



AMERICAN OPTOMETRIC ASSOCIATION
COMMISSION ON PARAOPTOMETRIC CERTIFICATION

Role Delineation Study



2016 Role Delineation/Task Analysis
Survey – Executive Summary

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Introduction

The CPC certification program aims to establish that individuals have the knowledge and skills necessary to perform tasks critical for the safe and competent practice as an optometric assistant. The CPC Role Delineation Study identifies essential knowledge and skills for the optometric assisting profession and serves as a blueprint for exam development. The Role Delineation Study validates importance, criticality and relevance to practice for both broad content areas and tasks. The Role Delineation Study is significant for content validity because it aids in ensuring that the optometric assisting domains covered on the CPC examinations reflect the range of practice settings throughout the US.

In general, a Role Delineation Study, also referred to as a Job Task Analysis, is a method used to identify and prioritize the tasks critical and essential for competent job performance. For certification purposes, a Role Delineation Study is used to establish a defined set of domains, tasks, and associated knowledge and skills necessary to carry out the responsibilities of the job.

According to CPC policy, the Commission on Paraoptometric Certification will conduct and publish a role delineation study every three to five years to make certain that the examinations are current, that the examinations represent the vast majority of certified personnel tasks, and that the level of candidate performance is valid and pertains to the appropriate examination.

Executive Summary

This report summarizes the results of a role delineation study conducted in 2016 by the Commission on Paraoptometric Certification (CPC) with the assistance of Professional Testing Corporation (PTC). The purpose of the study was to obtain information on the professional activities and knowledge areas of paraoptometric. The results will be used to update the paraoptometric examination specifications for the four certification levels offered by the CPC: Certified Paraoptometric (CPO), Certified Paraoptometric Assistant (CPOA), Certified Paraoptometric Technician (CPOT), and Certified Paraoptometric Coder (CPOC).

In October 2015 a panel of paraoptometrics, opticians, and optometrists was appointed for the development and testing of the survey instrument. During a series of conference calls, the panel members, with the assistance of key AOA and PTC staff, evaluated the items that were previously included on the 2012 role delineation survey for possible inclusion in the 2016 survey. They were given the opportunity to edit, delete or add tasks, knowledge areas and demographic questions. After a consensus was reached amongst the reviewers, PTC was tasked with developing the survey in an electronic format and charged with distributing it via email to a wide audience of stakeholders. A link to the survey was included in several AOA publications and posted on the AOA website and social media sites.

Between January 28 and March 1, 2016, a total of 205 surveys were completed, representing an estimated 5% of the number surveyed via email. This was less than the paper and pencil survey that was conducted in 2012, which yielded 1,273 completed surveys. However, the 2016 survey data is deemed to be representative of the profession since the survey respondents represent a broad range of demographic variables.

The results of the completed surveys were tabulated and cross tabulations of the data according to several of the demographic variables, as well as the certification held by the respondents, were run. The results of an analysis of that data were compared to the 2012 role delineation survey results and current examination content specifications. Recommended changes are presented in this report.

Survey Background, Purpose, and Methodology

The role delineation study was undertaken by the Commission on Paraoptometric Certification (CPC) with the assistance of Professional Testing Corporation (PTC). The study was conducted by developing a survey instrument delineating the tasks and knowledge areas pertinent to the paraoptometric profession. The survey was prepared in an electronic format and emailed to uncertified and certified paraoptometricians. A link to the survey was also made available in various AOA publications, on the AOA website and social media sites. Respondents were asked to evaluate the frequency and importance of task statements and the importance of knowledge areas.

The results will be used in the evaluation and possible revision of the content specifications for the Certified Paraoptometric (CPO), Certified Paraoptometric Assistant (CPOA), Certified Paraoptometric Technician (CPOT), and Certified Paraoptometric Coder (CPOC) examinations. This process enhances the validity of the examinations and the quality of the examination for the CPO, CPOA, CPOT, and CPOC credentials.

Role Delineation Study

In October 2015, a Job Analysis Panel was appointed for the development and testing of the survey instrument. The panel was composed of paraoptometric, opticians and optometrists. The panel members and their qualifications are listed below.

Description of Panel Members

Name	Credentials Held	Years of Experience	Location
Catherine Firman	CPOT	12	Titusville, FL
Christina Forrest	CPOT, COT	15	Navarre, FL
Greg Caldwell	OD, FAAO	21	Duncansville, PA
Jeremy Durham	OD	13	Wichita, KS
Jennifer Smith	CPOT	7	Ord, NE
Kris K. VanSickle	CPOT	11	West Union, IA
Sally J. Greeley	CPOT	32	Pittsfield, ME
Tamara Franklin	CPOT	29	Bridgeport, NE

Also participating were members of the American Optometric Association staff, Laura Baumstark and Joan Abney. Vicki Gremelsbacker, President of PTC and Geordan Hull, Program Director of PTC represented the testing company. The panel discussions, which led to development of the survey, were led by psychometrician Gerald Rosen, PhD. Joan Campbell of PTC wrote the report and conclusions for the survey.

On October 6, 2015, a majority of the panel members convened the first of a series of conference calls to begin developing the survey. The panel first reviewed the tasks that had been included in the 2012 survey. The task statements were edited for clarity and a few new tasks that are in current practice in the profession were added. Additionally, the panel reviewed the knowledge areas considered relative to the profession as well as desired demographic information. Most of the task statements and demographic questions remained the same as in the 2012 survey in order that trends could be tracked over time.

Soon after the conference calls, panel members were emailed a draft version of the updated survey. The panel was given the opportunity to review the survey to edit or add tasks or knowledge areas. The panel agreed upon 143 task statements (10 more than the previous survey), 24 knowledge areas (the same as the previous survey), and 30 demographic variables (2 more than the previous survey) which were to be included in the final survey.

Demographic Summary

The survey, created by PTC in an electronic format, was beta tested by the panel to ensure the links were functioning properly. Then the survey was emailed to a wide audience of uncertified and certified paraoptometric professionals of the CPC on Jan. 28, 2016. A cover letter explaining the importance of the survey to the credentialing process was also included with the survey. The survey could also be accessed by through a link to the survey in various AOA publications, and posted on the AOA website and social media sites. Respondents were able to click on a link in the email or on the website and create a username and password, which enabled them to complete the survey in more than one sitting if necessary.

The survey respondents were asked to rate the task statements based on the frequency with which they perform the task. The knowledge areas were rated for degree of importance to competent practice in the profession.

The frequency scale was set at regularly, frequently, occasionally, and never. The importance scale was set at extremely important, moderately important, slightly important, and not important. A copy of the survey instrument is included as Appendix A of the full report provided to the CPC by PTC in May 2016.

The original survey deadline of February 21 was extended to March 1, 2016. The survey closed on March 1 with 205 respondents having completed the entire survey. The responses are deemed to be representative of the paraoptometric profession with regard to age, type of practice, years of experience, and education.

Demographic Summary

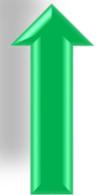
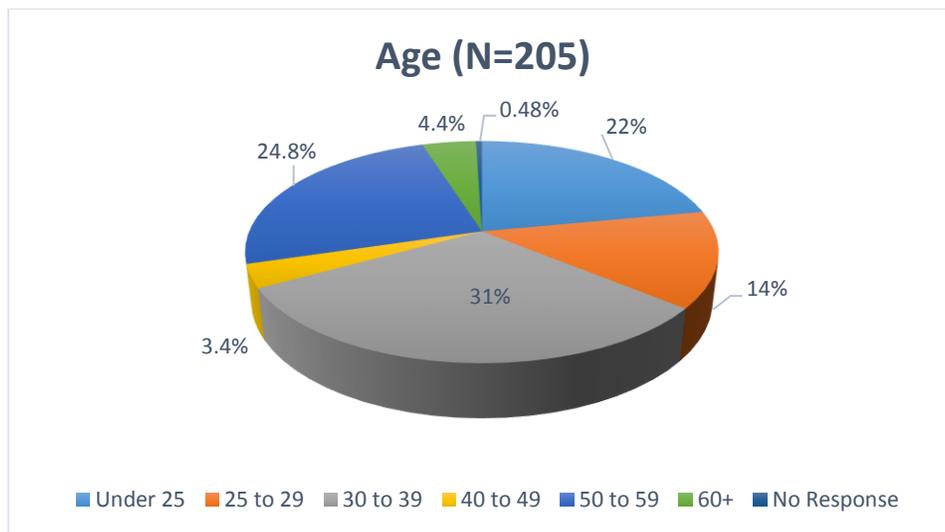
Survey Respondents

205 surveys were completed. The responses are representative with regard to age, type of practice, years of experience, and educational background.

