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## ***Commission on Paraoptometric Certification CPOT Practical Examination Candidate Handbook***

***Commission on Paraoptometric Certification  
243 N. Lindbergh Boulevard  
St. Louis, MO 63141***

2011

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## GENERAL INFORMATION, RULES, AND GUIDELINES

Congratulations on your choice to sit for the Commission on Paraoptometric Certification Practical Examination! The CPC hopes that this will be a good experience for you and wishes you success.

The Certified Paraoptometric Technician Practical Examination is prepared and administered by the Commission on Paraoptometric Certification (CPC).

To make the process smooth and understandable for the candidate, the CPC has provided this handbook for the practical examination. Also available is a DVD simulating a mock-practical examination.

The practical examination includes three separate stations for the examination process. You will have thirty (30) minutes to complete each station. There is a five (5) minute break between each station. A whistle will signal the beginning and end of each rotation.

Station 1. Case History/Pre-Testing

Station 2. Blood Pressure/Contact Lenses/Tonometry/Pachymetry/Simulated Dilation

Station 3. Lensometry/Base Curve/Pupillary Distance

You should plan to arrive at the site at least thirty (30) minutes before testing begins to allow ample time for orientation. Upon arrival you will be required to present a photo ID. Your candidacy will be verified and a badge will be provided. Instructions will be given for the practical flow. A brief evaluation session will follow at the conclusion of the exam.

Following an overview by the examination administrator, candidates will report to their assigned stations. The site coordinator may help familiarize the candidate with the stations if necessary. No procedural questions should be asked. While the practical examination is in progress, candidates may not engage in any distracting conversation with one another, nor may they inspect or comment upon the work of any other candidate. Once the candidates are positioned in the station and the first whistle has sounded, the examination will begin.

All necessary materials required to complete each aspect of the examination will be supplied and candidates are permitted to bring their own equipment within limitations. Please refer to the equipment listing on Appendix 9. Candidates will be given recording sheets on which to record their findings. All papers used in each station will be given to the examiner at the conclusion of the each rotation.

*NOTE: The candidate is reminded to verbalize everything. The examination administrator and site coordinator are permitted to walk in and out of rooms during the examination. If the patient's safety is compromised at any point, that specific procedure will be terminated at the discretion of the examiner. Fingernails should be clean and at a length no longer than 3mm beyond the nail bed.*

Candidates are required to complete all aspects of the CPOT Practical Examination. A score of 70% or better is considered a passing score in each of the three stations. Failure to achieve a passing score in any one station will result in failure of the entire Practical Examination.

CPC approved examiners will be observing and scoring the practical examination throughout the testing rotations. Grade sheets completed by the examiner at each station will be sent to the CPC office for compilation of all candidates' grades. No single examiner can determine the grade of any candidate.

Examination grades will not be available at the test site but will instead be mailed to the candidate within four (4) weeks of the examination date.

Candidates are encouraged to pass the written portion of the CPOT examination before sitting for the practical examination, however it is not mandatory. Those who successfully pass both the written Certified Paraoptometric Technician Examination and the Practical Examination will be certified with the Commission on Paraoptometric Certification as a Certified Paraoptometric Technician (CPOT).

### **ELIGIBILITY**

To sit for the Certified Paraoptometric Technician Practical Examination, candidates must have earned the CPOA title and verify a minimum of six months additional employment in the eye care field as a Certified Paraoptometric Assistant (CPOA) or have passed the CPOT written examination, OR be a graduate of an approved military or ACOE approved technician program.

*NOTE: Candidates must pass both the CPOT written and practical examinations to be considered a Certified Paraoptometric Technician.*

### **APPLICATION PROCEDURE**

1. Obtain an application for the Certified Paraoptometric Technician Practical Examination from the Commission on Paraoptometric Certification, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881 or download an application from the website ([www.aoa.org](http://www.aoa.org)).
2. The original application and appropriate fees for the examination must be received by the CPC by the appropriate deadline.
3. The CPOT Liability Release Form must be turned in with your examination application.
4. All correspondence regarding the application should be directed to the CPC administrative office at the above address.
5. Applicants for Paraoptometric Certification are expected to be of high moral character. Should the CPC receive evidence that a candidate has engaged in inappropriate actions or behavior with regard to the application or testing process, or has made any false representations pertaining to his/her certification status, that individual will be subject to disqualification or such other penalty as determined by the CPC.

### **STATEMENT OF NON-DISCRIMINATION POLICY**

The Commission on Paraoptometric Certification does not discriminate against any individual on the basis of race, color, religion, gender, national origin, age, disability, or any other characteristic protected by law.

### **COMPLIANCE**

The Commission on Paraoptometric Certification supports the intent of and complies with the Americans with Disabilities Act (ADA). The Commission will take steps reasonably necessary to make certification accessible to persons with disabilities covered by the ADA. Appropriate and effective modification and/or auxiliary aids will be provided to persons with such disabilities unless doing so would impose an undue burden on the Commission's programs or fundamentally alter the measurement of skills or knowledge that the programs are intended to test. All requests for special arrangements must be made at least eight weeks in advance of the examination date.

### **SPECIAL NEEDS INDIVIDUALS**

Special testing arrangements may be made for special needs individuals who submit the application, examination fee, and a letter describing the nature of the disability, and the special accommodations

required for testing. Requests from special needs individuals must be received at least eight weeks before the testing date.

### **APPEAL PROCEDURES**

All candidates for certification have the right to appeal alleged grievances concerning but not limited to: eligibility, scoring, equipment failure, examiner bias, exemption from certification requirements, or administrative procedures. Appeals must be received by the Commission on Paraoptometric Certification within 30 days after the examination results are sent to candidates. All appeals must be in writing and sent by certified mail along with supporting documents. The Commission will consider the appeal at its next regularly scheduled meeting. The appellant will be notified in writing of its decision. The Commission's decision on all appeals is final.

### **FEES**

The CPOT Practical Examination fee is \$240 per candidate per examination. A check, money order, or credit card information must accompany each application. Checks or money orders must be made payable to the Commission on Paraoptometric Certification in US funds. No refunds or postponement/rescheduling will be made.

### **REPORT OF RESULTS**

Within four weeks after the examination, candidates will be notified of their examination results. The total score and station scores of the practical examination will be indicated. The passing level is determined by the Commission on Paraoptometric Certification (see grading). CPOT written examination results are mailed separately.

