International Examination and Certification Board

Optometric Vision Therapist
Certification Guide

Updated: May 10, 2017
This guide supersedes all older versions.

College of Optometrists in Vision Development
215 West Garfield Rd., Aurora, OH 44202
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I. Welcome

The International Examination & Certification Board (IECB) of the College of Optometrists in Vision Development (COVD) welcomes you as an enrollee in the Certified Optometric Vision Therapist (COVT) Process. This guide will serve to acquaint you with the background information, references, requirements and procedures for becoming a board certified optometric vision therapist.

A. What is a Certified Optometric Vision Therapist (COVT)?

A COVT works under the direct supervision of a board certified Fellow and has demonstrated advanced competency in the areas of vision development, binocular vision, visual information processing, and vision therapy. We believe that the learning experience you are embarking on will be a rewarding one. Not only will you benefit from expanding your knowledge through guided study, but you will also gain satisfaction through public recognition of your achievement. Please see the section on learning objectives to get a good overview of the subject areas in which a COVT has been certified to have advanced knowledge and competence. After you have successfully completed your COVT certification, we urge you to stay abreast of advances in the field, as well as encouraging you to accept new responsibilities and leadership roles.

B. IECB Mission Statement

The mission of the IECB is to evaluate and certify the advanced competency of optometrists and vision therapists in providing care as related to development and behavior. This mission is accomplished by encouraging continuous learning and providing an evaluation process culminating in the identification of those professionals with demonstrated knowledge and clinical skills in vision care as related to development and behavior. The certification process is designed to encourage professional growth in a collegial environment.

II. COVT Process Overview

A. The COVT Process

1. Eligibility and Enrollment
   To apply as a candidate for COVT certification you must:
   • Be actively engaged in vision therapy as an employee of a current Fellow of the College of Optometrists in Vision Development (FCOVD) or, when that’s not feasible, provide vision therapy under the direct supervision of a current FCOVD
   And
   • have at least 2000 hours of on-the-job clinical experience in providing vision therapy
   Or
   • have an AA degree(or higher) with emphasis on the behavioral sciences, vision development or vision rehabilitation plus 1000 hours
of on-the-job vision therapy clinical experience. The candidate must submit a copy of the diploma for an AA or higher degree. In addition, the IECB and/or the Credentialing Director may request a transcript of classes taken to validate the types of courses completed to obtain the AA or higher degree.

- Submit a completed application with the application fee to the COVD International Office.

To complete certification you must:

- Have a completed application and fee on file with the COVD International office.
- Adhere to the Timeline requirements. You must provide written approval from your FCOVD and COVT mentor for your response to each of the nine OBQ’s and electronically submit them to the COVD International Office. Your written answers to these questions will then be reviewed by members of IECB.
- Successfully complete a multiple choice examination (MCE) and oral interview administered by the International Examination and Certification Board of COVD. Prior to the MCE, you must pay the examination fee.

2. Phase One: Guided Study

The OBQs are provided to help prepare you for the MCE and the oral interview phases. They are designed to deepen your understanding about specific aspects of developmental optometric care and vision therapy. The list of topics in the Study Guide Outline, which begins on page 8, is designed to guide your study in these areas. The nine Open Book Questions (OBQs) are listed beginning on page 9. To submit your OBQ’s you must submit the name of your mentor and the FCOVD you are employed by or under the direct supervision of. A list of COVT mentors is shown in Appendix E. Your doctor and mentor MUST attest that they have approved your answer to each of these questions before you submit them.

Prior to your first OBQ submission you must complete the COVT Open Book Questions Payment form (Appendix B). Your submissions of OBQs are then processed by the COVD staff and sent to an IECB review team. Reviewers have up to four weeks to score your submission(s) and provide questions and comments. You will receive a response approximately six weeks after submission date. The IECB Chair will send a letter following each set of submissions and when you have completed this phase of the certification process. Upon successful completion of your OBQs, you will be invited to the schedule your MCE.

3. Phase Two: Formal Candidacy

The final phase in the COVT process consists of the Multiple Choice Examination (MCE) and Oral Interview. Before you can begin this phase you must submit the COVT MCE and Oral Interview Payment Form with payment (Appendix C).

Step 1: Successful completion of the MCE.
• This is a 50 question test. Performance is reported as pass or fail based on criterion-referencing (not graded on a curve—you are not competing against the other candidates in your year). Raw scores are not relevant to the process and are not released. The questions have been written by COVTs and Fellows and edited for content and clarity, and are analyzed by experts in standardized test design after each test administration.

• You are allowed up to one-and-a-half (1½) hours to complete the examination.