This section of the report contains a description of the survey results based on the 30 demographic questions that were asked. A complete record of the responses to all the questions is in Appendix B of the full report that was provided to CPC by PTC.

Distribution by Age

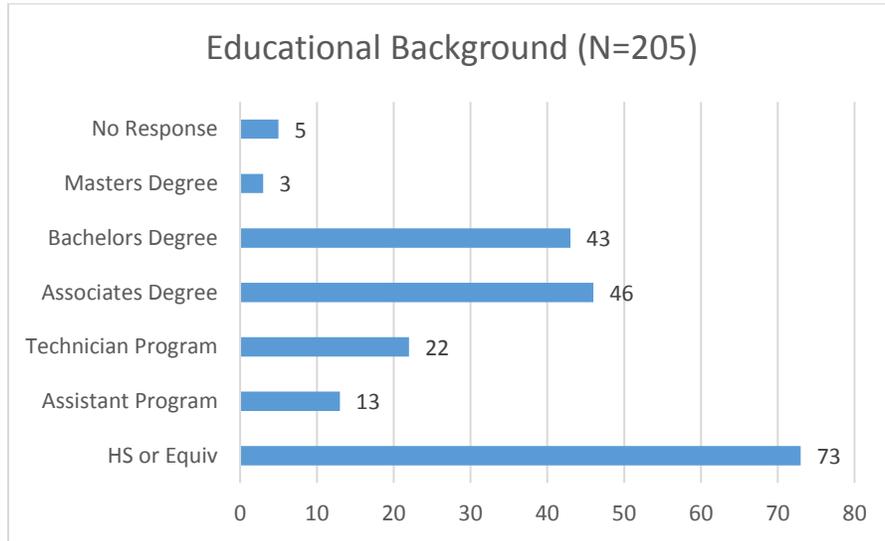
The chart below shows the distribution of the respondents by age. More than half (56%) of the respondents fell in the 30-49 age range. In the 2012 survey, 48% of those who responded fell in the same age bracket. In 2009, 59% of those who responded fell in this age bracket.



Demographic Summary

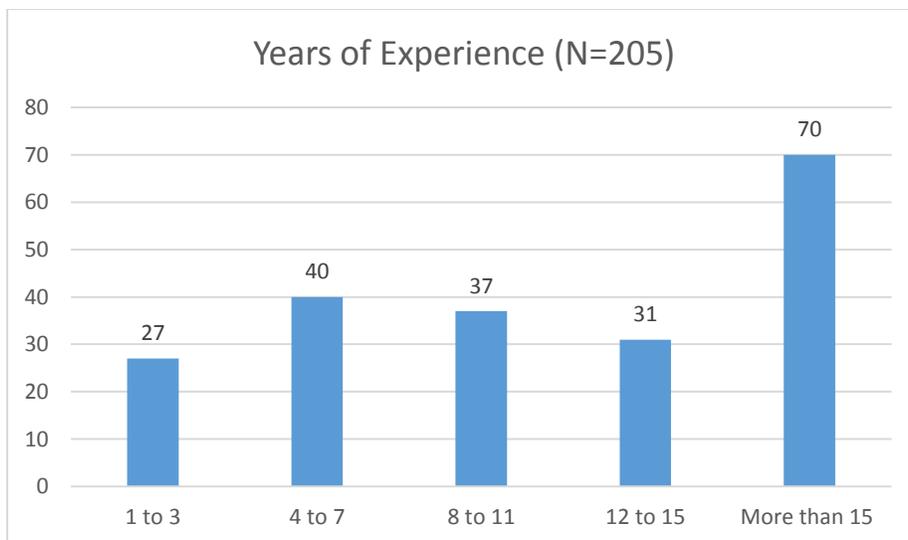
Distribution by Educational Background

The majority hold a high school diploma or equivalent as their highest level of education. This was also the case in 2012 and 2009.



Distribution by Years of Experience as a Paraoptometric

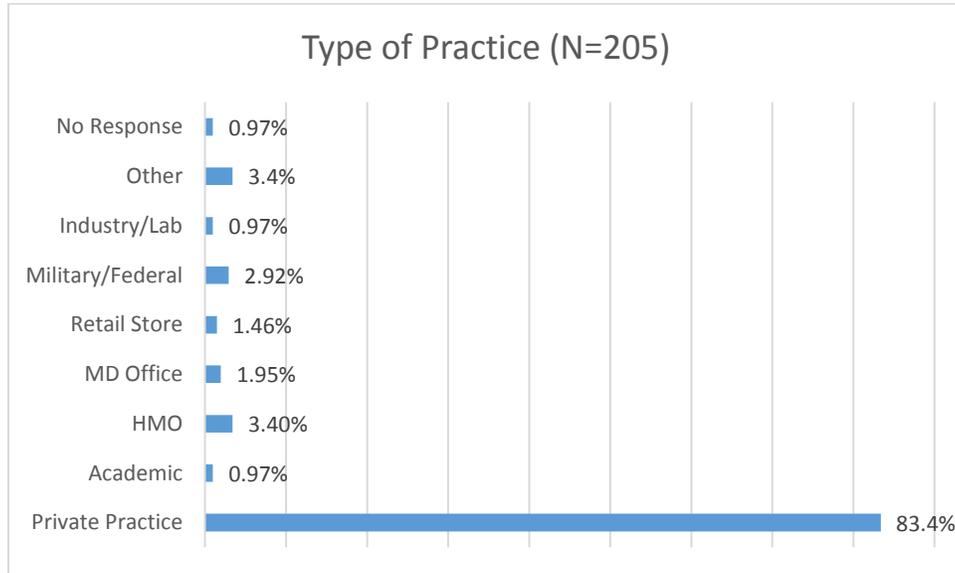
The respondents were fairly evenly distributed in their years of experience from 1 to 15 years, but those with 15 or more years' experience represented the highest range. The 2012 survey collected data from respondents with less than one year of experience; that experience level was not included on the 2016 survey. Therefore, a comparison to the 2012 and 2009 surveys would not be accurate.



Demographic Summary

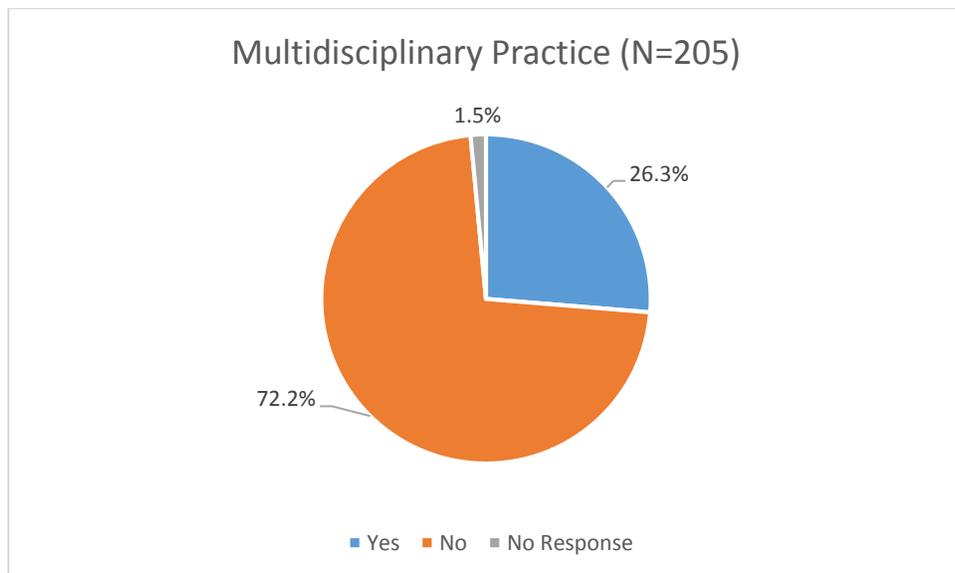
Distribution by Type of Practice

This chart depicts the practice settings in which the respondents work. The vast majority are in a private practice setting. This was also the case in the 2012 and 2009 surveys. Since the vast majority (154 out of 205) of respondents are employed in a private practice setting and only a small number in other listed categories, the data is not significantly valid.