### **AFTER PASSING THE EXAMINATION**

Upon passing both the written **and** practical CPOT examinations, the CPC will send successful candidates a pin and a certificate suitable for framing. Those who pass the examination will be added to the roster of the Commission on Paraoptometric Certification as a Certified Paraoptometric Technician (CPOT). A database of certified paraoptometric is maintained by the CPC and may be reported in its publications and/or website.

### **REEXAMINATION**

Candidates may retake the examination by submitting a new application along with the examination fee. There is no limit to the number of times a candidate may take the examination. However, both the written and practical exams must be completed within a 3-year period.

### **CONFIDENTIALITY**

The CPC will release the individual test scores ONLY to the individual candidate.

### **RENEWAL OF CERTIFICATION**

CPC certification is recognized for a period of three years at which time the candidate must meet the requirements as are in effect at that time in order to retain certification. The requirements for renewal include documented continuing education and the appropriate renewal fee.

### **RECERTIFICATION**

Upon failure to maintain a certified status, the individual will then be classified "non-certified". Once so classified, the individual must immediately refrain from using/displaying all related Commission on Paraoptometric Certification abbreviations, certificates, cards, logos, and pins. Consequences for anyone claiming certification when not certified will be determined by the Commission on Paraoptometric

Certification, pursuant to written guidelines established by the Commission. Should an individual wish to become recertified, they must retest at the highest level they had earned within 3 years of certification lapsing. Under no circumstances will an individual be allowed to test for a level they have not previously attained.

## **REVOCAION OF CERTIFICATION**

Certification will be revoked for any of the following reasons:

1. Falsification of an application
2. Misrepresentation of certification status

The CPC provides the appeal mechanism for challenging revocation of Certification. It is the responsibility of the individual to initiate this process.

## **VIOLATION PROCESS**

The Commission on Paraoptometric Certification will investigate allegations concerning alleged misconduct by paraoptometric and/or Commission members and/or its consultants regarding violation of certification policies and procedures. Allegations of misconduct must be in writing, signed, and sent certified mail directly to the Commission on Paraoptometric Certification administrative office within 120 days of the discovery of alleged violation(s). Supporting documentation should be submitted with the allegation.

The Commission will review the allegation and take one of the following actions:

- Dismiss the allegation on grounds it lacked sufficient evidence or merit to commence an investigation;
- Attempt to resolve the issues with the parties involved should the allegation appear to be a misunderstanding; or,
- Conduct a full investigation of the allegation and, if deemed necessary, appoint a hearing panel.

Should an investigation be warranted, the Commission chairperson will appoint a three member panel within 45 days of the receipt of the allegation. The panel will consist of three CPOTs appointed by the Commission chairperson, one of whom will act as the panel's chairperson. The panel shall give not less than 30 days notice to the subject of the investigation of the right to appear before the panel, give testimony, confront witnesses and evidence presented, and to be represented by counsel. The American Optometric Association (AOA) General Counsel shall assist the panel in conducting the proceeding.

The panel will convene within 60 days of its appointment, meeting in either the AOA's St. Louis or Washington D.C. area office. A record will be kept of all testimony. Upon conclusion of the hearing, the panel shall deliberate and render its written decision within 30 days. The panel's decision shall be final unless appealed within 30 days in writing to the Commission on Paraoptometric Certification's administrative office.

If appealed, the Commission will review the panel's findings within 30 days and inform the parties involved of its decision. The Commission's decision on appeal is final and cannot be appealed.

All decisions on appeal by the Commission, as well as on hearing by the panel, concerning allegations, be they dismissed, resolved, or investigated, will be delivered in writing to all parties involved by certified mail with return receipt.

## CODE OF CONDUCT FOR CERTIFIED PARAOPTOMETRICS

Paraoptometrics who have been certified by the Commission on Paraoptometric Certification are expected to abide by a Code of Conduct. Inasmuch as certification represents to the public an attained level of skill, it is, therefore, incumbent upon each paraoptometric to:

- Place the welfare of the patient above all else;
- Maintain patient confidentiality at all times;
- Treat patients with respect and a caring attitude regardless of their backgrounds, preferences, or prejudices;
- Avoid gossip and expression of personal biases;
- Promote ways for maintaining visual health and eye care to both patients and the public;
- Continue an ongoing educational process to upgrade and enhance paraoptometric skills;
- Conduct one's self in a professional manner in the office and be an exemplary citizen within the community;
- Support colleagues in efforts to achieve the maximum level of certification.

## CANDIDATE GUIDELINES

It is understood you may perform tasks differently at your office, but you are required, for purposes of this examination, to perform procedures selected by the Commission on Paraoptometric Certification. (Reference sources for these procedures are included in this handbook – Appendix 9).

This is a test of performance.

Following an overview by the examination administrator, the candidate will report to the appropriate room at the specified time and wait for further instructions. Once everyone is in position at all stations, the examination administrator will signal the beginning of the examination. The candidate will enter the room and begin testing.

## CANDIDATE ORIENTATION

Candidates will be given a tour of the test facilities prior to the beginning of the examination. Candidate identification will be verified at every station at the onset of the rotation.

Candidate Checklist:

- Candidates may not ask procedural questions once the session begins
- No communication is allowed between examiner and candidate.
- Patient communication with the candidate is limited to testing responses
- Candidates should familiarize themselves with the station prior to the beginning of the examination. The site coordinator will assist the candidate if needed.

Rotation Start and Stop Procedures:

- A whistle will start and stop each rotation
- All procedures must be accomplished between the start and stop whistles

Reasons for immediate dismissal from exam:

- talking among candidates during exam
- any form of cheating

## Practical Examination Evaluation:

At the conclusion of the examination, candidates will be asked to complete an evaluation survey and provide immediate feedback on the testing process.

### SCORING

Scores are tabulated by appointed members of the CPC.

