see below.) **Note:** For more information on course formats, see pages 32-33.

- Synchronous In-Person Courses: 1 Year Qualification Period
- Synchronous Virtual Courses: 1 Year Qualification Period
- Asynchronous Courses: 3 Year Qualification Period

Data Submission

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

COPE Administrator Data Submission-

1. Administrator Pre-Activity Data Submission:

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

2. Administrator Post-Activity Data Submission:

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

Accredited Provider Data Submission-

1. Provider Pre-Activity Data Submission:

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

2. Provider Post-Activity Data Submission:

Attendance data must be submitted to COPE within 30 days of completion of the CE activity to be uploaded into *OE TRACKER*.

Provider End of Year Reporting of Accredited CE Activities:

The following data must be submitted by all accredited providers to COPE annually:

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

Disclosure of Relevant Financial Relationships

Instructors must include a disclosure slide at the beginning of each presentation or a statement at the beginning of any printed material addressing the following. (See page 35 for the definition of a relevant financial relationship.)

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

Disclosure of Commercial Support

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

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

Facilities

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

Instructor Qualification

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

Open Access

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

- No efforts shall be made to exclude any learners.
- Commercial interests cannot invite or select learners or generate invitation lists.
- Public notice of COPE Accredited Activities is required; posting on a members-only website does not satisfy this.
- If attendance is limited by space requirements, this must be included in all invitations and public notices, with a first come, first served policy.
- Non-members or affiliated parties of a COPE Provider must be able to attend the CE activity. Administrators and providers may adjust the registration fees in a reasonable manner to accommodate the non-members.

Outcomes Measurements

COPE Administrators/Providers are required to conduct a post-activity educational evaluation which includes gathering data or information on the changes in the learners based on the stated goals of competence, performance or patient outcomes as identified in planning the activity. This is extremely important for Synchronous Courses that do not require post-course testing. (Note: Courses submitted for CEE credit require a post-course test.) COPE has provided a list of outcomes measurement options for COPE Administrators/Providers to use. ***Please note that this list may not include all outcomes measurement options available. COPE Administrators/Providers are welcome to contact ARBO to discuss other potential options.*

Outcomes Measurement Options

- *Short Pre-Test and Post-Test- Ask the same question or different questions to measure change*
- *Simple Question at End of Course asking what learners plan to change in practice*
- *Interactive Poll at the end of the course asking outcomes measurement questions*
- *Open-Book Test Questions based on speaker's handout at end of the course*
- *Self-Assessment Question(s) given at the beginning and end of the course to measure change*
- *Pre-Course Checklist of Skills- Ask "Are you doing this activity in your practice now?" Areas not checked off can be addressed in the speaker's presentation and reported at the conclusion.*
- *Required/Strongly Recommended Pre-Reading - Ask questions related to pre-reading and course content at the end of the course*
- *Post-Course Surveys or Evaluations*

Provider Reaccreditation Process

Nine months before the end of the current accreditation period, Accredited Providers are asked to submit a listing of all the activities that have occurred within the current accreditation period. COPE will, within 30 days of the provider's submission of all activities; select the number and type of activities from which the provider will develop a new Self-Study Report and Performance in Practice Activity Review Form(s) for reaccreditation. The Performance in Practice Activity Review Form(s) will be submitted illustrating activities completed within the previous accreditation period. COPE will sample activities from all years of a provider's term of accreditation and from all types of activities.

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

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

Public and Confidential Information

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

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

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

COPE will maintain as *confidential information*, except as required for COPE Accreditation purposes, or as may be required by legal process, or as otherwise authorized by the Accredited Provider or Administrator to which it relates:

1. To the extent not described as public information above, information submitted to COPE by the provider or administrator during the initial or reaccreditation decision-making processes for that provider or administrator;
2. Correspondence to and from COPE relating to the accreditation process for a provider (e.g. Self-Study Report) or administrator; and
3. COPE proceedings (e.g. Board minutes, transcripts) relating to a provider or administrator, other than the accreditation outcome of such proceedings.