Distribution by Multidisciplinary Practice

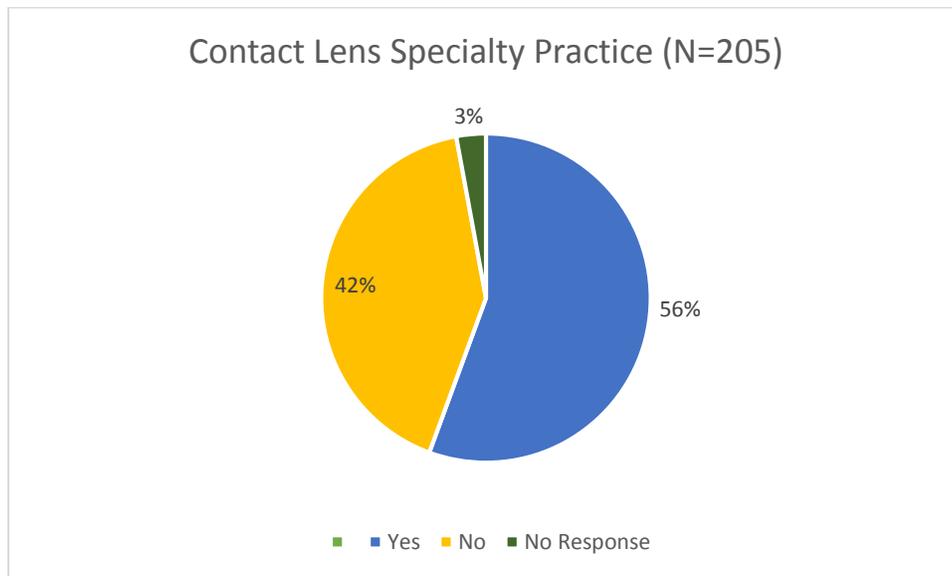
The survey asked if the respondents work in a multidisciplinary practice. Only about 26% of respondents are employed in a multidisciplinary practice, which represents a decline from 2012 and 2009 surveys when about 33% were employed in this type of setting.



Demographic Summary

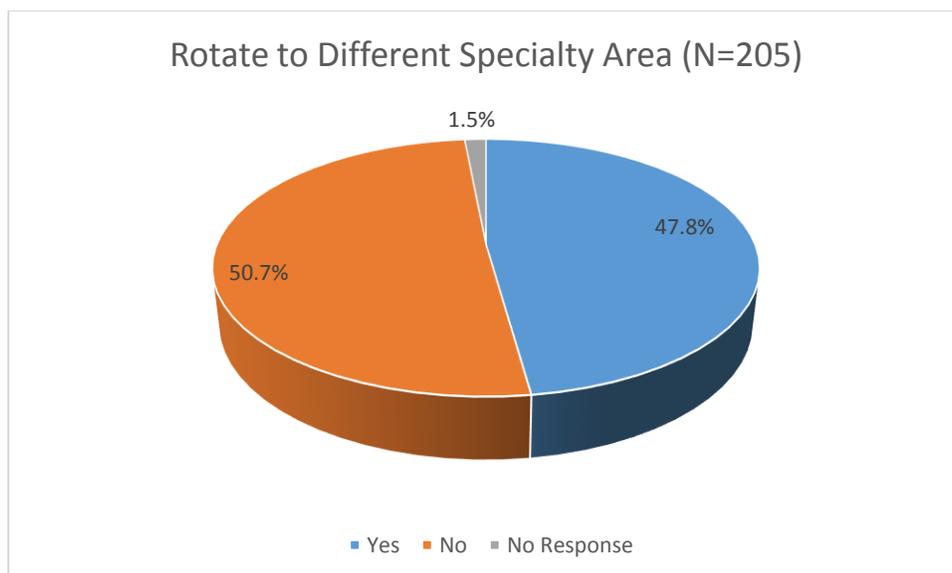
Distribution by Contact Lens Specialty Practice

Just over half (56%) of the respondents work in a contact lens specialty practice. This varies from the previous surveys where approximately 66% were employed in this type of practice in 2012 and 48% in 2009.



Distribution by Rotation to Different Specialty Areas

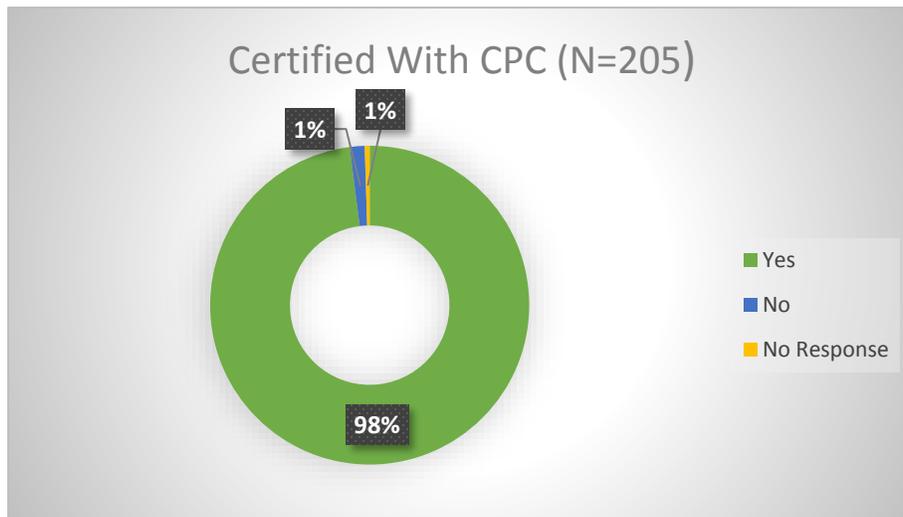
Just under half (48%) of respondents rotate to different specialty areas, which is similar to the responses on the 2012 and 2009 surveys.



Demographic Summary

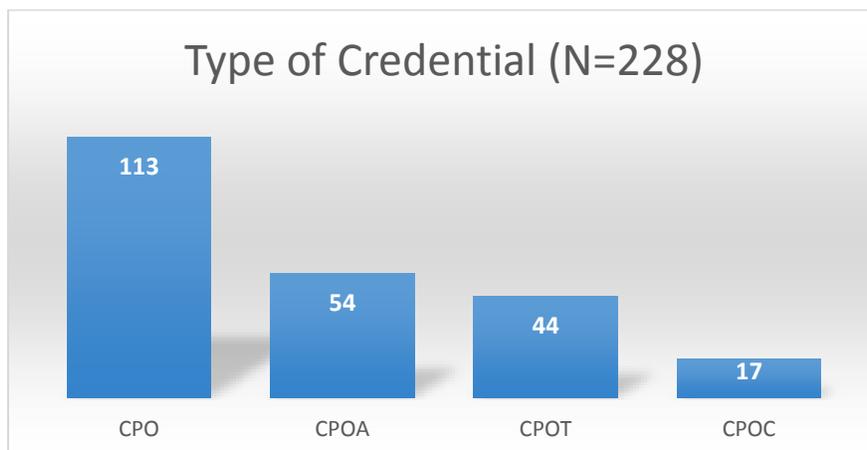
Distribution by Certification

The overwhelming majority hold a CPC credential. It would be expected that those who have earned a credential from the CPC would have more of an affinity to the organization and be more likely to respond to a survey. In the 2012 survey, 99% held a credential with the CPC while only 85% held a credential in 2009.



Distribution by Type of Credential

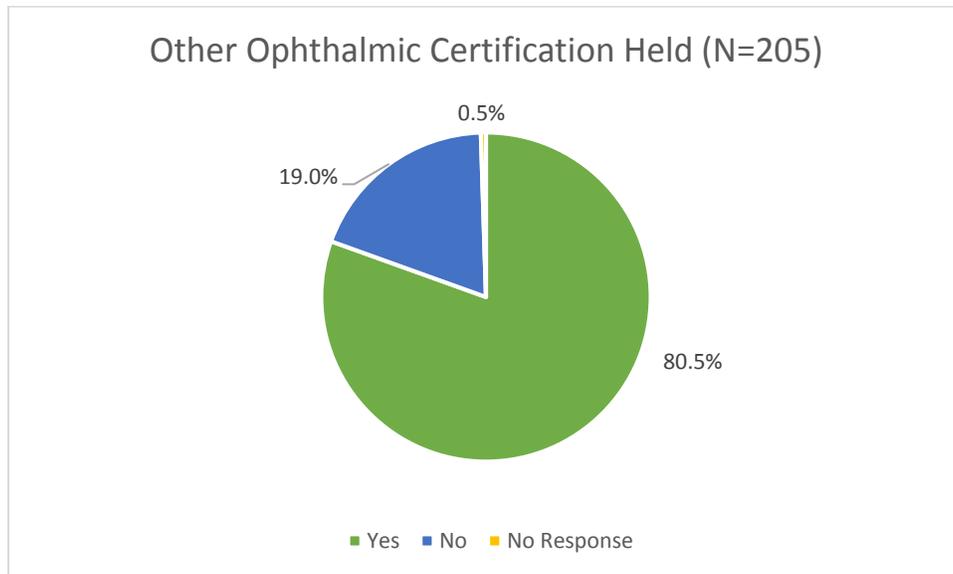
This chart shows the percentage of respondents who hold a CPC credential. The highest percentages of responders are CPOs, which is similar to the 2012 and 2009 findings. The CPOC is a newer credential, which is reflected by the lower numbers. The number of CPOCs has increased since it was a new certification in 2011. Several of the respondents hold more than one CPC credential (for example, they may hold a CPO and a CPOC certification).