<b>Station 1</b>		<b>Point Value</b>	<b>Percentage</b>
Part 1	Case History	42	42%
Part 2	Pre-Testing	58	<u>58%</u>
<b>Total</b>			<b>100%</b>

<b>Station 2</b>		<b>Point Value</b>	<b>Percentage</b>
	Preparation	10	4.1%
Part 1	Blood Pressure	36	14.6%
Part 2	Soft Contact Lens Application	40	16.3%
Part 3 or 4	Tonometry <u>or</u>	45	18.3%
Part 5	GP Application	32	13%
	GP and Soft Contact Lens Removal	33	13.4%
Part 6	Simulated Dilation	50	20.3%
<b>Total</b>			<b>100%</b>

<b>Station 3</b>		<b>Point Value</b>	<b>Percentage</b>
Part 1a	Lensometry-Single Vision	32	32%
Part 1b	Base Curve Measurement	6	6%
Part 2	Lensometry-Progressive Addition	52	52%
Part 3	Pupillary Distance	10	<u>10%</u>
<b>Total</b>			<b>100%</b>

A passing score of 70% is required in each station to pass the practical examination. Less than 70% in any one station will result in failure of the entire practical examination.

### BASIS FOR THE CPOT PRACTICAL EXAMINATION

The practical examination includes three separate stations for the examination process:

#### **Station 1 – Case History/Pre-Testing**

- These tests are national elements for a comprehensive eye exam.
- Taking a thorough case history is essential for treating patients and is a standard of care for all medical protocols. This identifies the reason for the patient's visit. Measuring a patient's visual acuity is essential in determining the current status of a patient and evaluating improvement or degradation of a patient's condition. It aids in determining if the treatment modality is adequate for the patient. This is a vital sign of the eye.

- Muscle testing aids in determining a patient’s binocularity (the ability of the eyes to work together). This test is critical for patients who need good depth perception to perform their jobs or basic reading.
- Pupil testing is a screening test that rules out afferent defects between the eye and brain.
- Color vision testing is used to identify any color anomalies a patient might have. This can also be used to rule out more serious diseases.
- Stereo testing is used to evaluate a patient’s level of depth perception.
- The cover test is used to evaluate the alignment of the eyes and their abilities to focus on a single target.

***Station 2 – Blood Pressure / Contact Lens / Tonometry / Pachymetry / Simulated Dilation***

- These procedures must be validated to obtain blood pressure measurements, to prevent harm to the patient wearing contact lenses, to obtain intraocular pressure measurements, to obtain measurements of the thickness of the cornea, and to ensure proper care in handling medications and instructing patients on the side effects of dilation.
- Blood pressure is taken as a standard of care for patients that show a potential health risk or family history. Candidates are evaluated on the proper procedure for measuring blood pressure in accordance with medical guidelines.
- This station is used to evaluate a candidate’s ability to handle application and removal of contacts from a patient’s eyes. This procedure must be validated to prevent injury to a patient.
- Tonometry is performed to obtain intraocular pressures for screening for glaucoma. Candidates are evaluated on the proper procedure of measuring IOPs using the tonopen.
- Pachymetry is performed to measure the thickness of the cornea on glaucoma suspects. Candidates are evaluated on the use of the pachymeter.
- Eye drop instillation (simulated dilation) is an essential element in any practice. This procedure is widely used and must be performed with the caution necessary to ensure patient safety. Ability to prevent contamination of the medications and the patient through improper procedures must be validated. Proper patient instruction as to the side effects of dilated pupils is evaluated.

***Station 3 –Lensometry / Base Curve / Pupillary Distance***

- 1 and 3 are basic procedures in every routine exam.
- Manual lensometer reading is a critical clue in resolving the purpose of the visit. A proper lensometer reading will verify the accuracy of the glasses and give the doctor information necessary to make the appropriate diagnosis.
- The patient’s pupillary distance is a required measurement to ensure the proper placement of lenses for the fabrication of spectacles.

## EXAMINER'S GUIDELINES

The examiner will verify the candidate's identification, making sure the number on the candidate's badge coincides with the number on the candidate roster. The examiner will observe and listen to the candidate, recording the competency as indicated on the performance sheets supplied. The examiner will check either a "Yes" or "No". Where a "No" is recorded, the examiner **MUST** make an entry in the "Remarks" section for that specified area. If the candidate did not cover one or more of the specified areas a note should be made as to the reason why (failed to ask, overlooked, out of sequence, etc.) A logical sequence for asking questions is based upon the patient's response. When the candidate has completed the station, the candidate will tell the examiner, "I am finished." At that point the examiner will immediately collect all paper work and exit the exam station. The candidate and the patient will remain in the station. The examiner is required to sign the bottom of the scoring sheet for each candidate. If there are any discrepancies with the test in any way, the examiner is required to bring it to the immediate attention of the examination administrator. There is to be no communication between the examiner and the candidate during testing.

## CONCLUSION OF THE EXAMINATION

At the conclusion of the practical examination, the candidates will be asked to complete an evaluation form. Candidates will meet with the examination administrator to discuss the test, the testing process, and to voice any concerns regarding the examination or suggestions for future testing.

## CANDIDATE STATION GUIDELINES

### Station 1 – Case History/Pre-Testing (2 parts)

The candidate will be expected to perform and record the findings on case history, visual acuity, stereopsis, color vision, ocular motility, confrontation fields, pupillary testing and cover test. The patient will be portrayed as visiting this office for the first time and desiring a routine eye examination. The candidate will introduce himself/herself using assigned candidate number before beginning, and then proceed explaining each test before performing it on the patient. The candidate should speak loud enough for the examiner to hear. Candidates will be given a recording sheet for each station. Recording sheets will be collected at the end of each rotation and kept with the examiner's scoring sheet.

#### ***Part 1 - Case History (see page 18)***

Each patient will be provided a case history for use in responding to the history questions asked by the candidate. Responses will be specifically limited to the question asked. All responses will be consistent with each candidate.