• If a candidate does not receive a passing grade on the test, the candidate can request the IECB Chair to send a report of the test’s topic areas where the candidate’s performance was weak. This can help to prepare you as you plan for an additional attempt at the MCE.

The following breakdown of the clinical topic areas covered by the MCE may be helpful in your preparation for taking the 50 question multiple choice examination:

1. Eye Movements (4 questions)
   a. Fixations, pursuits, saccades
   b. Definitions, characteristics, symptoms when deficient, therapy
2. Refractive Conditions (3 questions)
   a. Myopia, hyperopia, astigmatism, presbyopia, anisometropia
   b. Definitions, characteristics, symptoms, therapy
3. Strabismus (3 questions)
   a. Esotropia, exotropia, hyper-hypo tropia
   b. Definitions, findings, symptoms, therapy
      i. Esotropia: basic, accommodative, divergence insufficiency, infantile
      ii. Exotropia: basic, divergence excess
      iii. Hyper-hypo tropia
   c. Comitant vs. non-comitant strabismus
      i. Definitions
      ii. Implications for vision therapy
      iii. Anomalous correspondence
4. Non Strabismic Anomalies of Binocular Vision (4 questions)
   a. Esophoria, exophoria, hyper-hypo exophoria
      i. Definitions, testing findings, symptoms, therapy
      ii. Esophoria: basic, accommodative, divergence insufficiency
      iii. Exophoria: basic, convergence insufficiency, pseudo convergence insufficiency, divergence excess
      iv. Hyper-hypo phoria
5. Amblyopia (3 questions)
   a. Refractive vs. strabismic vs. deprivation
i. Definitions, testing, findings, symptoms, therapy
ii. Eccentric fixation
iii. Suppression

6. Accommodation (3 questions)
   a. Accommodative infacility, accommodative inaccuracy, accommodative insufficiency, accommodative instability
      i. Definitions, testing, symptoms, therapy

7. Visual Perception/Visual Information Processing (9 questions)
   a. Definitions, testing, findings, symptoms, therapy
      i. Primitive reflexes
      ii. Body scheme
      iii. Self lateralization
      iv. Directionality
      v. Visual motor hierarchy
      vi. Visual perceptual areas (e.g., form discrimination, form constancy, closure)
      vii. Visual integrative areas (e.g., visual motor, visual auditory).
      viii. Perceptual/cognitive styles (e.g., simultaneous vs. successive; central vs. peripheral; impulsive vs. reflective)

8. Special Populations (3 questions)
   a. Autism Spectrum Disorders
   b. Acquired Brain Injury
      i. Definitions, visual characteristics, therapy

9. Tools of Vision Therapy (18 questions)
   a. Lenses
      i. Compensatory
      ii. Monocular
      iii. Binocular
      iv. Dissociated (as with flippers)
   b. Prisms
      i. Compensatory
      ii. Monocular
      iii. Binocular
      iv. Disassociating
      v. Yoked
   c. Filters
      i. Methods of graded occlusion
      ii. Anaglyphs, Vectograms;
      iii. Monocular fixation in a binocular field (MFBF)
   d. Levels of demand
      i. When and how to increase or decrease the level of demand of procedures (or loading).
      ii. Self directed vs. therapist directed
   e. Procedures in terms of:
      i. Target selection
      ii. Working distance
You have two options for taking the MCE:

**Option 1: At an accredited educational institution in your local community.** The test must be taken during the designated week as specified in Appendix D (COVT Timeline). You make arrangements with a local college, university, library or learning center to take the exam, and you must supply a qualified proctor. The COVD office will provide you with the requirements and forms that need to be completed to schedule the test administration. If a candidate who uses this option doesn’t pass the MCE, he/she can take the examination again at the COVD Annual Meeting (see Option 2 below) at no additional cost. The candidate must contact the COVD office to arrange taking the test at the Annual Meeting.

**Option 2: At the COVD Annual Meeting.** The test administration is given on the Monday prior to the beginning of the Annual Meeting.

**Step 2: Successful completion of the oral interview**

The oral interview is given only at the COVD Annual Meeting. Interviews are scheduled Monday, Tuesday and Wednesday before the general meeting begins.

The oral interview is conducted by two IECB members in a private setting and typically lasts 20-30 minutes. During the interview, you will be asked questions primarily relating to the reviewers’ comments you received about your OBQs. Should the reviewers have further questions, an additional interview may be scheduled with two reviewers who were not involved with the first oral interview and the IECB Chair or Officer. (An original oral interview team member will also be present as an observer.) There is no additional fee for the second oral interview.

