

Commission on Paraoptometric Certification  
243 N. Lindbergh Blvd., Fl 1  
St. Louis MO 63141  
Phone: (800) 365-2219  
Email: CPC@aoa.org • Do not fax form.

Certified Paraoptometric Assistant  
**CPOA REFERENCE FORM**  
Reviewed August 2024



Upon completion, **submit this form to the AOA-CPC office at least one month prior to the exam application deadline date.** Approval status will expire one year from approval date. **Do NOT submit this form with your examination application.** Approval must be received from the CPC **prior to** submitting the online examination application to Professional Testing Corporation.

**Allow 4-6 weeks for processing. Results of the review will be e-mailed to the applicant.**

**APPLICANT**

Last Name:	First Name:	MI:
Home Address:		
Home City/State/Zip:		
Birthdate:	Email Address:	
Telephone:	Home	Work Cell
Current Employer Name:		
Employer Address:		
Employer City/State/Zip:		
Employed From (mo/yr):		
Telephone:		
Former Employer Name:		
Employed From (mo/yr):	Employed To (mo/yr):	
Telephone:		

**REFERENCE PERSON**

The applicant is seeking to bypass the entry CPO level examination and attempt the intermediate Certified Paraoptometric Assistant (CPOA) examination. Applicants must meet academic and/or experience requirements (a minimum of three years full-time experience, with at least part-time position having been held during 3 of the last 5 years) in accordance with CPOA examination domains and must pass the CPOA examination before being awarded the credential. **The applicant's current resumé or CV must be attached.** Your evaluation of the applicant's qualifications provides important information to the CPC in determining if the applicant meets the requirements.

Name:	Designation/License Held:
Title or Position:	Email Address:
Company or Practice Name:	
Address:	
City/State/Zip	

**BASIS FOR YOUR COMMENTS**

Period during which you have personal knowledge of applicant's professional capabilities:

From (mo/yr):	To (mo/yr):	Are you a relative of this applicant:
Nature of your relationship with applicant:		

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"> <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 paraoptometric; 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 paraoptometric.</li> </ul>	<ul style="list-style-type: none"> <li>To qualify for this waiver to bypass the CPO exam, paraoptometric assisting must be the <u>primary</u> function.</li> <li>Positions in which paraoptometric assisting is an inherent responsibility, <u>but 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> <li><b>Applicant must be proficient in examination domains. (office operations, ophthalmic optics and dispensing, contact lens dispensing, testing and procedures, special procedures, refractive status of the eye and binocularity, eye diseases/conditions, pharmacology, and basic ocular anatomy and physiology)</b></li> </ul>

**VALIDATION OF APPLICANT'S EXPERIENCE**

(Refer to experience description 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 pertaining to the areas of responsibility listed above:

Does/did the applicant have other work activities assigned to his/her job?      No      Yes (If yes, please describe.)

To your knowledge, does the applicant have any deficiencies in professional ethics?      No      Yes (If yes, please describe.)

If you have additional comments about the applicant, please note them below.

Employer Signature:	Date:
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For CPC Use: Approved	Denied	Date	Verified
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