Demographic Summary

Distribution by Other Ophthalmic Certifications Held

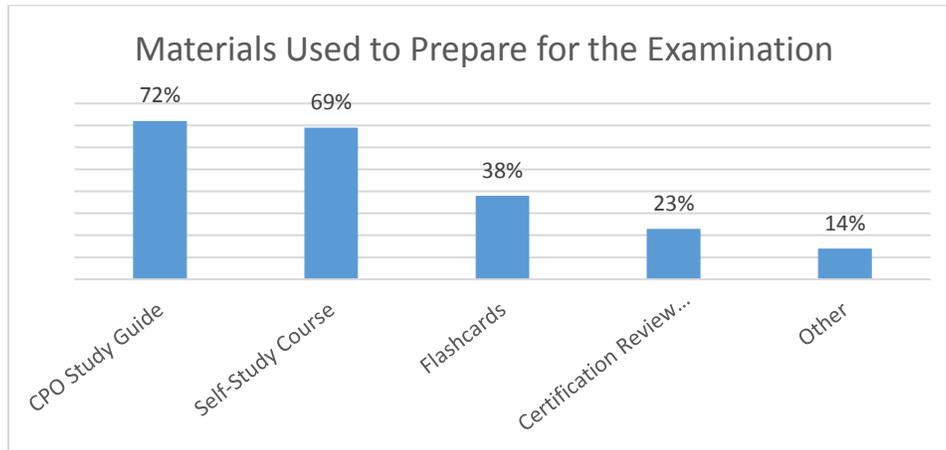
The vast majority of the respondents (81%) do not hold another ophthalmic credential. In 2012, 84% of respondents did not hold another ophthalmic credential, while in the 2009 survey 55% said they did not hold another credential. However, in the 2009 survey there was also a higher percentage of respondents who did not hold a CPC credential either, which could explain this variation.



Demographic Summary

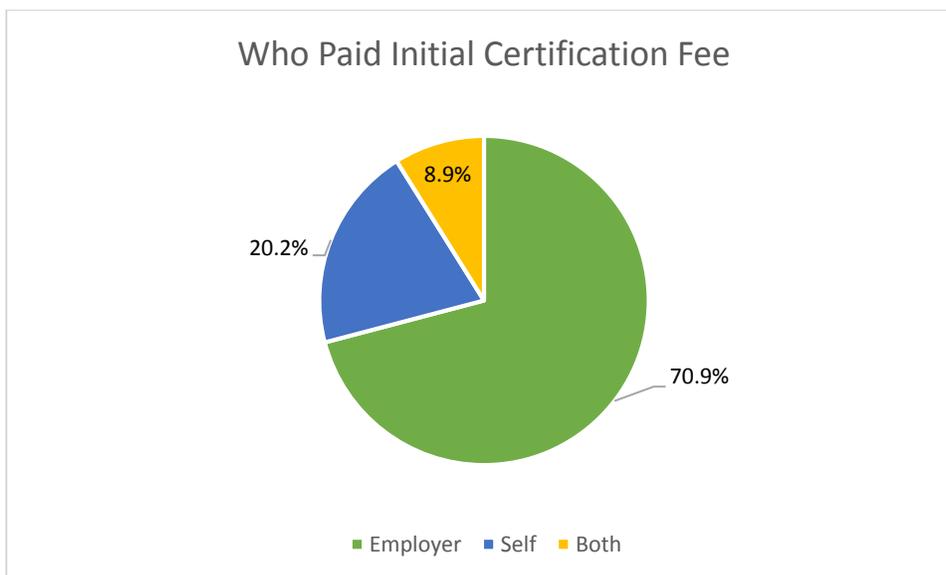
Distribution by Materials Used to Prepare for the Examination and Staff Training

Respondents could check as many materials that applied. The majority (72%) used the *CPO Study Guide for the Certified Paraoptometric*. About 69% selected the *Self-Study Course for Paraoptometric Assistants and Technicians* while 38% selected the *AOA Paraoptometric Resource Center Flashcard sets* and 23% said they used the certification review courses. These results are similar to results of the previous surveys. All the other materials in the list were used by less than 14% of the respondents. These percentages are also similar to those in the last two surveys.



Distribution by Who Paid Certification Examination Fee

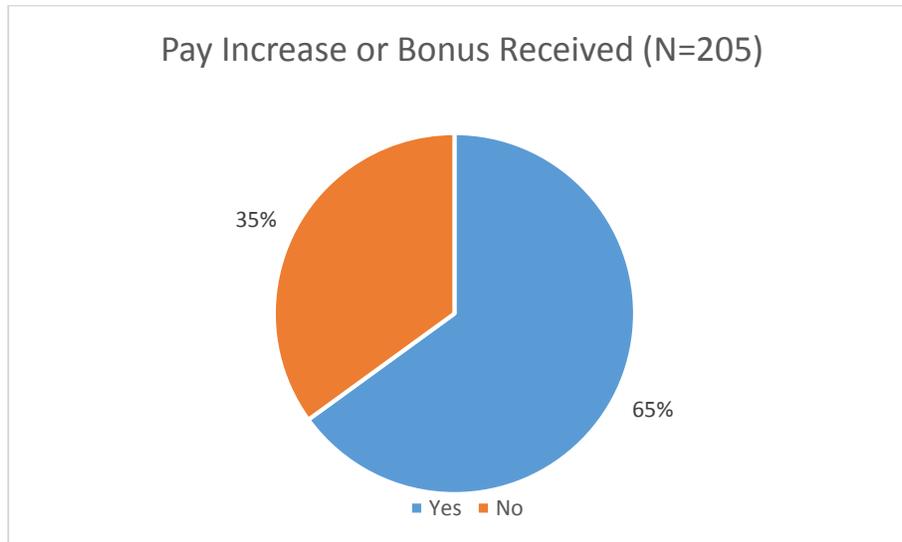
71% of employers paid the fee for the initial certification examination, which is higher than the 62% who pay the renewal fee. This is lower than the previous 2009 and 2012 surveys, which showed that 82% and 80%, respectively, of employers paid the initial examination fee.



Demographic Summary

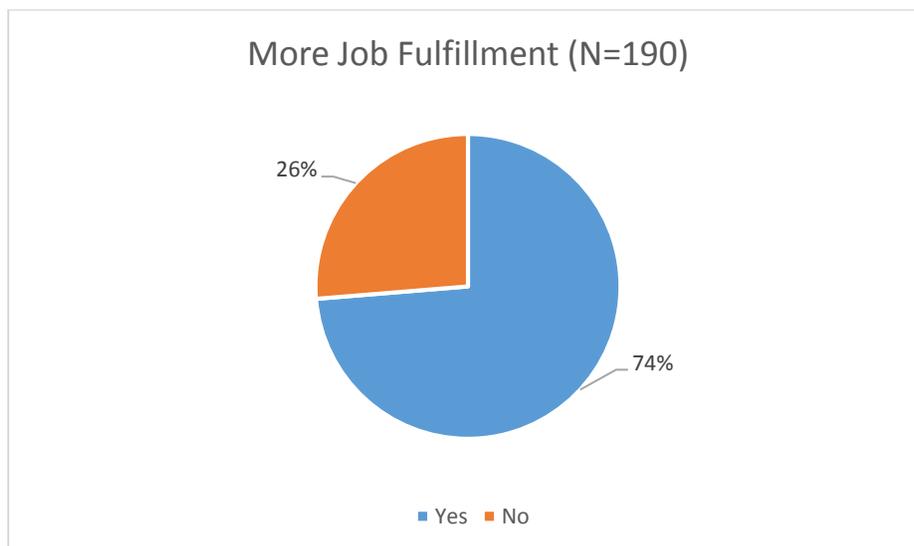
Distribution by Whether Pay Increase or Bonus was Received

65% of the respondents indicated that they received a pay increase or bonus for earning their certification. This is higher than the past two surveys where 58% and 59% of respondents said they received a pay increase or bonus.