There is no score or grade that is determined from the oral interview. Results of the oral interview are used to determine if you have successfully completed the fellowship process.

**Step 3: Fellowship Induction**

Once you have successfully completed the multiple choice examination and oral interview, you will be invited to participate in the induction of new COVTs during the closing banquet at the COVD Annual Meeting.

**4. Phase Three: Maintenance of Certification**

To meet the requirements for your maintenance of certification you must:

- Maintain continuous employment with, or be under the direct supervision
of an active FCOVD. Your Certification once awarded, is good for a five year period before your certificate expires. To maintain certification, you must:
  o Complete a minimum of six hours of continuing education on vision therapy related topics annually which should be reported to the COVD International Office along with your annual renewal form

  * **Inactive Status:** If you no longer work for, or are under the supervision of a current FCOVD, your certification status will become inactive.

  **PLEASE NOTE:** You do not lose your certification (COVT) but you must earn a minimum of six hours of continuing education in vision therapy related topics yearly. Once you are actively working under the supervision of a doctor who is a Fellow, notify the COVD International office, and your certification status will be re-activated.

### B. Study Guide Outline

The areas listed below are an overview and starting point for the candidate.

1. The candidate should understand and be prepared to discuss definitions of the conditions, abilities and skills listed below. They should know the signs, symptoms and avoidance behaviors associated with deficiencies specified and how these deficiencies may impact performance. The should also be familiar with vision therapy techniques for treatment of the following:
   
   **A. Refractive Status:**
   Hyperopia, myopia, astigmatism, presbyopia, anisometropia and types of ophthalmic devices to compensate for these conditions
   
   **B. Eye Movements:**
   Monocular & binocular accuracy, stability, control & automaticity
   Fixations
   Pursuits
   Saccades
   
   **C. Accommodation:**
   Expected monocular and binocular sufficiency, stability and flexibility clinical values
   Accommodative insufficiency, Accommodative excess
   Accommodative instability, Accommodative inflexibility
   
   **D. Non strabismic/amblyopic deficiencies of binocular vision**
   Esophoria, exophoria, hyper/hypo phoria
   Convergence Insufficiency, Convergence Excess
   Divergence Insufficiency, Divergence Excess
   Suppression, Levels of Binocular Fusion used in therapy
   
   **E. Amblyopia:**
   Refractive vs strabismic vs deprivation
   Effects on visual function beyond acuity
   Eccentric fixation
   
   **F. Strabismus:**
Direction of turn, constant vs intermittent, comitant vs non-comitant
Motor Fusion (eye position, comitancy) versus sensory fusion (first, second, and third degree fusion monocular fixation in a binocular field, Suppression)
Direction of strabismus (Esotropia, Exotropia, Hypertropia)
Constant versus Intermittent
G. Vision perception and information processing:
   Primitive reflexes, body schema, laterality, directionality
   Visual intersensory integration (visual motor, visual auditory, visual vestibular)
   Visual thinking (visualization, visual imagery)
   Perceptual style (reflective versus impulsive, central versus peripheral)
H. Visual field defects (hemianopsia, neglect)

2. Be prepared to discuss the tools for vision therapy in terms of:
   A. Lenses (monocular, binocular, dissociated)
   B. Prisms (monocular, binocular, yoked, dissociated)
   C. Filters (anaglyph, polaroid, graded occlusion)
   D. Occlusion (central, peripheral, selective, full, direct, indirect)
   E. Monocular fixation in a binocular field (MFBF)
   F. Vision therapy procedures in terms of:
      1. Target selection
      2. Working distance
      3. In instrument techniques versus free space techniques
      4. Levels of demand (multisensory and cognitive loading)
   3. Communication with doctor/parent/patient to maximize outcome

III. Open Book Questions (OBQs)

Please prepare your answers to the following questions using the Format, Submission, and Review Guidelines for OBQs on page 10. See Appendix F for a Sample OBQ Submission.

1. Discuss eye movements in optometric vision therapy in the following areas:
   a. fixations  b. pursuits  c. saccades
   Include a working definition, how therapy is sequenced in your office, how the level of difficulty is modified, and provide examples.
2. Discuss accommodation in optometric vision therapy. Include a working definition, how therapy is sequenced in your office, how the level of difficulty is modified, and provide examples.
3. Discuss how plus and minus lenses affect accommodative and vergence demand. Include how lenses are used in optometric vision therapy to guide these areas of function and provide examples.
4. Discuss binocular function in optometric vision therapy with patients who do not have strabismus or amblyopia. Include a working definition, how therapy is sequenced in your office, how the level of difficulty is modified, and provide examples.
5. Discuss prisms and their use in optometric vision therapy in the following areas:
   a. monocular  
   b. dissociating  
   c. vergence  
   d. yoked  
Include how prisms can be used with specific VT techniques.