#### ***Part 2 – Pre-Testing (see page 19)***

##### **Visual Acuity**

- Explain the purpose of the test to the patient
- Give proper instructions
- Using correct lighting, test monocular and binocular VA's at both distance and near, aided and unaided
- Select appropriate testing distances
- Obtain accurate (repeatable) results
- Record results in proper format  
(Snellen notation +/- when indicated – Example: OD 20/30-2; OS 20/30+1; OU 20/25)  
(Jaeger notation – Example: OD J1; OS J2-1; OU J1)

##### **Stereopsis – (Stereo Fly)**

- Explain the purpose of the test to the patient
- Give proper instructions

- Provide proper illumination
- Use patient's habitual near Rx
- Use Polaroid filters
- Patient holds plates at 40cm
- Proper use of suppression check plates
- Obtain accurate results
- Record results in proper format  
(Example: \_\_\_\_\_ seconds of arc)

### **Color Vision – (Ishihara 14 Plate Edition)**

- Explain the purpose of the test to the patient
- Give proper instructions
- Provide proper illumination
- Occlude non-tested eye
- Use patient's habitual near Rx
- Hold plates at 75cm
- Obtain accurate results
- Record results in proper format  
(Example: OD # of plates correct Same for OS Ishihara)  
# of plates tested

### **Ocular Motility**

- Explain purpose of the test to the patient
- Give proper instructions
- Provide an appropriate target
- Provide proper illumination
- Test at proper distance of 15"
- Evaluate each diagnostic action field by using the Broad "H" pattern
- Record results in proper format  
(Examples: Smooth and full OU, FROM, FSU, SAFE)

### **Confrontation Fields**

- Explain purpose of the test to the patient
- Give proper instructions
- Provide an appropriate fixation target
- Provide proper illumination
- Test at proper distance of approximately 2 feet
- Perform monocular confrontation fields, evaluating all four quadrants
- Record results in proper format  
(Examples: OD WNL; OS constriction, superior, FTFC, OU)

### **Pupillary Response**

- Explain purpose of the test to the patient
- Give proper instructions
- Perform the direct pupil response test
- Perform the consensual pupil response test
- Perform the swinging flashlight test
- Evaluate the near response
- Record results in proper format

(Example: PERRLA )

### **Cover Test**

- Explain the purpose of the test to the patient
- Give proper instructions
- Select a proper fixation target
- Use appropriate targets (distance-near)
- Perform both the unilateral and alternating cover tests
- Record results in proper format  
(Unilateral: Dist. OD Ortho OS Exo  
Near OD Ortho OS Exo  
(There are other acceptable notations)

Station 1 will conclude at the sound of the whistle signaling the termination of the rotation or when the candidate states, "I am finished." No further testing may be done and the examiner will leave the room. The candidate will remain in the room until the whistle is blown.

### **Station 2 – Blood Pressure / Soft Contact Lenses / Tonometry / Pachymetry / Gas Permeable Contact Lenses / Simulated Dilation (6 Parts)**

The candidate will be expected to perform and record findings in the following areas: Blood pressure, contact lens insertion and removal (soft and rigid lenses are piggybacked), tonometry, pachymetry, and drop instillation simulating dilation (explaining the process and effects of dilation). The candidate should exhibit good hygiene by washing hands before and after each procedure and by properly handling instruments and materials.

Fingernails should be clean at a length no more than 3 mm beyond the nail bed (measured on the front side of the hand, not the palm side). If nails are too long, candidate may (1) cut nails, (2) complete Station 2 except for the insertion and removal of the lenses thereby forfeiting those points, or (3) choose not to participate in the contact lens section of the examination with the possibility of failing the Practical Examination.

#### ***Part 1 - Blood Pressure***

- Explain the purpose of the test to the patient
- Provide proper instructions
- Position the patient properly (arm supported horizontally and above heart level)
- Adjust patient's clothing so that the artery is not compressed
- Properly position the sphygmomanometer on the patient's arm
- Properly place the diaphragm of the stethoscope over the brachial artery
- Increase the sphygmomanometer pressure at a steady rate to an appropriate level  
(160-180 mmHg)
- Reduce the sphygmomanometer pressure at a slow, steady rate
- Record results in proper format including date and time  
(Example: 120/80 Right arm, standing; 2/10/08 – 9:25 a.m.)

#### ***Part 2 – Soft Contact Lenses***

- Explain the purpose of the procedure to the patient
- Preparation:
  - Wash hands

- Inspect lenses for damage
- Determine that the lens is not inside out
- Select and apply an appropriate solution
- Application (both eyes):
  - Instruct the patient regarding eye fixation position for application
  - Properly immobilize the patient's lids without patient discomfort
  - Properly apply the soft contact lens
  - Properly instruct the patient after completing lens application (blinking, position of gaze)

### **Part 3 - Tonometry**

- Explain the purpose of the procedure to the patient and give proper instructions
- Wash hands
- Cover probe tip with a new tip cover
- Check the instrument's calibration
- Ensure soft contact lens is in place
- Use good technique (applanation not indentation)
- Manage patient's lids without pressure to the globe
- Perform procedure in a smooth, efficient manner
- Record test results in proper format, including time of day and test type  
(Example: OD \_\_\_ mm Hg; OS \_\_\_ mm Hg; 2:45 p.m., tonopen)

**OR**

### **Part 4 - Pachymetry**

- Explain the purpose of the procedure to the patient
- Wash hands
- Ensure soft contact lens is in place
- Remove tip cap and cleanse the tip of the instrument with appropriate solution
- Turn instrument on and press "READ" key
- Manage patient's lids without pressure to the globe
- Instruct patient on distance fixation
- Hold the probe perpendicular to the cornea
- Approach cornea slowly
- Use proper technique
- Maintain corneal indentation for 5 measurements
- Cap and store probe in holder
- Clear memory of readings
- Record test results in proper format, including time of day  
(Example: OD \_\_\_ CCT  $\mu\text{m}$  ; OS \_\_\_ CCT  $\mu\text{m}$  : 2:55 p.m.)

### **Part 5 – Gas Permeable Lenses – (applied over soft lenses)**

- Explain the purpose of the procedure to the patient
- Preparation:
  - Wash hands
  - Inspect lenses for damage
  - Select and apply the appropriate wetting solution
- Application of gas permeable contact lenses over soft lenses (both eyes)
  - Instruct the patient regarding eye fixation position for application
  - Properly immobilize the patient's lids without patient discomfort

- Properly apply the lens
- Properly instruct the patient after completing lens application (blinking, position of gaze)
- Removal of gas permeable contact lenses on both eyes
  - Instruct the patient regarding eye fixation position
  - Properly immobilize the patient's lids without patient discomfort
  - Instruct the patient regarding eye position during lens removal
  - Remove lenses safely and efficiently
- Rinse the gas permeable lenses with an appropriate solution and store in contact lens case.
- Removal of soft contact lenses from both eyes.
  - Instruct the patient regarding eye fixation position
  - Properly immobilize the patient's lids without patient discomfort
  - Instruct the patient regarding eye position during lens removal
  - Remove lenses safely and efficiently
- The soft contact lenses will be discarded.