In order to protect confidential information, COPE and its volunteers are required:

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

Refund Policy

COPE does not issue refunds for any applications that have started the internal review process. This includes COPE Course Qualifications, COPE Activity Pre-applications and COPE Provider applications.

Resolution of Conflict of Interest in the Accreditation Process

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

Validation of Clinical Content

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

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

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

COPE ON-SITE REVIEW PROCESS

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

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

COPE INVESTIGATIVE PROCESS

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

Submission of Complaints

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

Complaint Review

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

Investigation Due Diligence and Review

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

Investigation Findings and Notice

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

Investigation Outcomes

1. If the administrator or provider does not respond within the designated timeframe, their ability to present COPE Accredited activities will be revoked.

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

Repeated Investigations

After three complaints/investigations, COPE may suspend the privileges of an administrator or provider to present COPE Accredited activities.

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

Appeal Process

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

GLOSSARY OF COPE TERMS

Activity Number

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

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

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

ARBO

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

Competence

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

Conflict of Interest

A conflict of interest is created when an individual has an opportunity to affect CE content about business lines or products of an ineligible company with which he/she has a financial relationship.

COPE®

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

COPE Accredited CE

Continuing education activities produced and delivered by COPE Administrators and Providers in compliance with the COPE Accreditation Criteria, Standards for Integrity and Independence, policies and procedures.

COPE Activity

An educational event or publication produced by a COPE Administrator or Provider in accordance with the COPE Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, policies and procedures.

COPE Administrator

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

COPE Governing Committee

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

COPE Course

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

COPE Provider

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

Course Category

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

Course Demographics

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

Course Description

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

Course Format

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

- A. **SYNCHRONOUS IN-PERSON:** The course instructor is in the same room with the participants, even if other formats are used as audiovisual aids for teaching the course. The instructor is face-to-face with the audience and can touch the participants.
 1. CE: There is no post-course test.

2. CEE (Continuing Education with Examination): There is a post-course test.

B. **SYNCHRONOUS VIRTUAL:** The course instructor is not physically present (not face to face) but is meeting with learners in real-time and can provide immediate feedback.

- a. *Examples:* Interactive webinars in real time, Videoconferences, Interactive posters with authors presenting in real time. Once the event has taken place, learners may no longer participate in that activity.

C. **ASYNCHRONOUS:** The course instructor and learner are not together at the same time, have no real-time communication, and the content is learner-paced.

- a. *Examples:* Recorded webinar without instructor interaction, Journal article, Recorded Webcast/podcast. There is not just one time on one day to participate in the activity, rather, the learner determines when they participate.

Course Number

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

Course Outline

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

Course Review

A service provided by COPE to validate clinical content of COPE Courses. COPE Reviewers will review the course learning materials prior to an activity to assure that the course has educational and scientific integrity, that the course contains customary/generally accepted optometric and medical practices, and that the course is compliant with the COPE Standards for Integrity and Independence.

Credit Hour

COPE hours/units are defined in the following increments:

Hours/Units of Credit	Minutes of Instructional Time
0.25 hours/units	15 minutes
0.50 hours/units	25 minutes
0.75 hours/units	40 minutes
1.00 hours/units	50 minutes
1.25 hours/units	65 minutes

1.50 hours/units	75 minutes
1.75 hours/units	90 minutes
2.00 hours/units	100 minutes

Curriculum Vitae (CV)

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

Eligible Company

Organizations eligible to become COPE Administrators/Accredited Providers whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

Ineligible Company

Companies that are ineligible to become COPE Administrators/Accredited Providers whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Informatics

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

Instructor

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

Knowledge

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

For further reference, see: *Miller GE. The assessment of clinical skills/competence/performance. Acad. Med. 1990; 65(9 Suppl.):S63-7.*

Performance

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

Performance in Practice Activity Review Form

The form submitted by providers, in addition to the Self Study Report, to demonstrate that they are implementing the accreditation criteria within actual educational interventions/sessions.