6. Discuss amblyopia treatment in your office. Include how the treatment for patients with strabismic amblyopia and refractive amblyopia differs.

7. Discuss the treatment of strabismus in your office. Include the factors of eso/exo/hyper, constant/intermittent, and comitancy.

8. Discuss optometric vision therapy goals and procedures in your office relating to vision perception and information processing.

9. Discuss varying methods of patient motivation, goal setting, compliance and progress assessment.

Remember to have your doctor and mentor read your answers prior to submission. Your doctor and mentor must send an email to cert@covd.org acknowledging they have reviewed and approved your submission(s), listing the specific questions being submitted. This must be done for each time submissions are sent. Answers will not be submitted to the IECB Review Board without both doctor and mentor approval.

IV. Format, Submission, and Review Guidelines for OBQs

A. It is your responsibility to follow the COVT Timeline (Appendix D) and submit all materials, forms, and fees prior to or on the deadline date. No exceptions are made for missed deadlines if the candidate seeks to complete the process during that year.

B. All submissions must be sent via email to cert@covd.org and must be written in English.

C. All OBQ submissions must use the following format:
   1. A cover page must be sent as a separate file with your first submission. It must contain the following: your name, address, telephone number, email, and your candidate number. If any information contained on the cover page changes during process, you will need to resubmit your material with the changes. (See Appendix G for Sample Cover Page.)
   2. Submissions must be typed using 12-point font, double-spaced, in Microsoft Word (.doc) format.
   3. Header: List the assigned candidate number in the header of each page in the header.
   4. Footer: Insert document type and page numbers in footer of document (Example: OBQ #1, page 1 of 3).
   5. Each response should be no less than one page and no more than three pages, double spaced.
   6. At the top of first page, type OBQ #__ and type the question in its entirety.
   7. Please do not submit OBQ’s singularly. If a deadline requests 3 OBQ’s be submitted, please submit three OBQ’s, even if sending prior to the deadline.

D. Write in a clear and concise manner and proofread your materials carefully. Remember to use the spell check.
E. Use standard optometric terminology. Reviewers may not understand your clinical “shorthand” or conventions.

F. Do not assume that the reviewers know what you are thinking. Please explain your answers in detail.

G. Each OBQ must be submitted as a separate attachment in the email. Attachments submitted which contain one file with more than one OBQ will not be processed.

H. Your doctor and mentor must read your OBQ answers prior to any submission. They must both send an email to cert@covd.org with the following:
   1. Candidate (your) name
   2. Their name
   3. List the specific OBQ# and question to be submitted
   4. State that they have reviewed and approved your submission
APPENDIX A

COVT Application Payment Form

Payment must be submitted with application

COVT Application Fee: _____ $100.00 COVD Member _____ $125.00 Non-Member

Candidate Name: ____________________________________________

METHOD OF PAYMENT

____ Check    ____ American Express   _____ Discover   ______ MasterCard    ______ Visa

If paying by check: Payment must be drawn on a U.S. bank, in U.S. funds. Make payable to COVD.

If paying by credit card:

Name as it appears on card: ________________________________________

Billing Address: ________________________________________________

_________________________________________________________________

Credit Card #: _________________________________________________

Exp.Date: ________ Security # on back (or front) of card: ___________

Signature of cardholder: _________________________________________

Mail: College of Optometrists in Vision Development (COVD)
215 West Garfield Road, Suite 200
Aurora, OH 44202

FAX: 330-995-0719
APPENDIX B

COVT Open Book Questions Payment Form

Payment must be sent before or with first submission of OBQ’s

COVT Fee: _____ $210.00 COVD Member         _____ $265.00 Non-Member

Candidate Name: _____________________________________________________________

METHOD OF PAYMENT

____ Check   ____ American Express  ____ Discover  ____ MasterCard  ____ Visa

If paying by check: Payment must be drawn on a U.S. bank, in U.S. funds. Make payable to COVD.

If paying by credit card:

Name as it appears on card: ______________________________________________________

Billing Address: ________________________________________________________________

____________________________________________________________________________

Credit Card #: ________________________________________________________________

Exp. Date: _________ Security # on back (or front) of card: ____________

Signature of cardholder: _________________________________________________________

Mail: College of Optometrists in Vision Development (COVD)
      215 West Garfield Road, Suite 200
      Aurora, OH  44202

FAX: 330-995-0719
APPENDIX C

COVT Multiple Choice Examination and Oral Interview Payment Form

COVT Fee: _____ $290.00 COVD Member  _____ $360.00 Non-Member

Candidate Name: ____________________________________________________________

METHOD OF PAYMENT

_____ Check  _____ American Express  _____ Discover  _____ MasterCard  _____ Visa

If paying by check: Payment must be drawn on a U.S. bank, in U.S. funds. Make payable to COVD.