**NOTE:** Use of contact lens removing devices is prohibited

### **Part 6 - Simulated Dilation**

- Wash hands
- Explain the purpose of dilation
- Candidate will be required to select proper simulated medications and instill drops without contamination - (Total of 2 gtts in proper order – ie: 1 gtt anesthetic followed by 1 gtt dilating medication)
- Demonstrate punctual occlusion when instilling drops
- Document instillation of drops in proper format - (Example: \_\_gtt \_\_\_\_\_ OU, etc. 10:15 a.m.)
- The candidate will exhibit proper handling of instruments and solutions and maintain good hygiene throughout.
- Explain possible side effects and timeline of dilation to the patient

Station 2 will conclude at the sound of the whistle signaling the termination of the rotation or when the candidate states, "I am finished." At this point no further testing may be done and the examiner will leave the room. The candidate will remain in the room until the whistle is blown.

### **Station 3 — Lensometry/Base Curve/ Pupillary Distance (3 Parts) (See page 28)**

At this station, the candidate will be given 2 sets of glasses to neutralize. The first set will be a single vision prescription including prism. The second set will be a progress addition pair of glasses for prescription, bifocal information, distance optical centers, and frame information.

The candidate will measure the pupillary distance on the examiner using the automated pupilometer or the PD ruler. Both are available to the candidate.

#### **Part 1a – Neutralization**

The candidate is given a pair of single vision spectacles to neutralize. It is the candidate's responsibility to check the manual lensometer provided ensuring it is in proper working order and in proper focus.

#### **Part 1b – Base Curve**

Using the lens clock provided, the candidate will measure the base curve of the lenses in the first pair of spectacles.

***Part 2 – Neutralization***

The candidate is given one pair of progressive addition spectacles to neutralize. Bifocal style and measurements along with frame size and frame PD is required in this station. Layout templates will be provided for candidates to use in marking lenses.

***Part 3 – Patient Pupillary Distance***

The candidate will explain to the examiner the purpose for measuring a patient's PD. Using the PD ruler or the pupilometer, the candidate will measure and record the distant and near PD of the examiner.

Station 3 will conclude at the sound of the whistle signaling the termination of the rotation or when the candidate states, "I am finished." At this point no further testing may be done.

Candidate Release from Liability and Indemnification Agreement

I, \_\_\_\_\_, hereby agree that, as a candidate taking the paraoptometric certification practical examination to be given on \_\_\_\_\_ at \_\_\_\_\_, I understand the risks attendant upon being a candidate and I hereby waive any rights to sue or bring any other legal action or proceeding against the American Optometric Association, the Commission on Paraoptometric Certification, and any employees, members, volunteers, or agents of said organization, section, or commission, and any patient or other examinee taking the paraoptometric certification examination or examiner involved in the administration of the paraoptometric certification examination, whether such suit, action, or proceeding be based on negligence, gross negligence, premises liability, malpractice, breach of contract, fraud, or other legal action or proceeding based in either tort or contract. I further agree to hold the aforementioned entities harmless from and against any liabilities they may incur as a result of my being a candidate taking the specified paraoptometric certification examination.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Emergency Contact Name/No.

\_\_\_\_\_  
Candidate Address, City, State, Zip or Postal Code

\_\_\_\_\_  
E-Mail Address

**NOTE: This form must be completed and submitted to the CPC office with the application**

Appendix 1 –Station 1

<b>Part 1 - Case History</b>	
<b>Patient responses are in BOLD – those in brackets, only when asked.</b>	
1	Chief complaint: <b>My arms are too short. I need to see things more clearly at close range.</b>
2	Location: <b>Both eyes</b>
3	Severity: <b>Mild</b>
4	First episode: <b>About 3 months ago</b>
5	Frequency: <b>Daily</b>
6	Duration: <b>All day</b>
7	Relief: <b>None</b>
8	Visual requirements - Work-related: <b>I am a teacher and I need to see close up and at a distance</b>
9	Visual requirements – Leisure (sports, hobbies, etc.): <b>I like to play golf and fish.</b>
<b>Ocular/Medical History</b>	
10	Visual correction: <b>Yes, but I left my glasses at home.</b>
11	Type/purpose: <b>Glasses --- to see things that are far away.</b>
12	Most recent Rx: <b>1 year old</b>
13	<b>Previous Eye Examination:</b>
14	Date of last examination: <b>2 years ago</b>
15	Conditions noted: <b>The doctor says I'm farsighted</b>
16	Treatment: <b>Glasses for distance</b>
17	Recommended follow up: <b>The doctor told me to come back again in 2 years.</b>
18	<b>Eye Disease/Trauma/Surgery:</b>
19	What: <b>My right eye was scratched by a stick.</b>
20	When: <b>I was 8 years old.</b>
21	Current status: <b>It did not leave any side effects.</b>
22	<b>Previous physical examination:</b>
23	Date of last examination: <b>About a year ago</b>
24	Conditions noted: <b>I have diabetes (First noted: Three years ago)</b>
25	Treatment: <b>I use Insulin</b>
26	<b>Medications:</b>
27	Prescription / OTC: <b>Insulin and occasionally I take Tylenol.</b>
28	For what condition: <b>Insulin for the diabetes and the Tylenol when I get a stress headache.</b>
29	Dosage: <b>I use the Insulin daily and the Tylenol whenever I feel a headache coming on.</b>
30	Compliance: <b>Yes</b>
<b>Allergy History</b>	
31	Environmental / Pharmaceutical: <b>I'm allergic to latex and penicillin</b>
32	Symptoms: <b>I break out with a rash and hives.</b>
33	Relief/Treatment: <b>I discontinued using latex gloves/and am prescribed a different antibiotic.</b>
<b>Social History</b>	
34	Alcohol consumption: <b>I enjoy an occasional glass of wine.....[average 4-6 glasses a week]</b>
35	Tobacco use: <b>No</b>
36	Recreational Drug use: <b>No</b>
<b>Family Medical History</b>	
37	What: <b>There's a history of heart disease and colon cancer.....[retinal detachment/cataracts]</b>
38	Who: <b>mother had heart disease/father had colon cancer.....[maternal grandmother had the eye problems]</b>
39	Duration: <b>diabetes - 10 yrs / cancer - 8 years / eye problems - 5 years</b>