Distribution by Experiencing More Job Fulfillment

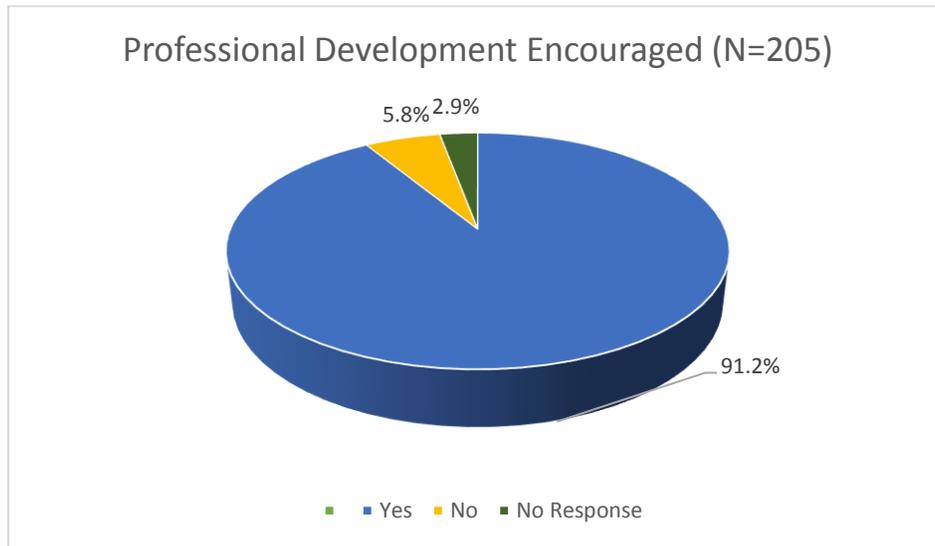
The respondents were asked if they experience more job fulfillment as a result of being certified. The majority (74%) experience more job satisfaction as a result of being certified. In 2012, 75% responded positively and in 2009, 79% responded positively, demonstrating a gradual decrease.



Demographic Summary

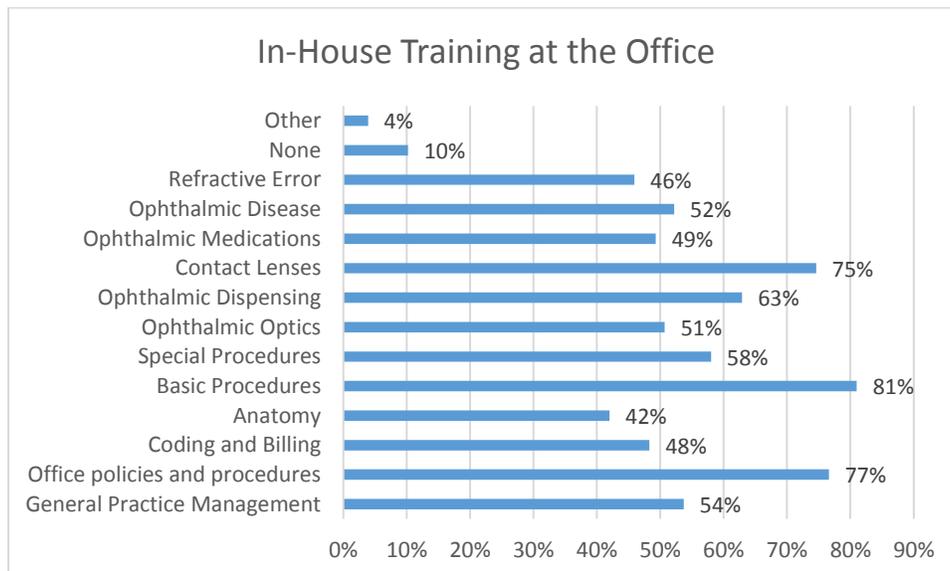
Distribution by Whether Office Encourages Professional Development

The vast majority (91%) indicated that their office encourages professional development. The results of the previous surveys were the same.



Distribution by In-House Staff Training

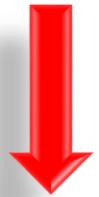
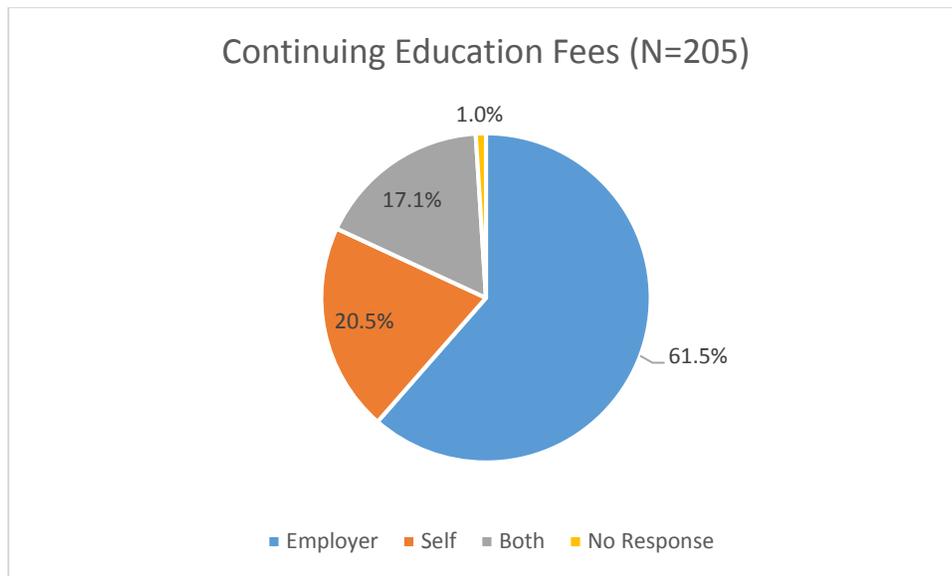
One of the demographic variables listed twelve areas for which an optometric office might offer in-house staff training. Respondents were asked to check all that applied. Basic procedures, office policies and procedures, and contact lenses were the areas in which training is most prevalent. Only 10% responded that they were provided no in-house staff training. This demographic variable was not included on previous surveys so there is no comparative data.



Demographic Summary

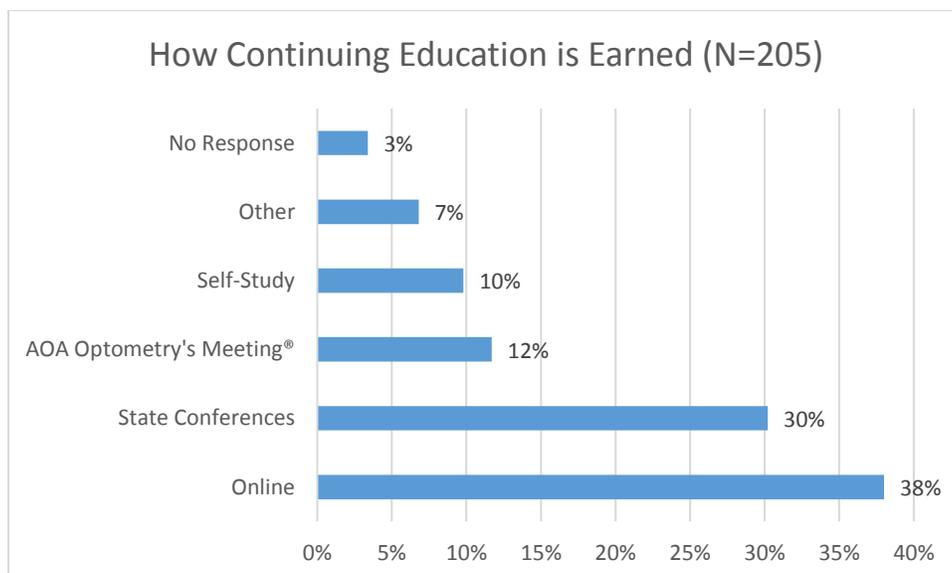
Distribution by Who Pays for Continuing Education

Those who are certified by the CPC were asked who pays for their certification renewal fee. About two-thirds (61%) of the certificants said the employer pays for all, leaving nearly equal percentages to self-pay (20%) or share costs with the employer (17%) for continuing education. In 2012, 71% of employers paid the continuing education fee, which was down from 80% in 2009.



Distribution by How Continuing Education is Earned

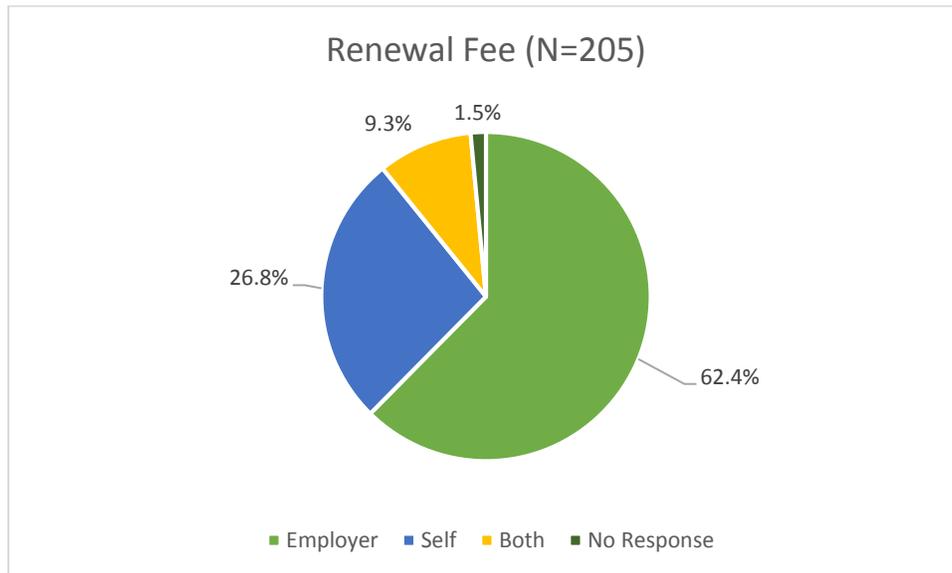
Similar to results in the previous surveys, the most common way to earn continuing education is online and state conferences. In this survey the respondents could only select one choice while in previous surveys more than one choice could be selected. Therefore, the data cannot be specifically compared other than to note that the hierarchy of where they receive their education is the same.