If paying by credit card:

Name as it appears on card: ____________________________________________________

Billing Address: ____________________________________________________________

__________________________________________________________

Credit Card #: _____________________________________________________________

Exp. Date: _________ Security # on back (or front) of card: ____________

Signature of cardholder: _________________________________________________

Mail: College of Optometrists in Vision Development (COVD)
215 West Garfield Road, Suite 200
Aurora, OH 44202

FAX: 330-995-0719
## APPENDIX D

### 2018 Timeline for COVT Candidates

Once you have applied for Certification as an Optometric Vision Therapist, you have up to four years to complete the certification process. Candidates whose primary language is not English, may request a two-year extension to complete the process. **If you plan to take the Multiple Choice Examination and Oral Interview in 2018, you must adhere to the following deadlines.**

The COVD 48th Annual Meeting will be held April 11-14, 2018 in Bellevue, Washington.

**PLEASE NOTE:**
Responses to Open Book Questions must be sent electronically to the COVD International Examination and Certification Board (IECB) Credentialing Director at: [cert@covd.org](mailto:cert@covd.org). Normal review process may take six weeks. If the reviewers request more information (revisions), an additional six weeks may be needed to complete the review process. Please plan submissions accordingly.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>July 7, 2017</td>
<td>Three or more Open Book Questions due. Signed Guided Study Form and Payment due.</td>
</tr>
<tr>
<td>August 18, 2017</td>
<td>Three or more Open Book Questions due.</td>
</tr>
<tr>
<td>October 6, 2017</td>
<td>Remaining Open Book Questions due.</td>
</tr>
<tr>
<td><strong>Revision Policy</strong></td>
<td><strong>If revisions are requested, you must reply to the reviewers’ comments and questions no later than two weeks from the date of the IECB Chair’s letter if you plan to complete the process this year.</strong></td>
</tr>
<tr>
<td>January 22-26, 2018</td>
<td>Candidates taking MCE prior to Annual Meeting must take it during the assigned week at a location of your choosing. <strong>Registration for the January MCE must be completed by 12/20/2017.</strong></td>
</tr>
<tr>
<td>February 23, 2018</td>
<td>All final Open Book Questions and Case Report revisions must be completed to qualify for taking MCE and Oral Interview at the Annual Meeting in 2018.</td>
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<tr>
<td>April 09, 2018</td>
<td>Multiple Choice Examination for candidates taking exam on-site or retaking the exam at the Annual Meeting in Bellevue, Washington.</td>
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<tr>
<td>April 10-11, 2018</td>
<td>Oral Interviews conducted at the Annual Meeting in Bellevue, Washington</td>
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If you are interested in having COVD assist with connecting you with a mentor, please contact Jenni Roeber, COVT, chair of the committee:

(P) (970) 927-5107  
(F) (970) 927-5108  
visiontherapy.jroeber@gmail.com

**COVT Mentors**

<table>
<thead>
<tr>
<th>Mentor Name</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Patti Andrich, COVT  | c/o Dr. Alex Andrich  
7029 Royalton Rd.  
North Royalton, OH  44133  
(P) (440) 230-0923  
andricheye@gmail.com |
| Lisa Knopp, COVT     | c/o Dr. Theodore S. Kadet  
2225 Sahalee Dr. W  
Sammamish, WA  98074  
(P) (425) 462-7800  
lknopp@hopecliniconline.com |
| Nikki Biefel, COVT   | Golden Vision Therapy  
2301 Ford Street Suite 101  
Golden, CO 80401  
(P)(303) 278-3967  
goldenvisiontherapy@gmail.com |
| Melody Lay, COVT     | c/o Dr. Mary McMains Beck  
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| Diana Ludlam, COVT   | c/o Dr. Kenneth Ciuffreda  
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dianaeye@aol.com |
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<thead>
<tr>
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<td>(P) (704) 510-1555</td>
<td><a href="mailto:mbeatty@thedvc.net">mbeatty@thedvc.net</a></td>
</tr>
<tr>
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<td>Dr. Michele R. Bessler, FCOVD 300 Garden City</td>
<td>(P) (516) 334-9385</td>
<td><a href="http://www.visiontherapysuccess.com">www.visiontherapysuccess.com</a></td>
</tr>
<tr>
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APPENDIX F

COVT Sample OBQ Submission

OBQ#1 Discuss eye movements in optometric vision therapy in the following areas: A. Fixations  B. Pursuits  C. Saccades
Include a working definition, how therapy is sequenced in your office, and how the level of difficulty is modified.