Practice Gap

The difference between what optometrists are doing or accomplishing compared to what is achievable on the basis of current professional knowledge. A practice gap is an educational need that a physician knows they have or that a provider deduces from data. A practice gap is a description of a problem in practice that the administrator or provider will address with an educational intervention. Professional practice gaps can be clinical or non-clinical.

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

Pre-Activity Accreditation Form

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

Post-Activity Accreditation Form

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

Probation

One of the potential accreditation determinations given to Accredited Providers and

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

Relevant Financial Relationships

Financial relationships are relationships in which the individual has with an ineligible company. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Reviewer

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

COPE ACCREDITATION FREQUENTLY ASKED QUESTIONS

What is the difference between “Synchronous In-Person” and the previous “live” format?

There is no difference. The Synchronous In-Person format (previously “live”) is when the instructor is in the same room with the participants, even if other formats are used as audiovisual aids for teaching the course. The instructor is face-to-face with the audience and can touch the participants.

What is the difference between “Synchronous Virtual” and the previous “Interactive Distance Learning” format?

Synchronous Virtual is the same as the previous Interactive Distance Learning format as far as the course presentation. There must be immediate interaction between the instructor and the learner. The only difference is that post-course tests will no longer be required for courses presented in the Synchronous Virtual Format. Required attendance monitoring and other methods of outcomes measurement are now available for COPE Administrators/Providers to ensure accurate attendance and evaluate their stated goals of competence, performance or patient outcomes.

What is the difference between “Asynchronous Distance” format and the previous “Enduring Distance Learning” format?

There is no difference. Because there is no real time communication between the instructor and the learner during these courses, a post-course test for learners will continue to be required for this format.

Why does the dollar amount of commercial support received need to be reported to COPE?

The COPE Standards for Integrity and Independence in Accredited Continuing Education (SII) ensure that optometric CE is independent of commercial bias. The SII require that a CE provider produce accurate documentation of the receipt and expenditure of commercial support. This includes providing the total amount of money received from commercial supporters.

What is an example of a practice gap? Is it the same as a topic of interest?

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

Do I always have to survey my learners to determine what practice gap will be addressed during an activity?

No. Multiple resources may be used to determine a practice gap. Practice gaps may be identified through conversations with learners, journal articles, new practice guidelines, patient outcome data, etc. For example, you may read a result of a public health survey which determines a rising

rate of low vision services utilization in the diabetic community. The planning committee may use this information to plan an activity which has the goal of reducing diabetic retinopathy rates by educating optometrists about recently released diabetic guidelines, detection of diabetic macular edema, appropriate use of intravitreal injections for diabetic macular edema, etc.

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

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

Can an owner or employee of an ineligible company plan or instruct COPE accredited Continuing Education?

Owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of COPE accredited CE. There are three exceptions to this exclusion. Employees of ineligible companies can participate as planners or faculty in these specific situations:

1. When the content of the activity is not related to the business lines or products of their employer/company.
2. When the content of the accredited activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
3. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

What is the definition of an "owner" and "employee" of an ineligible company?

Owners and employees are individuals who have a legal duty to act in the company's best interests.

- Owners: individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund.
- Employees: individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Is the 30-minute time interval (Standard 5.2) between COPE accredited and nonaccredited activities required regardless of when the nonaccredited activity takes place? For instance, before, during, or after the COPE accredited activity?

Yes. There needs to be a 30-minute interval between a COPE accredited and nonaccredited session or activity regardless of when the nonaccredited session or activity takes place- before COPE accredited CE, after COPE accredited CE, or both.) As noted in Standard 5.2, this time interval is required if the nonaccredited activity is either developed by or with an ineligible company, or if individuals with unmitigated, relevant financial relationships with ineligible companies are in control of content. The 30-minute interval can be used to the advantage of the COPE Administrator/Provider in the following ways:

- Provide a general Q&A session with the speaker
- Host a quick business meeting (if membership organization)
- Provide a stretch/email break
- Provide a refreshment/snack break
- Hold an icebreaker activity

Does there need to be a 30-minute interval (Standard 5.2) between COPE accredited education and nonaccredited education or activities that are NOT developed by or with an ineligible company OR individuals who have unmitigated, relevant relationships?