Demographic Summary

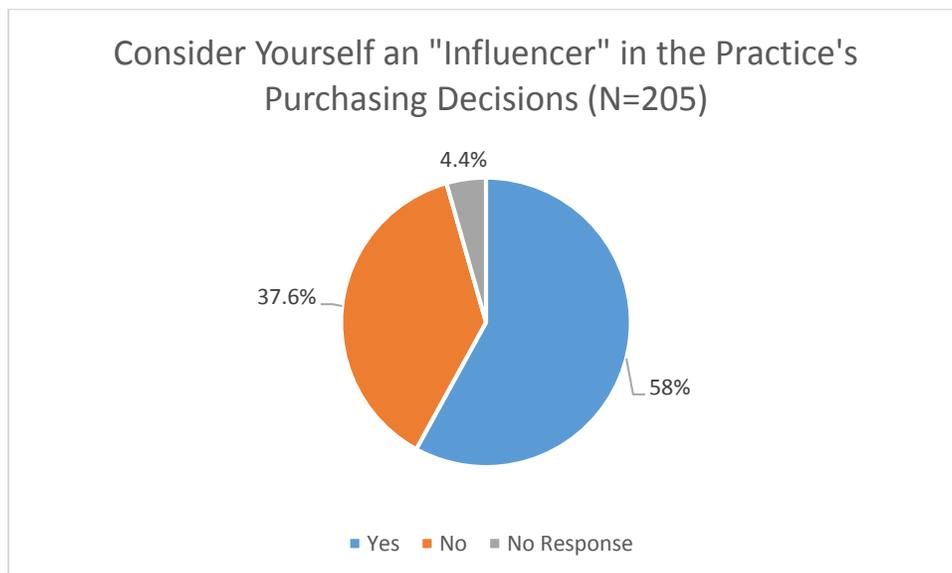
Distribution by Who Pays Renewal Fee

Payment for continuing education by employers is showing a downward trend. In 2009 80% of the continuing education fees were paid by employers. That number dropped to 71% in 2012. This survey shows the percentage of employers who paid for continuing education dropped to just 62%.



Distribution by Whether Considered an "Influencer" in the Practice's Purchasing Decisions

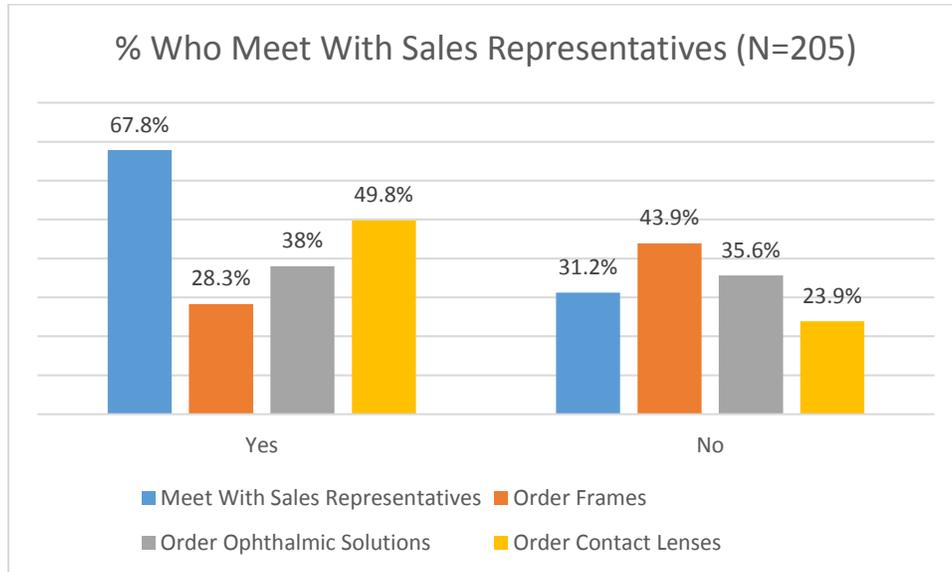
Whether they purchase or not, 58% believe they have an influence on the purchasing decisions of the practice. This question was not asked on previous surveys.



Demographic Summary

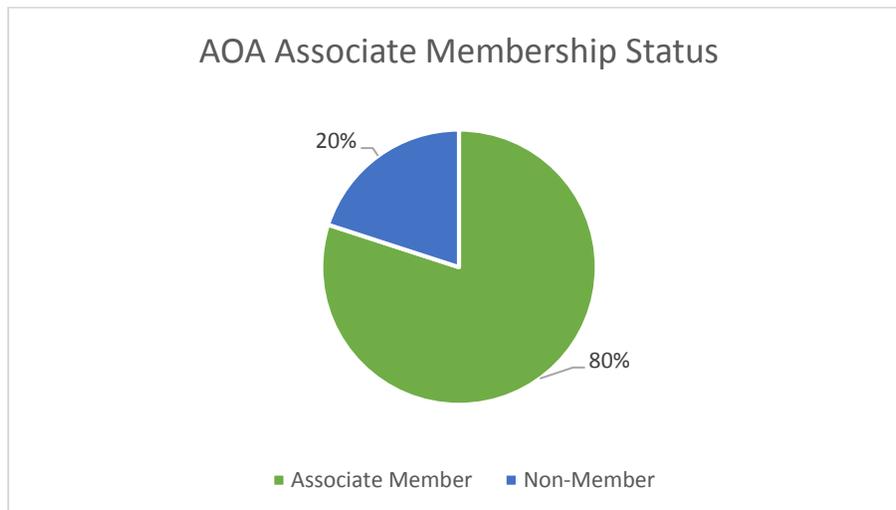
Distribution by Meeting with Sales Representatives to Order Frames, Solutions or Contact Lenses

Results show that about two-thirds (68%) meet with sales representatives, up from 62% in 2012. Half of those who meet with sales representatives order frames, while slightly fewer (38%) order ophthalmic solutions. More of the respondents (49%) order contact lenses than either frames or ophthalmic solutions.



Distribution by AOA Associate Membership (formerly the AOA Paraoptometric Section)

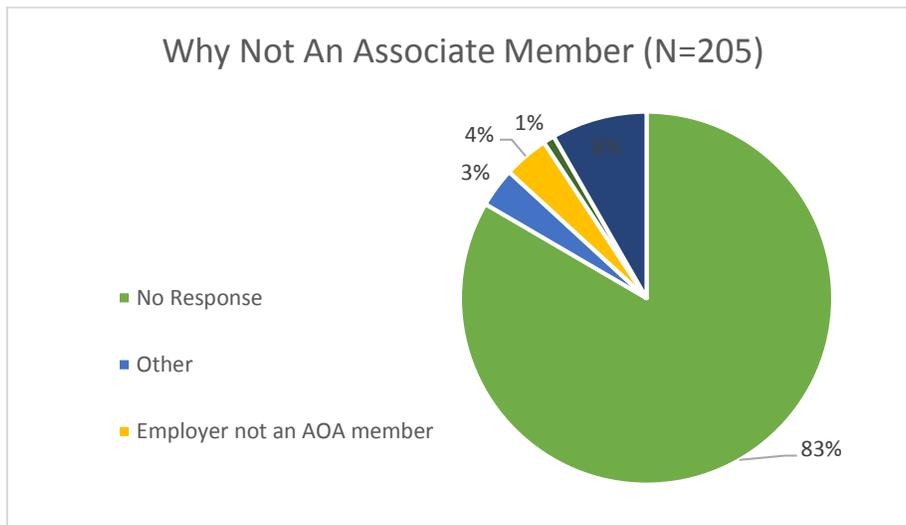
The majority (80%) of the respondents were an AOA associate member. In 2012, 68% were members of the AOA Paraoptometric Section while in 2009, 80% of them were members of the Section. (Note: The Paraoptometric Section was disbanded in 2014 and paraoptometric members are now enrolled through their employer as a member benefit to AOA member optometrists.)



