

**American Optometric Association**  
**Commission on Paraoptometric Certification**  
 243 N. Lindbergh Blvd.  
 St. Louis MO 63141  
 Phone: 800-365-2219 • Fax: 314-991-4101  
 Email: CPC@aoa.org • Web site: www.aoa.org

**Certified Paraoptometric Assistant**  
**APPLICATION AND**  
**REFERENCE FORM**



Please type or print legibly. Please complete both sides of this form and return to CPC at the address listed above.

**APPLICANT**

|   |             |  |  |
|---|-------------|--|--|
| NAME  |             | ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE  |  |
| FIRST _____ M.I. _____                              |             | _____  |  |
| LAST _____  |             | _____  |  |
| EMAIL ADDRESS _____                                 |             | CITY _____ STATE _____ ZIP _____   |  |
| CURRENT EMPLOYER FROM _____ TO _____<br>MM/YR MM/YR | NAME _____  | (_____) DAYTIME PHONE _____  |  |
| CITY _____ STATE _____ ZIP _____                    | PHONE _____ | (_____) EVENING PHONE _____  |  |
| FORMER EMPLOYER FROM _____ TO _____<br>MM/YR MM/YR  | NAME _____  | DESIGNATIONS HELD (Check all that apply and attach current copy of certificate)  |  |
| CITY _____ STATE _____ ZIP _____                    | PHONE _____ | <input type="checkbox"/> CPO <input type="checkbox"/> ABO <input type="checkbox"/> NCLE <input type="checkbox"/> COA <input type="checkbox"/> COT <input type="checkbox"/> COMT<br>OTHER _____ |  |

The applicant is seeking the status of Certified Paraoptometric Assistant (CPOA). Applicants must meet academic and experience requirements (a minimum of 5 years) and pass examinations. Applicants must include a current resumé or CV when submitting this form. Your evaluation of the applicant's qualifications provides very important information for the CPC in determining if the applicant will be eligible for examinations and ultimately the title of CPOA. Comments are kept confidential, except that the substance of such comments may be discussed with an applicant.

**REFERENCE PERSON**

|  |                      |  |               |
|--|----------------------|--|---------------|
| Name _____                             |                      | Designations Held (Check all that apply)   |               |
| Your Title or Position _____           |                      | <input type="checkbox"/> OD <input type="checkbox"/> CPOT <input type="checkbox"/> MD<br>Other _____ |               |
| Phone (Area Code) _____ (Number) _____ |                      |  |               |
| Company _____                          |                      |  |               |
| Address _____                          |                      |  |               |
| City _____                             | State/Province _____ | Zip Code _____   | Country _____ |

**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?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes – Explain: |
|   |              |                   |   |
| Nature of Your Relationship with Applicant:<br><input type="checkbox"/> Supervisor <input type="checkbox"/> Past Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Employer<br><input type="checkbox"/> Professor <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ |              | Briefly describe: |   |

**DEFINITIONS**

| OBJECTIVES OF CERTIFICATION  | CERTIFIED PARAOPTOMETRIC ASSISTANT EXPERIENCE   |
|--|---|
| To promote excellence in the field of optometric assisting by: <ul style="list-style-type: none"> <li>Recognizing formally those individuals who meet all requirements of the Commission on Paraoptometric Certification of the American Optometric Association;</li> <li>Encouraging continued professional growth of the paraoptometric;</li> <li>Establishing and measuring the level of knowledge required for certification of Paraoptometrics; and</li> <li>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.</li> </ul> | <ul style="list-style-type: none"> <li>For a position to be accepted as qualifying with CPC as CPOA experience, paraoptometric assisting must be the <u>primary</u> function.</li> <li>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.</li> <li>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.</li> </ul> |

**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?<br><br>_____ | 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.**