No. Nonaccredited education (or sessions) as described in the question, would not need to be separated from COPE CE by 30-minute intervals because those sessions are not "controlled by ineligible companies or include individuals with unmitigated, relevant financial relationships." Examples of these types of activities include a legislative briefing or an awards ceremony.

Does there need to be a 30-minute interval (Standard 5.2) between COPE accredited and nonaccredited education in virtual activities?

The 30-minute interval is required for all activities, whether the activity takes place in-person or online. For interactive online activities, if the learner will remain in the same "virtual space" for a nonaccredited session, then the COPE Administrator/Provider must ensure that there is a 30-minute interval before or after accredited education. If the learner is required to leave the virtual space to transition between COPE accredited and nonaccredited activities, and will need to take an action, such as clicking a link that clearly communicates that they are leaving the accredited education, then there is no time-interval requirement.

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

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

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

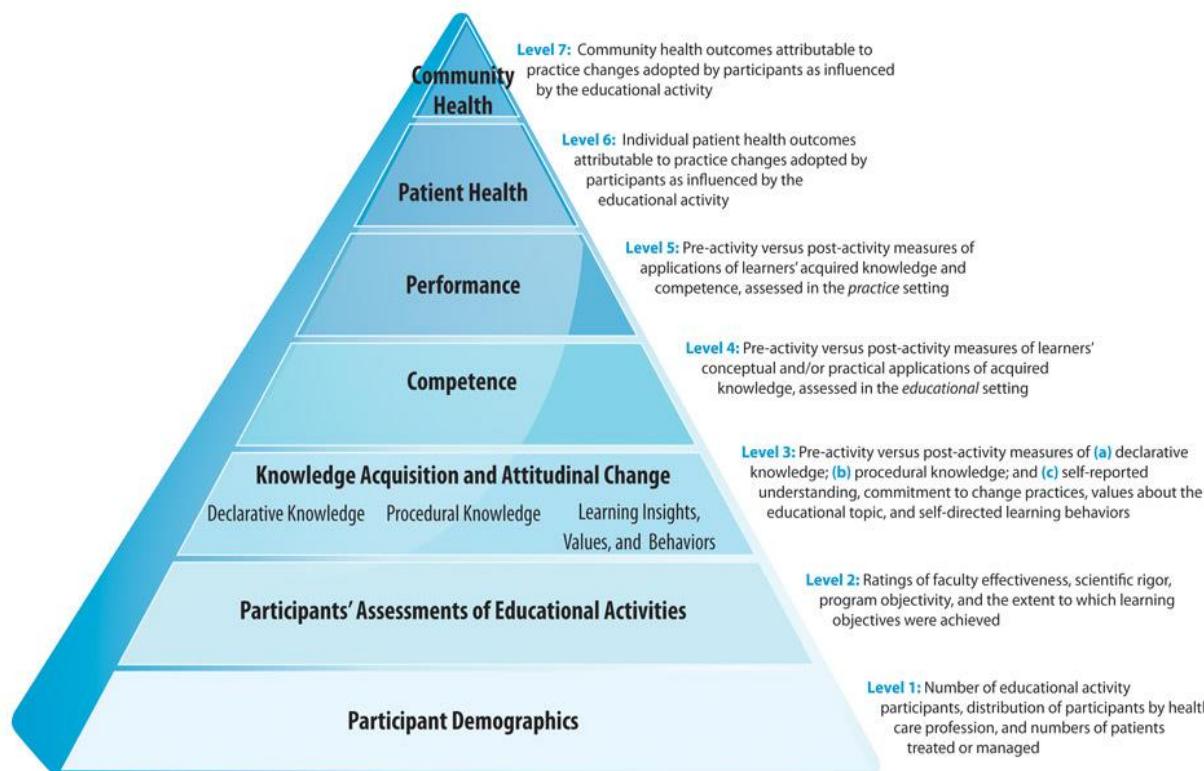
Having each course within an activity meet a different practice gap may be appropriate if every lecture is unrelated to the whole lecture series. However, if a meeting is being designed to address a single practice gap, and all courses support the practice gap, a single practice gap may be appropriate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