**Fixations - Definition:** The neuromuscular act of eyes, specifically the fovea’s, aiming the eye or eyes at a specific spot in space.

Accurate fixations are important so the patient can keep objects clear and they can identify them. The goal of fixation therapy is to help the patient be able to determine where they are looking in space and whether the target is in its real location. Fixations have to be accurate so that the patient can progress to pursuits and saccades.

In our office we would begin with basic exercises, which help us evaluate where we need to begin therapy. Once we have established the capability of our patient After Image Fixation might be an appropriate exercise for us to work on. The patient wears a patch over one eye and fixates on the central fixation dot on the camera strobe. An After Image is generated on the fovea. This image will let the patient know where they are looking. During these exercises I observe the patient’s posture and head movements. I want the patient’s eyes to move independently from their head and body. I can also observe whether or not they can maintain fixation on a target, or if there are limitations in where they are able to focus their gaze.

Questions I ask myself when observing therapy include; Does the patient find the target immediately or do they have to search to find the target? Does the patient notice if they are not looking where they have been asked to look? In some cases this exercise has been too challenging for our patients who are not anywhere near fixating accurately on the target. If the patient is not self-aware and cannot focus on smaller objects we may make the focal point larger and more interesting by using a fun sticker. Also, some patients may have specific extraocular muscle weaknesses which would affect their ability to fixate in various areas of gaze. The patient needs to have the ability to know when they are missing information. Also, adding a timer or
cognitive element might encourage them to see how long they can hold a fixation while concentrating on something else. We typically begin with monocular activities and work towards binocular activities as the patient’s abilities improve.

**Pursuits - Definition:** A pursuit is a smooth eye movement, in which the eye or eyes track an object such as a moving ball while maintaining accurate fixation.

Once the patient is able to maintain accurate fixation, we progress to pursuits. The goal of vision therapy is to have the patient be able to follow an object with their eyes without losing track of it and without head movements. I am looking for smooth movements of the eyes; without being jerky. We begin with patching one eye. I will inquire with the patient as to how their eye is feeling and if they feel a difference between their right and left eye.

One of the exercises I like for pursuits is the Marsden ball exercise. The patient is asked to stand up and stand approximately 5 feet from the ball with feet shoulder width apart. I begin by moving the ball with my hand in X, Y, and Z axis slowly, and asking the patient to keep their gaze on a particular letter of the ball. I ask the patient if they are able to keep a letter on the ball in clear focus with it moving. If the letter is not in clear focus, then it could be decreased acuity, problems with the accommodation system not working properly, or they are not really fixating on it. If the exercise is too difficult, I may have the patient lie on the floor. This reduces distractions from the room, gives kinesthetic feedback and helps the patient keep their head still. An interesting sticker may be added to the bottom of the ball for children who may have difficulty focusing on a letter. To load this exercise, I then have them find different letters on the ball, and have them spell out different words, such as their name, to make it a little more challenging. If the patient is able to focus clearly on the ball I may swing the ball forward-and-back, side-to–side, or rotate it in a circle. Adding a balance board, walking rail, or answering questions can be used to increase the difficulty. This demand is similar to classroom situations in which you are asked use multiple senses, such as listening and writing or looking and talking at the same time. Other pursuit exercises include Hart Chart Rotation, pegboard rotation, marble roll, and balloon bounce. Once the patient has mastered monocular pursuits, we move onto binocular exercises.
Saccades - Definition: Saccades are voluntary, quick and accurate movements of the eye from one object in space to another object in space.

A saccade always starts and ends with a fixation. A successfully treated patient will be able to move his or her eyes from one object to another quickly, accurately and without much effort, independently with an absence of head movements. The patient should be aware of his or her peripheral vision, as this will help them to know how far they have to move their eye to find the target without over shooting the target.

Early in therapy, I talk with the patients about their peripheral vision and help them have a definition for this word. We do several examples in which we look at objects closer and then further away, so the patient can see the difference in the amount they are able to see if they keep their peripheral vision open. Saccades are very important for reading. The more a patient is able to keep their periphery open, the easier reading will be for them. If the patient is reading, and can see the beginning of the next line of text in his periphery, he will be able to accurately make the jump to the next line and not lose his place, which will help him gather information quickly, making reading easier and more enjoyable. Again, I will work on monocularity and then move to binocularity.