**CANDIDATE’S RECORDING SHEET  
STATION 1**

Candidate #	Examiner #
Patient #	Date:
Session #	Rotation #

**Case History / Pre-Testing**

**Part 1: Case History**

<b>Chief Complaint:</b>
<b>Ocular History:</b>
<b>Medical History:</b>
<b>Social History:</b>

*(Pre-testing recorded on page 2)*

**CANDIDATE’S RECORDING SHEET  
STATION 1**

**Part 1: Pre-Testing**

Procedure	Findings	Remarks
Visual Acuity  <div style="display: flex; justify-content: space-between;"> <div style="text-align: right;"><b>Unaided-</b></div> <div style="text-align: left;">Dist.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: right;">OD</div> <div style="text-align: center;">OS</div> <div style="text-align: left;">OU</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: right;">Near</div> <div style="text-align: left;">OD</div> <div style="text-align: center;">OS</div> <div style="text-align: left;">OU</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: right;"><b>Aided-</b></div> <div style="text-align: left;">Dist.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: right;">OD</div> <div style="text-align: center;">OS</div> <div style="text-align: left;">OU</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: right;">Near</div> <div style="text-align: left;">OD</div> <div style="text-align: center;">OS</div> <div style="text-align: left;">OU</div> </div>		
Stereopsis		
Color Vision		
Ocular Motility		
Pupillary Response		
Confrontation Fields		
Cover Test  <div style="display: flex; justify-content: space-between;"> <div style="text-align: right;"><b>Unilateral-</b></div> <div style="text-align: left;">Dist.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: right;">Near</div> <div style="text-align: left;">OD</div> <div style="text-align: center;">OS</div> <div style="text-align: left;">OU</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: right;"><b>Alternating-</b></div> <div style="text-align: left;">Dist.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: right;">Near</div> <div style="text-align: left;">OD</div> <div style="text-align: center;">OS</div> <div style="text-align: left;">OU</div> </div>		

**EXAMINER'S SCORE SHEET**  
**STATION 1**

Candidate #	Examiner #	<b>SCORE</b>
Patient #	Date:	
Session #	Rotation #	

**Case History / Pre-testing**

PERFORMANCE EVALUATION		YES	NO	NA	REMARKS/Reference
<b>Did the candidate (ask).....?</b>					
1.	Chief Complaint?				
2.	Location (OD, OS, OU)?				
3.	Degree of severity of problem (mild, moderate, severe)?				
4.	First episode (when)?				
5.	Frequency and/or consistency?				
6.	Duration/How long does the discomfort last?				
7.	What brings relief?				
<b>PATIENT'S OCULAR HISTORY</b>					
8.	Visual correction worn (glasses or CL)?				
9.	How old is the most recent Rx?				
10.	Purpose/ Use of the glasses or CL?				
<b>PATIENT'S LAST EXAMINATION - RESULTS</b>					
11.	Date of last examination?				
12.	Condition(s) noted/did the doctor find anything?				
13.	Treatment(s) (if any)?				
14.	Recommended follow up?				
<b>PATIENT'S EYE DISEASE/TRAUMA/SURGERY</b>					
15.	What type of disease?				
16.	When did it start?				
17.	Current status/Outcome?				
<b>PATIENT'S LAST PHYSICAL/MEDICAL EXAMINATION – RESULTS</b>					
18.	Date of last physical examination?				
19.	Conditions noted?				
20.	When were conditions first noted?				
21.	Treatment (if any)?				
<b>PATIENT'S MEDICATION(S)</b>					
22.	Prescription Meds (Rx or OTC)?				
23.	As Treatment for which condition(s)?				
24.	Dosage?				
25.	Compliance?				

**PATIENT’S ALLERGY HISTORY**

26.	Any environmental or drug allergies?				
27.	What are the symptoms?				
28.	Any treatment prescribed?				

**PATIENT’S VISUAL REQUIREMENTS/SOCIAL HISTORY**

29.	What type of work does the patient do?				
30.	What are patient’s hobbies?				
31.	Alcohol consumption?				
32.	Quantities of alcohol consumption?				
33.	Tobacco use?				
34.	Recreational Drug use?				

**FAMILY HISTORY**

35.	Ask about family medical history?				
36.	Ask about family ocular history?				

**EXAMINER’S ASSESSMENT**

37.	Ask questions in a clear and concise manner?				
38.	Ask questions in logical sequence?				
39.	Essentially use open-ended questions?				
40.	Avoid asking repetitive questions?				
41.	Demonstrate non-verbal attentiveness?				
42.	Treat the patient with courtesy and respect?				

**MEASURE VISUAL ACUITIES**

43.	Properly measure unaided at distance?				
44.	Properly measure aided at distance?				
45.	Properly measure unaided at near?				
46.	Properly measure aided at near?				
47.	Properly measure near visual acuities at a distance of 16 inches? (+/2 ins.)				
48.	Accurately record distant VAs in proper format? (Example: OD 20/30-2 ; OS 20/30+1 )				
49.	Accurately record near VAs in proper format? (Example: OD J1; OS J2-1 )				
50.	Was room lighting correct for distance VA?				
51.	Was room lighting correct for near VA?				

**MEASURE STEREOPSIS**

52.	Explain the procedure?				
53.	Place Polaroid glasses over patient’s habitual Rx?				
54.	Adjust the light source to a proper level?				
55.	Take steps to avoid glare on the plates?				
56.	Hold or have the patient hold the test 40 cm or 16 inches, +/- 5 cm (2 in.) away?				
57.	Direct the patient’s attention to the rec-tangles with the “R” and “L” to determine possible suppression exists? (Gross Stereopsis)				