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

All activity formats (e.g., didactic, small group, interactive, hands-on skills labs) are acceptable and should be chosen based on what the administrator or provider hopes to achieve with respect to change in competence, performance, and/or patient outcomes. When choosing the educational format for an activity, the administrator or provider should take into account the setting, objectives, and desired results of the activity.

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

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



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

References: Moore DE Jr., Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *J. Contin. Educ. Health. Prof.* 2009 Winter;29(1):1-15. See more at:

<http://www.medicineandtechnology.com/2009/06/moores-7-levels-of-cme-outcomes.html#sthash.ppsATx9M.dpuf>

http://www.sacme.org/Resources/Documents/Virtual%20Journal%20Club/Moore_evaluation_article.pdf

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

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

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

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

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

OR

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

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

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

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

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

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

OR

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

Performance: You are able to identify through direct observation or review of data that the learners are able to successfully manage patients with dry eye disease in clinical practice.

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

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

The goal of accredited CE is to enable doctors to put knowledge into action.

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

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

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

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

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

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

No. It is possible that an activity may not meet the expected results desired and documented during the planning process. Accreditation Criterion “Program Improvements” does require that you identify, plan, document and implement changes in the overall program to improve future CE activities.

Why does COPE select the activities which will be reviewed during the Reaccreditation process for a COPE Accredited Provider? Why can't I select the activities I wish to highlight?

The process of a random selection of activities by the accreditor gives validity to the process of

accreditation. This method is used by most healthcare continuing education accreditors to assure all stakeholders that each and every activity is planned and executed according to accreditation criteria and standards.

Can I submit my audience survey forms to meet the Criterion titled “Analyzes Change”?

The submission of survey forms alone does not analyze change. COPE is interested in the information that is concluded from surveys, data or other tools you use to evaluate your activities or overall CE program. You may elect to submit the audience survey form as an example of evidence to support your analysis, but the aggregate raw data from surveys will not meet the criterion by itself.

Why does COPE require submission of data relating to financial support by ineligible companies?

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

If a COPE Accredited Provider validates a course for a specific activity, can the course be presented by a COPE Administrator at other educational activities?

Courses that are accredited through a provider's planning committee are specific to that provider. If a COPE Administrator would like to present the same course at their activity, it must be submitted through the COPE Review system for content validation and assigned a new number after which the course will be placed in the COPE database.

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

ADDITIONAL RESOURCES:

COPE COURSE CATEGORY DEFINITIONS

A. CLINICAL OPTOMETRY

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

Functional Vision/Pediatrics (FV): Those portions of optometric practice that deal with visual processing and neuro-optometric rehabilitation (acquired brain injury), including sports vision, binocular vision (strabismus/amblyopia), visual processing and vision therapy or vision development.

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

Low Vision/Vision Impairment & Rehabilitation (LV): All aspects of low vision devices, care and therapy; including models of care based on a team approach and case management.

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

Examples: Disease surveillance; vision screening; health disparities; determinants of health; health literacy; health education; environmental optometry; infection control; health services research; health law; health economics; evidence-based practice; behavior change communication; cultural and linguistic competency; social determinants of health, diversity, equity, inclusion and belonging training; unconscious bias, etc.

B. OCULAR DISEASE

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

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

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

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

Examples: SLT, ALT, LPI, Gonioplasty, YAG PC, Iridoplasty, Punctoplasty etc.