One saccade exercise is the Door Saccade Exercise. I have the patient stand up with balanced posture; feet shoulder width apart with a patch on one eye. The patient is asked to stand approximately five feet from the door. Vertical strips with large-font lettering are placed on the door jambs. The strips are about three feet apart. The patient is asked to read the letters in one of several patterns, such as a zigzag pattern. The patient should keep their head still, with their eyes doing all the work. If the patient is unaware that they are moving their head during this activity, I may hold their head, or put a beanbag on their head to raise their awareness. I also watch their body language to see if they slouch, lean or sway. To decrease the difficulty of this exercise I would decrease the length of the strip, have the patient move further away or let them move their head until they are better at it. To load this exercise, I may have the patient alternate their gaze from the top letter of the strip to the bottom letter on the other strip. As accuracy improves, a metronome can be added, or other speed variable involving a timer. I let the patient adjust the
metronome to find the maximum speed they think they can say the letters accurately on the beat. I ask them if they thought they were on beat. Then we will discuss whether or not they were actually on beat. Do they think they could do it better, faster or slower? The timer helps encourage the patients to set their own goals and gives repeatable feedback. To load this exercise even further and make it more challenging for the patient, I would add faster rhythm, a timer, a balance board, walking rail or trampoline. When these exercises become easier, we move to near point saccade exercise like strip saccades, Michigan Tracking, and letter and number tracking. The near point exercises replicate everyday reading situations. Fixations, pursuits and saccades are basic skills that help form the building blocks for other skills in vision therapy.

A note about exceeding the page limit on this sample: While this sample OBQ submission exceeds the recommended length of three pages, the reviewers will allow the overflow for a few reasons. First, you are required to list the OBQ in its entirety which can take up some valuable space; so if the question is long, don’t worry if your response goes over the three page limit by a few lines. Second, sometimes you may feel you can’t cut anything more from your answer to get it to fit on the three pages without it impacting the quality of your submission. If your doctor and mentor agree the length of your response is good, please submit it as is. As long as your answers are complete while being as succinct as possible, it is acceptable to slightly exceed the three page limit. If your essay submission goes well beyond the established page limit, be prepared that your submission could be returned by the review team to be rewritten.
COVT Sample Cover Page

A cover page must be sent as a separate file with your first submission. If any information contained on cover page changes during process then you will need to resubmit with changes.

Name:
Address:
City, State Zip Code

Phone Number:
Cell Number:
Email address:

Assigned Candidate Number:
APPENDIX H

COVT Recommended Study References

The below list encompasses sources that were deemed appropriate by three COVTs who have been active in the certification process for many years. You will not be tested on specific sources. A recommended strategy is to first read the Open Book Questions and the Study Guide Outline in the COVT Candidate Guide. This should alert you to areas that you feel you need more knowledge, and then choose the sources that cover these areas. Your doctor may have some of these sources, but all are currently available from the Optometric Extension Program (oepf.org) or at the other indicated venues.

Applied Concepts in Vision Therapy
Dr. Leonard Press (Editor)
OEPF

The Vision Therapist’s Toolkit
Thomas Headline, Irene Wahlmeier, Vicki Bedes
OEPF

Helping Children Overcome Learning Difficulties
Dr. Jerome Rosner
Amazon.com

Thinking Goes to School
Drs. Furth and Wachs
OEPF

Sensory Integration and the Child
A. Jean Ayres
Amazon.com

The Piaget Primer: Thinking, Learning, Teaching
Ed Labinowicz
Amazon.com

Optometric Management of Learning-Related Vision Problems
Drs. Mitchell Scheiman and Michael Rouse
OEPF

Vision: Its Development in Infant and Child
Arnold Gesell et, al.
OEPF

Tests and Measurements for Behavioral Optometrists
Drs. Harold Solan and Irwin Suchoff
OEPF

Cognitive Development: Piaget’s Theory
Dr. Irwin Suchoff
OEPF

Primitive Reflex Training Program: Vision Therapy at Home
Visual Dynamix
OEPF

OEPF Monographs and Publications
- Visual Perception (Vision Therapist Vol 38, #2, 96/97)
- Visual Thinking for Problem Solving (Vision Therapist Vol 38, #3, 96/97)
- Tools of Behavioral Vision Care: Lenses, Occluders & Filters (Vision Therapist Vol 38, #1, 96/97)
- Tools of Behavioral Vision Care: Prisms (Vision Therapist Vol 37, #4, 95/96)
- Nonstrabismic Vergence Problems (Vision Therapist Vol 38, #4, 96/97)
- Focusing on Accommodation (Vision Therapist Vol 35, #4, 93/94)
- Amblyopia (Vision Therapist Vol 34)
- Sanet Volumes
- Pursuits and Saccades: Theories and Testing
- Guiding Strabismus Therapy (Lora McGraw)
- Begin Where They Are! (Kathy Nurek and Donna Wendleburg)
- Basic Visual Skills (Lora McGraw)
## APPENDIX I