*Appendix 3 – page 3*

58.	Direct the patient to proceed with diamonds 1-9? (Fine Stereopsis)				
59.	Properly explain instructions regarding circles within the diamonds?				
60.	Continue to test until the patient made two successive mistakes?				
61.	Record the patient's response in proper format? (Example: _____ seconds of arc)				
<b>COLOR VISION</b>					
62.	Explain the procedure?				
63.	Provide proper illumination?				
64.	Hold the test book at the proper distance: 30 in. (+/- 2 in.)?				
65.	Assure that the patient was wearing clear habitual Rx (if any)?				
66.	Perform the test monocularly only?				
67.	Record the results in proper format? (Example: OD 11/12; OS 12/12; Ishihara)				
<b>OCULAR MOTILITY</b>					
68.	Explain the purpose of the test to the patient?				
69.	Give proper test instructions?				
70.	Provide an appropriate fixation target?				
71.	Provide normal room illumination?				
72.	Select a proper test distance: 15 in. (+/-1")?				
73.	Evaluate all six cardinal positions of gaze using the Broad "H" pattern?				
74.	Record results in proper format? (Example: Smooth and full)				
<b>CONFRONTATION FIELDS</b>					
75.	Explain the purpose of the test to the patient?				
76.	Sit or stand at the proper distance? (approx. 2')				
77.	Instruct patient to occlude OS?				
78.	Close candidate's OD?				
79.	Instruct patient to occlude OD?				
80.	Close candidate's OS?				
81.	Record all four quadrants in proper format? (Example: OD WNL; OS constriction superior)				
<b>PUPILLARY TESTING</b> <span style="float: right;"><i>"The Ophthalmic Assistant", Stein</i></span>					
82.	Explain purpose of test to patient?				
83.	Provide proper instruction to the patient?				
84.	Provide dim room illumination?				
85.	Provide a proper non-accommodative distance?				
86.	Perform the direct pupil response test?				

87.	Perform the consensual pupil response test?				
88.	Perform the swinging flashlight test?				
89.	Evaluate the near/accommodative pupil response?				
90.	Hold the test light at an appropriate distance: 5 inch (+/- 1 in.)?				
91.	Record findings in proper format? (Example: PERRLA)				
<b>COVER TEST</b>					
92.	Explain the purpose of the test to the patient?				
93.	Provide normal room illumination?				
94.	Select a proper non-accommodative fixation target?				
95.	Perform a unilateral cover test at distance?				
96.	Perform an alternating cover test at distance?				
97.	Select a proper accommodative fixation target?				
98.	Perform a unilateral cover test at near?				
99.	Perform an alternating cover test at near?				
100.	Record results in proper format? (Example: Unilateral: Dist. OD Ortho OS Exo Near OD Ortho OS Exo [Same for alternating] (There are other acceptable notations)				

Examiner's Signature \_\_\_\_\_

**CANDIDATE’S RECORDING SHEET  
STATION 2**

Candidate #	Examiner #
Patient #	Date:
Session #	Rotation #

**Blood Pressure / Contact Lens / Tonometry / Pachymetry / Simulated Dilution**

**Part 1 - Blood Pressure Procedure**

Date:	Time:	Blood Pressure	Remarks

**Part 2 – Application of Soft Contact Lenses (No recording required)**

**Part 3 – Intraocular Pressure**

IOP – OD	mmHg	Method Used	Time
IOP – OS	mmHg		

**Part 4 – Pachymetry**

OD	OS	Time

**Part 5 – Application of Gas Permeable Contact Lenses**

**Removal of Gas Permeable and Soft Contact Lenses (No recording required)**

**Part 6– Simulated Dilution Procedure**

	Medication(s)	Dosage	Time
OD			
OS			

**EXAMINER'S SCORE SHEET**  
**STATION 2**

Candidate #	Examiner #	<b>SCORE</b>
Patient #	Date:	
Session #	Rotation #	

**Blood Pressure / Soft Contact Lens / Tonometry / Pachymetry /  
Gas Permeable Contact Lenses / Simulated Dilation**

PERFORMANCE EVALUATION	YES	NO	REMARKS
<b>Did the Candidate..... ?</b>			
1. Have fingernails clean and at an appropriate length?			*No longer than 3 mm beyond the nail bed
2. Wash candidate's hands?			
<b>IF PATIENT'S SAFETY IS COMPROMISED IN ANY WAY, <u>END</u> PROCEDURE</b>			
<b>PART 1: BLOOD PRESSURE MEASUREMENT</b>			
3. Explain the purpose of the test?			
4. Provide proper instructions to the patient?			
5. Properly position the patient's arm to be supported and above heart level?			
6. Assure the patient's clothing did not interfere with procedure?			
7. Properly place the sphygmomanometer at the brachial artery on the patient's arm?			
8. Increase the sphygmomanometer pressure at a steady rate, palpating the radial pulse, to an appropriate level?			
9. Reduce the sphygmomanometer pressure at a steady rate, palpating the radial pulse?			
10. Record blood pressure measurements in proper format? (Example: 120/80 Right arm standing, 9:25 .m.)			
11. Accurately record time of measurement?			
<b>IF PATIENT'S SAFETY IS COMPROMISED IN ANY WAY, <u>END</u> PROCEDURE</b>			
<b>PART 2: SOFT CONTACT LENSES</b>			
12. Wash hands?			
13. Explain the process to the patient?			
14. Inspect each lens for damage?			
15. Determine the correct side of each lens?			

*Appendix 5 – page 2*

16.	Select and apply appropriate solution(s)?			
17.	Instruct the patient regarding eye position for application?			
18.	Properly secure patient's lids without pressure to the globe?			
19.	Apply soft contact lens to right eye?			Limited to three attempts
20.	Apply soft contact lens to left eye?			Limited to three attempts
21.	Give proper instructions after application (blinking, position of gaze)?			

**IF PATIENT'S SAFETY IS COMPROMISED IN ANY WAY, END PROCEDURE**

**PART 3: INTRAOCULAR PRESSURE**

22.	Explain the purpose and nature of the test?			
23.	Determine soft contact lens was in place?			
24.	Properly apply rubber tip?			
25.	Check calibration of tonopen?			
26.	Provide fixation target?			
27.	Properly secure patient's lids without pressure to the globe?			
28.	Hold the tonopen perpendicular to the cornea?			
29.	Take the reading from the central cornea of the right eye?			
30.	Take the reading from the central cornea of the left eye?			
31.	Record results in proper format? (Example: OD___ mmHg; OS___ mmHg 2:45 p.m., tonopen)			

**IF PATIENT'S SAFETY IS COMPROMISED IN ANY WAY, END PROCEDURE**

**PART 4: PACHYMETRY**

32.	Explain the nature and purpose of test?			
33.	Determine soft contact lenses were in place?			
34.	Properly disinfect the tip?			
35.	Properly secure patient's lids without pressure to the globe?			
36.	Provide a distant fixation target?			
37.	Hold probe perpendicular to the cornea?			
38.	Place tip of probe lightly on central cornea?			
39.	Maintain application for 4-5 measurements?			
40.	Take the reading from the right central cornea?			
41.	Take the reading from the left central cornea?			