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

Examples: Cataract Surgery, blepharoplasty, strabismus surgery, keratoplasty, and courses related specifically to management of PRK, RK and LASIK patients, corneal refractive surgery, etc.

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

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

Treatment & Management of Ocular Disease (TD): The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the human eye. **Courses that study the ocular manifestations of systemic diseases should be placed in this category when the majority of course content or emphasis is the ocular manifestations of the systemic disease and not the systemic disease itself.**

Examples: Keratitis, anterior uveitis, conjunctivitis, blepharitis, lid anomalies, foreign body removal, ocular adnexa and orbit, degenerative, infective, and vascular diseases of the retina/choroid/sclera and optic nerve, inclusive of all aspects of surgical care involving the posterior segment of the eye, i.e., retinopathies, neuropathies, retinal laser surgery, retinal detachment surgery, vitrectomy, injections (intra-ocular), etc.

C. RELATED SYSTEMIC DISEASE

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

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

Pharmacology (PH): The study of the actions, interactions and proper uses of medications in human biological systems. This includes the study of the etiology, clinical evaluation, diagnosis and treatment of ocular disease using the appropriate medications, topical, oral, or other routes of administration, for diagnosis and ocular therapy.

Examples: Toxicology; adverse effects of drugs; control of ocular pain; indications for treatment; prescription utilization; follow-up assessment; pharmacodynamics; pharmacokinetics.

Systemic Disease (SD): The study of the relationship of any anomaly of normal function of the human body and the possible manifestation of such as signs and/or symptoms in the eye or visual system. **Courses in which the majority of course content or emphasis is on the systemic disease and not the ocular manifestation of the systemic disease should be placed in this category.**

Examples: General study of diabetes, HIV/AIDS, thyroid disease, etc., along with their ocular manifestations. Vascular diseases both systemic and ocular, autoimmune disease and non-ocular cancers, etc.

D. OPTOMETRIC BUSINESS MANAGEMENT

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

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

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

DESIRABLE OPTOMETRIST ATTRIBUTES

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

SAMPLE COURSE OUTLINE

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

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

Course Outline

- I. Who can benefit from telescopic devices?
 - A. Distance tasks (primary use)
 - 1. Seeing the chalkboard
 - 2. Overhead menus at fast food restaurants
 - 3. Bus signs
 - 4. Identification of individuals at a distance
 - 5. Watching plays, movies
 - 6. Seeing television
 - B. Intermediate tasks (secondary use)
 - 1. Computer use
 - 2. Arm's length tasks, e.g. card playing
 - 3. Seeing countertops
- II. Types of simple telescopes
 - A. Galilean systems
 - 1. Galilean telescopes have positive lens as the objective and a negative lens of higher power as the ocular.
 - 2. Erect and upright image
 - 3. Relatively compact design
 - 4. Dim images and limited field-of-view
 - 5. Large exit pupil, which makes centering less difficult.
 - 6. Rejection of this visual aid is attributed mainly to its appearance.
 - B. Keplerian systems
 - 1. Keplerian telescopes have a plus power objective lens and a plus power ocular lens
 - 2. Inverted images require an erecting lens or prism
 - 3. Typically larger dimension of the device and increased weight.
 - 4. Brighter images and wider fields of view
 - 5. Small exit pupil requiring better centering and aiming
 - 6. Greater design complexity and more expensive
 - 7. Size and weight can be reduced with in-the-lens design
 - 8. Rejection of this visual aid is also attributed mainly to its appearance.
- III. Properties of telescopes
 - A. The exit pupil and field of view
 - B. The exit pupil and brightness
 - C. Determination of the telescope type
 - D. Verification of telescopic magnification (exit pupil method)

IV. Prescribing for distance tasks

- A. Determination of proper magnification for specified distance task
- B. Monocular vs. binocular

V. Instruction in the use of telescopic systems for distance tasks

- A. Stationary user and stationary object (spotting)
- B. Stationary user and moving object (tracking)
- C. Moving user and stationary object
- D. Moving user and moving target

VI. Case studies

A. A 14 year old male with albinism has nystagmus, is light sensitive and currently wears single vision distance glasses, which he reports only "help a bit." He cannot read the notes on the blackboard at school. Your refraction is:

R. +4.00 – 2.25 x 180 VA 10/80 L. +3.00 – 3.00 x 170 VA 10/80

He does not want to wear "anything that sticks out of his glasses." He likes to watch soccer matches at the stadium also.