Demographic Summary

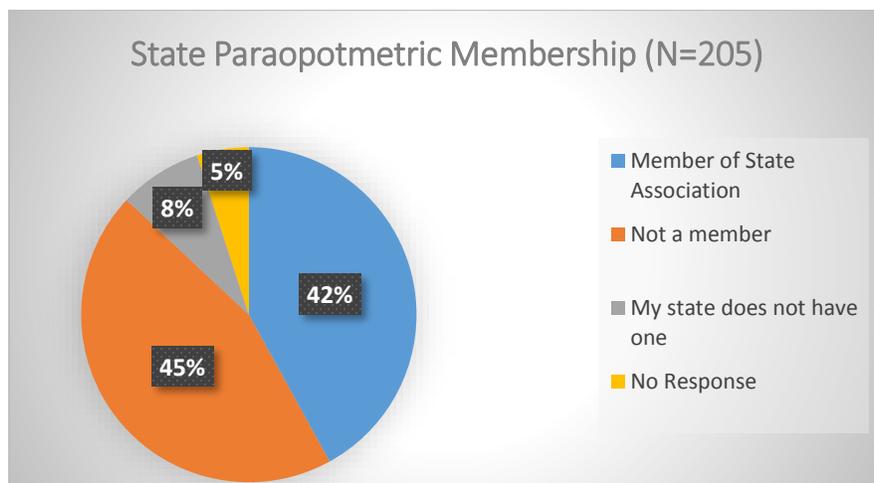
Distribution by Reason for Not Having an AOA Associate Membership (formerly the Paraoptometric Section)

Most of the respondents did not answer this question. This is most likely because the majority of respondents are AOA associates members so the question did not apply to them. In 2012 the most frequent response was that they either didn't know about it or didn't see the value in belonging. This question was not asked in 2009.



Distribution by Membership in State Paraoptometric Membership

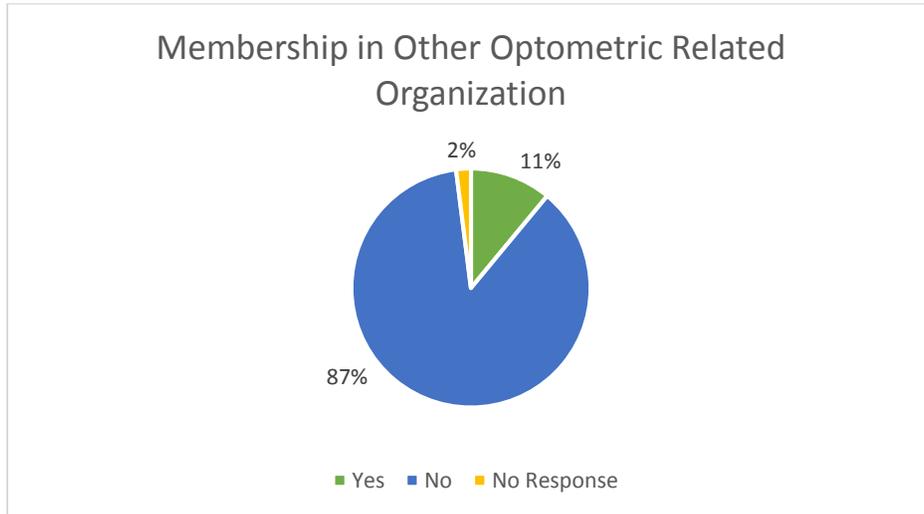
42% of the survey participants are a member of their state paraoptometric association. This has decreased over the years. In the 2009 survey 55% of the respondents indicated they were members of their state section while in 2012 the percentage was only 45.



Demographic Summary

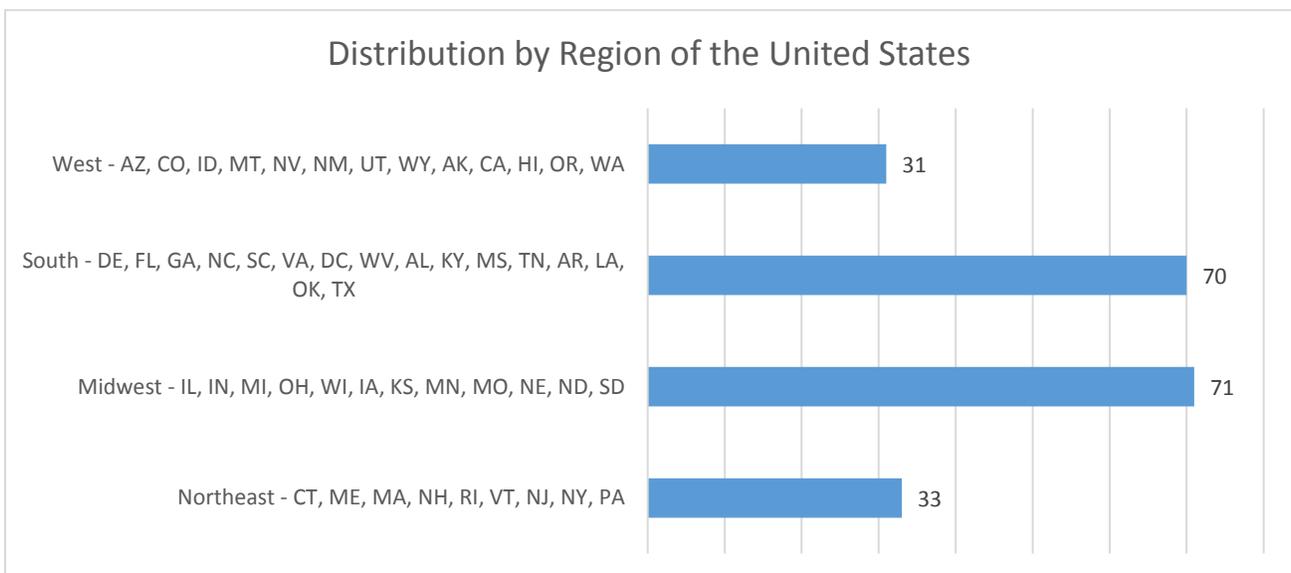
Distribution by Membership in Other Optometric Related Organization

Only about 11% of the respondents belong to another eye care related organization. In 2012 the percentage was 12% and only 9% in 2009.



Distribution by Region

All of the respondents work in the United States. The chart below shows the regional distribution, according to regions identified by the United States Census Department. The distribution of respondents was representative of all 50 states and is similar to the survey conducted in 2012 with just a slightly lower percentage from the Northeast.



Task Statement Ratings

Task Statement Ratings

The survey included 143 tasks divided into six sections:

- I. Practice Management
- II. Managerial Practice Management
- III. Basic Procedures
- IV. Special Procedures
- V. Ophthalmic Optics and Dispensing
- VI. Contact Lenses

All statements were rated as to the frequency of performance of the task and importance of the task for competent performance. Frequency and importance values are used because there may be tasks which are performed frequently but are not highly important for competent performance while other tasks may be performed infrequently but are very important for competent performance. The rating scales can be viewed on the chart below.

Frequency Ratings: How often is the task performed as part of the job?	Importance Ratings: How important is the task for competent performance?
4 = Regularly	4 = Extremely
3 = Frequently	3 = Moderately
2 = Occasionally	3 = Slightly
1 = Never	1 = Not

Average Ratings

The means of the responses to each of the six sections are summarized in Table 3 of the full report. No matter how frequently the tasks were performed, they were all rated higher in importance for competent performance. The tasks in Practice Management were the highest for frequency and tied with Basic Procedures for importance. These results are similar to the 2012 survey with the exception that in this survey Managerial Practice Management tasks are performed slightly more frequently than Special Procedures tasks. This was reversed in the 2012 survey.

Special Procedures were rated lowest in both categories of frequency and importance.

Task Statement Ratings

Task Ratings By Section – Average Rating By Section

Task Section	Average Frequency	Average Importance
Practice Management	2.8	3.3
Managerial Practice Management	2.1	2.7
Basic Procedures	2.6	3.3
Special Procedures	1.9	2.7
Ophthalmic Optics and Dispensing	2.3	2.9
Contact Lenses	2.2	3.0

The frequency and importance ratings were multiplied to obtain the overall ranking for each of the sections in the task portion of the survey. The chart below suggests that the weightings for the domains on the examinations should be higher for questions pertaining to Practice Management and Basic Procedures.

Overall Rankings by Section

Task Section	Frequency x Importance Ratings
Practice Management	9.24
Managerial Practice Management	5.67
Basic Procedures	8.58
Special Procedures	5.13
Ophthalmic Optics and Dispensing	6.67
Contact Lenses	6.60

Most Frequently Performed Tasks – All Respondents

Only five of the 143 task statements rated high as to frequency of performance, which is defined as a rating of 3.5 or higher. All of them were in the Practice Management section. In 2012 there were also five tasks which rated this high, all but one of which (Use computer for EHR) were the same. In 2009 there were six tasks rated that high and they were also all in Practice Management.

