

BASIS FOR YOUR COMMENTS

Period during which you have personal knowledge of applicant's professional paraoptometric capabilities -	FROM (Mo/Yr)	TO (Mo/Yr)	Are you a relative of this applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain:
Nature of Your Relationship with Applicant: <input type="checkbox"/> Supervisor <input type="checkbox"/> Past Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Employer <input type="checkbox"/> Professor <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		Briefly describe:	

DEFINITIONS

OBJECTIVES OF CERTIFICATION	CERTIFIED PARAOPTOMETRIC ASSISTANT EXPERIENCE
<p>To promote excellence in the field of optometric assisting by:</p> <ul style="list-style-type: none"> Recognizing formally those individuals who meet all requirements of the Commission on Paraoptometric Certification of the American Optometric Association; Encouraging continued professional growth of the paraoptometric; Establishing and measuring the level of knowledge required for certification of Paraoptometrics; and Promoting a standard of requisite knowledge required for certification; thereby assisting the employer, public, and members of the health professions in the assessment of paraoptometrics. 	<ul style="list-style-type: none"> For a position to be accepted as qualifying with CPC as CPOA experience, paraoptometric assisting must be the <u>primary</u> function. Positions in which paraoptometric assisting is an inherent responsibility, but <u>not the primary function</u> are not considered by the CPC as CPOA experience. The CPOA must be able to demonstrate to the satisfaction of his peers, employer, and clients the ability to apply concepts used in optometric care.

VALIDATION OF APPLICANT'S EXPERIENCE

(Refer to definitions above)

Applicant's Position Title	What were the average hours per week the applicant worked in this position?	What is/was the applicant's primary function in this position?
Briefly describe this position and the applicant's responsibilities in the position.		
Does/did the applicant have other work activities assigned to his/her job? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please describe.)		
To your knowledge, does the applicant have any deficiencies in professional ethics? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please describe.)		
If you have additional comments about the applicant, please note them below.		

Upon completion, please submit this form to the AOA-CPC office at least one month prior to the exam deadline date. **Do not submit this Reference Form with the exam application.**

Please allow 4-6 weeks for processing.