42.	Print and record results in proper format? (Example: OD ___ CCT μm; OS ___ CCT μm 2:55 p.m.)			
<b>IF PATIENT'S SAFETY IS COMPROMISED IN ANY WAY, <u>END</u> PROCEDURE</b>				
<b>PART 5: GAS PERMEABLE CONTACT LENSES (GP)</b>				
43.	Explain the process to the patient?			
44.	Inspect each lens for damage?			
45.	Select and apply appropriate solution(s)?			
46.	Instruct the patient regarding eye position for application?			
47.	Properly secure patient's lids without pressure to the globe?			
48.	Apply GP contact lens to right eye?			<b>Limited to three attempts</b>
49.	Apply GP contact lenses to left eye?			<b>Limited to three attempts</b>
50.	Give proper instructions after application (blinking, position of gaze)?			
51.	Determine GP lenses were in place?			
52.	Instruct the patient regarding eye position during removal of GP?			
53.	Remove right GP contact lens?			<b>Limited to three attempts</b>
54.	Remove left GP contact lens?			<b>Limited to three attempts</b>
55.	Instruct the patient regarding eye position during soft contact lens removal?			
56.	Remove right soft contact lens?			<b>Limited to three attempts</b>
57.	Remove left soft contact lens?			<b>Limited to three attempts</b>
<b>IF PATIENT'S SAFETY IS COMPROMISED IN ANY WAY, <u>END</u> PROCEDURE</b>				
<b>PART 6: SIMULATED DILATION</b>				
58.	Explain the procedure?			
59.	Verify correct medication?			
60.	Properly secure patients lids without pressure to the globe?			
61.	Occlude right punta?			
62.	Occlude left punta?			
63.	Properly explain possible side effects?			
64.	Properly explain duration?			
65.	Explain possible effect on driving?			
66.	Properly handle the medication(s)?			
67.	Record medication in proper format? (Example: <i>Name of Med.</i> ___gtt _____ OU, etc. 10:15 a.m.)			
68.	Maintain proper hygiene throughout examination?			

**Examiner's Signature** \_\_\_\_\_

**CANDIDATE'S RECORDING SHEET  
STATION 3**

Candidate #	Examiner #	Date:
Session #	Rotation #	

**Lensometry / Base Curve Measurement / Pupillary Distance**

**Part 1a: Neutralization - Glasses #1 \_\_\_\_ (fill in letter) (Single Vision Pair of Glasses)**

	SPHERE	CYL	AXIS	PRISM	BASE
OD	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
OS	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX

**Part 1b: Base Curve Measurement**

BASE CURVE OF LENSES	OD XXXXXXXXXXXX	OS XXXXXXXXXXXX	
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**Part 2: Neutralization - Glasses #2 \_\_\_\_ (fill in letter) (Multi-focal Pair of Glasses)**

	SPHERE	CYL	AXIS	ADD
OD	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
OS	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
	SEG HEIGHT	BIFOCAL STYLE	PD DISTANCE	
OD	+/-2mm XXXXXXXXXXXX	ST 28 St 35 CT Rnd PAL Other _____	+/-2mm XXXXXXXXXXXX	
OS	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
EYE SIZE	BRIDGE DBL	TEMPLE LENGTH		
XXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	

**Part 3: Pupillary Distance**

**Examiner's PD:**

Distance	OD _____		OS _____		OU _____	[+/- 2 mm]
Near	OD _____		OS _____		OU _____	[+/- 2 mm]



**CANDIDATE GRADE SHEET**

Candidate Number		Date	Location
STATION 1	SCORE	PASS/FAIL	COMMENTS
Total			
STATION 2	SCORE	PASS/FAIL	COMMENTS
Total			
STATION 3	SCORE	PASS/FAIL	COMMENTS
Total			

**EXAMINATION RESULTS:**

**PASSED**

**FAILED**

## BRAND AND NAMES OF INSTRUMENTS USED IN PRACTICAL EXAMINATION

### Station 1

Distant Visual Acuity – Snellen® Eye Chart  
Near Visual Acuity - Jaeger Near Point Charts  
Stereopsis - Stereo Fly System for Ophthalmic Dispensing  
Color Vision – Ishihara Color Plates – (14 plates)  
Ocular Motility – Welch/Allyn® Transilluminator  
Confrontation Fields – no instrument needed  
Pupillary Testing – Welch/Allyn® Transilluminator  
Cover Test – occluder

### Station 2

**NOTE: Candidates may bring their own manual instruments for measuring blood pressure**

Manual Blood Pressure Cuffs  
Stethoscopes  
Soft Contact Lenses – individually packaged disposable soft contact lenses  
Intraocular Pressure – Reichert Tonometer (*or candidate brings own*)  
Pachymetry – Reichert Pachymeter (*or candidate brings own*)  
Gas Permeable Contact Lenses – obtained from various manufacturers  
Contact Lens Solutions – various multipurpose brands for soft and GP lenses  
Simulated Dilation – 3 bottles artificial tears labeled for simulated dilation

### Station 3

Finished spectacle provided by optical lab (single vision and progressive addition)  
Lensometer – Topcon LM-8 manual, battery powered (*Candidates may bring their own instruments providing it is a similar, manual model*)  
Western Optical Supply Inc. Ball Tipped Lens Clocks  
Pupillary Distance – Topcon PD 5 pupilometer

## SUGGESTED REFERENCE MATERIAL FOR PRACTICAL EXAMINATION

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Horn, Milton M. and Adrian S. Bruce. Manual of Contact Lens Prescribing and Fitting. 3<sup>rd</sup> ed. Butterworth-Heinemann, 2006.

Kurtz, Daniel and Nancy B. Carlson. Clinical Procedures for Ocular Examination. 3<sup>rd</sup> ed. McGraw-Hill, 2003.

Ledford, Janice. Complete Guide to Ocular History Taking. SLACK, 1999.