1. What specific tasks does the patient want to do?
2. What are the best corrected acuities?
3. What magnification should you start with?
4. How will the nystagmus affect the use of the telescope?
5. Should he wear his glasses when using the telescope?
6. How will wearing his glasses affect his field of view?
7. What options are available?
8. What about his light sensitivity?

B. A 56 year old retired medical laboratory technician was diagnosed with beginning macular degeneration 7 years ago. She likes to play keno at the casinos but finds it very difficult to see the numbers on the overhead keno boards. She does not wear any glasses for distance and her acuities are: R. 10/40; L. 10/80.

1. What is the task which needs to be accomplished?
2. What are her acuities?
3. How will the light in the surrounding area affect the selection of the scope?

C. A 65 year old African American woman with glaucoma has a hard time seeing concerts from her seat in the theater. Best correction and acuities are:

R. +1.00-0.50x095 VA 10/160 L. +0.50-0.50x080 VA 10/200

She has found her 2x opera glasses to be inadequate.

1. Can you help her with this level of vision?
2. How would her glaucoma medications affect her using a telescope?
3. What is the disadvantage of giving her a high powered system?

D. A 69 year old man with significant cataracts does not want to have cataract surgery. He loves to fly radio controlled model airplanes but is finding it extremely difficult to see the planes in the air. His acuities are not improved with any standard correction. R. 20/100; L. 20/100

1. Does the patient need his hands free?
2. One eye or two?
3. How will a higher powered system affect his ability to track the planes?

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

SAMPLE FINANCIAL RELATIONSHIP DISCLOSURE

To be completed by education staff.

Name of Individual:

Title of Continuing Education:

Date and location of Education:



Individual's prospective role(s) in education

Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)

Planner (Planning committee, staff involved in choosing topics, faculty, or content)

Teacher, Instructor, Faculty Author, Writer

Reviewer *Other: _____*

Author, Writer

Reviewer

Other _____

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to Contact Name/email by Date.

The COPE Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at Contact Name/email.

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission.

Date:

SAMPLE COMMERCIAL DISCLOSURE STATEMENTS

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

FOR ADMINISTRATORS and ACCREDITED PROVIDERS:

1. The content of this COPE Accredited CE activity was planned and prepared independently by (Administrator or Provider) without input from members of an ineligible company.
2. (Administrator or Provider) has received commercial support from (Ineligible Company) for this activity in the form of an unrestricted educational grant.

FOR INSTRUCTORS:

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

1. (Instructor) has a relevant financial relationship with (Ineligible Company). He/she serves as a (consultant, speaker, etc.) All relevant relationships have been mitigated.

OR

2. (Instructor) has no relevant financial relationships to disclose.
3. The content and format of this course is presented without commercial bias and does not claim superiority of any commercial product or service.

FOR PERSONS WHO ASSIST THE INSTRUCTOR WITH CONTENT DEVELOPMENT:

1. (Person) is affiliated with (Ineligible Company) as a (consultant, speaker, etc.)

OR

2. (Person) has no direct financial or proprietary interest in any ineligible companies, products or services mentioned in this presentation.

SAMPLE STATEMENT FOR ACCREDITED SCHOOLS SPONSORING CEE

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

(Printed on official letterhead)

December 1, 20XX

ADMINISTRATOR or PROVIDER NAME
ADMINISTRATOR or PROVIDER ADDRESS

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

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

Sincerely,

Emily Provost, OD, Dean