Most Frequently Performed Tasks in Descending Order – All Respondents

- Maintain a neat, orderly, and up to date office (3.8)
- Use computer for EHR (Electronic Health Record) (3.7)
- Review patient records for presence of required information (3.6)
- Welcome/greet arriving patients (3.5)
- Direct patient flow (3.5)

Task Statement Ratings

Least Frequently Performed Tasks – All Respondents

There were 26 tasks which were rated as being performed infrequently, which is defined as a rating of 1.5 or less. One was in Practice Management, three in Managerial Practice Management, one in Basic Procedures, sixteen in Special Procedures, three in Ophthalmic Optics and Dispensing, and two in Contact Lenses. In 2012 twenty-one tasks were rated low, and their pattern amongst the sections was similar to this study.

Least Frequently Performed Tasks (≤ 1.5), in Ascending Order – All Respondents

- Perform meibography (1.2)
- Perform HRT (1.2)
- Perform aberrometry (1.2)
- Perform sports vision testing (1.2)
- Tint lenses (1.2)
- Perform specular microscopy (1.3)
- Perform GDx (1.3)
- Perform Diopsys (1.3)
- Perform Macular Pigment Optical Density (MPOD) (1.3)
- Perform vision therapy testing (1.3)
- Edge Lenses (1.3)
- Assist in the publication of an office newsletter (1.4)
- Perform manual keratometry (1.4)
- Perform Goldmann tonometry (1.4)
- Perform TearLab test (1.4)
- Perform frequency doubling (1.4)
- Perform contrast sensitivity tests (1.4)
- Assist with performing surgical tasks (1.4)
- Handle employee payroll (1.5)
- Hire/terminate employees (1.5)
- Coordinate external advertising (1.5)
- Perform slit lamp examination (1.5)
- Perform tests for dry eyes (1.5)
- Fabricate eyewear (1.5)
- Perform hybrid lens fitting (1.5)
- Measure base curves using radiuscope (1.5)

Most Important Tasks for Competent Performance – All Respondents

About 11% of the tasks (23) were rated as highly important for competent performance, even if they weren't all performed with high frequency. Most of the tasks which were rated as highly important for competent performance were in Practice Management and Basic Procedures. None of the tasks in Special Procedures or Ophthalmic Optics and Dispensing were rated high for competent performance.

Task Statement Ratings

Most Important Tasks for Competent Performance (≥ 3.5), in Descending Order – All Respondents

- Maintain a neat, orderly, and up to date office (3.9)
- Welcome/greet arriving patients (3.8)
- Direct patient flow (3.8)
- Review patient records for presence of required information (3.8)
- Perform telephone triage (3.8)
- Use computer for EHR (Electronic Health Record) (3.8)
- Resolve patient complaints and concerns (3.8)
- Document patient telephone calls (3.7)
- Schedule appointments (3.7)
- Perform equipment sanitization (3.7)
- Take case history (3.7)
- Record medications (3.7)
- Record eyedrops (3.7)
- Prepare patient charts (3.6)
- Enforce HIPAA regulations (3.6)
- Maintain examination rooms (3.6)
- Provide proper instruction for prescribed medications and compliance (3.6)
- Perform visual acuity testing (3.6)
- Educate patients on contact lens care and handling (3.6)
- Take telephone messages (3.5)
- Use computer for patient registration (3.5)
- Train personnel (3.5)
- Maintain ophthalmic equipment (3.5)

Least Important Tasks for Competent Performance – All Respondents

There were no tasks rated 1.5 or less in value for importance to competent performance in the profession. The two lowest rated tasks, at 1.9, were “Assist in the publication of an office newsletter” and “Tint lenses.” This means that the respondents felt that all of the tasks are relatively important for competent performance in the field, even though the majority of them are not performed frequently.

Knowledge Statement Ratings

Knowledge Areas

The respondents were asked to rate 24 knowledge areas as to how important each knowledge was to competent performance as a paraoptometric. The table below shows the ratings of the knowledge areas, in descending order of ranking as to importance to competent performance.

Knowledge Areas Needed to Perform Tasks	
Communication Skills	4.0
Professionalism	4.0
Interpersonal Skills	3.9
Time Management Skills	3.9
Computer Skills	3.8
Medical Terminology	3.7
Anatomy and Physiology	3.6
Stress Management	3.6
Conflict Resolution Skills	3.5
Leadership Skills	3.5
Optics	3.5
Writing Skills	3.4
Management Skills	3.3
Biology	3.1
CPR	3.1
Diversity Management	2.9
Accounting	2.8
Human Resource Management	2.7
Labor Relations and Law	2.5
Algebra	2.5
Marketing	2.4
Social Media	2.4
Multilingual Skills	2.2
Website Development Skills	1.9

The knowledge areas needed to perform the work of a paraoptometric, with the exception of those skills relating to marketing, all rated fairly high in importance to competent performance. The knowledge areas which are rated highest also match the knowledge needed to perform the jobs in the Practice Management and Managerial Practice Management sections on the survey. Knowledge of working with the public, running an office, and computer skills are all highly important for competent performance and should be considered during the weighting of the questions on the examinations.

These knowledge area ratings are almost identical to the way they were ranked in the 2012 survey.

Conclusion

CPO Examination

The current weightings for the test content specifications for the Certified Paraoptometric Examination are:

I.	Basic Science	29%
II.	Clinical Principles and Procedures	37%
III.	Ophthalmic Optics and Dispensing	18%
IV.	Professional Issues	16%

The survey shows that the frequency ratings for the task in Practice Management and Ophthalmic Optics and Dispensing are the highest rated in frequency by those who are CPOs. Additionally, the knowledge areas pertaining to Communication, Professionalism, Interpersonal Skills, and Time Management rated the highest on the survey. However, Ophthalmic Optics and Dispensing and Professional Issues are currently the areas with the lowest percentage of questions on the CPO examination. Due to the frequency with which CPOs perform tasks in these two sections, and the high ratings for knowledge areas related to working with patients, the CPC increased the percentage in Ophthalmic Optics and Dispensing and Professional Issues to 20% and 18%, respectively, for the 2017 examination and decreased the percentage slightly in Basic Science and Clinical Principles and Procedures to 27% and 35%, respectively.

CPOA Examination

The current weightings for the test content specifications for the Certified Paraoptometric Assistant Examination are:

I.	Office Operations	13%
II.	Ophthalmic Optics and Dispensing	20%
III.	Testing and Procedures	20%
IV.	Special Procedures	17%
V.	Refractive Status of the Eye and Binocularity	13%
VI.	Basic Ocular Anatomy and Physiology	17%

The responses from the CPOAs were similar to the CPOs, with tasks in Practice Management and Ophthalmic Optics and Dispensing performed most frequently. The current weightings in the six domains are closely aligned with the results of the survey. For 2017, the CPC increased the percentage of questions in Office Operations to 15% to reflect the high rating for tasks related to patients and recordkeeping. The Testing and Procedures section was lowered to 18% to offset the increase in Office Operations, in alignment with the results of the survey.

CPOT Examination

The current weightings for the test content specifications for the Certified Paraoptometric Technician Examination are:

I.	Pre-Testing Procedures	20%
II.	Clinical Procedures	28%
III.	Ophthalmic Optics and Dispensing	18%

Conclusion

IV. Refractive Status of the Eye and Binocularity	12%
V. Anatomy and Physiology	15%
VI. Practice Management	7%

The tasks in Basic Procedures, Special Procedures, and Contact Lenses were rated very high in frequency for those who hold the CPOT credential. The knowledge areas of Computer Skills, Medical Terminology, and Anatomy and Physiology also rated more than 3.5 out of 4.0. The current domain weightings for the CPOT appear to be consistent with the results of the survey. No changes in the weightings were made for 2017.

CPOC Examination

The current weightings for the test content specifications for the Certified Paraoptometric Coder Examination are:

I. Anatomy and Physiology	8%
II. Medical Terminology	8%
III. Review of Current Procedural Terminology (AMA)	22%
IV. Diagnosis Codes	24%
V. Medical Records (paper/electronic)	14%
VI. Claim Filing	12%
VII. Compliance	12%

For CPOCs the tasks in Practice Management and Managerial Practice Management rated highest in frequency of performance. The tasks in Basic Procedures, Special Procedures, Ophthalmic Optics and Dispensing, and Contact Lenses were performed considerably less by CPOCs than by those holding the other credentials. This differs from the 2012 survey when Managerial Practice Management tasks didn't rate as high for frequency.