### COVT

**COVD Member COVT Fees**
- Application Fee: $100.00
- Open Book Questions Review Fee: $210.00
- Examination Fee: $290.00
- Total - COVD Member COVT Fees: $600.00

**Non-Member COVT Fees**
- Application Fee: $125.00
- Open Book Questions Review Fee – Non-Member: $265.00
- Examination Fee - Non-Member: $360.00
- Total – Non-Member COVT Fees: $750.00

### FCOVD

**COVD Member FCOVD Fees**
- Application Fee: $300.00
- Open Book Questions & Case Report Review Fee: $450.00
- Examination Fee: $630.00
- Total - COVD Member FCOVD Fees: $1380.00

**Non-Member FCOVD Fees**
- Application Fee: $415.00
- Open Book Questions & Case Report Review Fee: $550.00
- Examination Fee: $905.00
- Total – Non-Member FCOVD Fees: $1870.00

### FCOVD-A

**COVD Member FCOVD-A Fees**
- Application Fee: $305.00
- Examination Fee - COVD Member: $385.00
- Total- COVD Member FCOVD-A Fees: $690.00

**Non-Member FCOVD-A Fees**
- Application Fee: $390.00
- Examination Fee: $500.00
- Total – Non-Member FCOVD-A Fees: $890.00

### Recertification Fees

#### COVT
- COVD Member COVT Recertification Fee: $0.00
- Non-Member COVT Recertification Fee: Up to $125.00

#### FCOVD & FCOVD-A
- COVD Member Fellow Recertification Fee: $0.00
- Non-Member Fellow Recertification Fee: Up to $500.00
APPENDIX J

International Examination and Certification Board
Guidelines for Candidates with Disabilities

The International Examination and Certification Board (IECB) of the College of Optometrists in Vision Development, an organization that certifies professionals who specialize in the rehabilitation of individuals with visual disabilities, recognizes its role in the implementation of the Americans with Disabilities Act (ADA) as amended. The following are guidelines for candidates with disabilities who are applying for test accommodations under the ADA as amended:

- The candidate must inform the IECB of the request in writing, using the Request for Accommodation form. Please note that this request must have attached documentation from a qualified evaluator (a physician, psychologist, or optometrist) that demonstrates your disability. Please give your evaluator the Guidelines for Documentation of Disabilities to ensure that the IECB has the documentation it needs to comply with the law and to avoid delays in processing your request.

- Please remember to include a personal statement with your form. This personal statement should describe how your disability significantly affects your ability to perform in a standard testing environment.

- Send your Request for Accommodation form, with the personal statement and the evaluator’s documentation attached, within 60 days after submission of your Fellowship or COVT Application, to the College of Optometrists in Vision Development, 215 W. Garfield Rd., Ste. 200, Aurora, OH 44202, or you can also send directly to cert@covd.org.

- Each request is reviewed and evaluated on an individual basis.

- When the IECB determines that accommodation of your disability is appropriate, they will work with you to determine how best to accommodate your disability for each phase of the examination and certification process.

If you have questions about this process, contact Katie Kirschner at katie@covd.org or by calling the COVD office at 330-995-0718.

Attachments:
Guidelines for Documentation of Disabilities
Request for Accommodations Form
Guidelines for Documentation of Disabilities

The following are guidelines adopted by the COVD International Examination and Certification Board (IECB) for documentation of disabilities for candidates who are applying for test accommodations under the ADA as amended:

- The evaluator must be qualified to conduct the necessary assessments and make the relevant diagnosis or diagnoses. For learning disabilities, this should be a licensed psychologist or psychiatrist who has additional training and experience in the assessment of learning problems in adolescents and adults. For attention disorders, the evaluator should be a licensed psychologist or psychiatrist who has additional training and experience in the assessment of attentional difficulties and the diagnosis of ADHD in adolescents and adults. For physical disabilities, the evaluator should be a physician who has the appropriate training in the relevant specialty area. For vision or hearing disabilities, the evaluator should be an optometrist, ophthalmologist, or audiologist.

- The documentation must be current. Because appropriate accommodations can only be determined based on information about the current impact of the disability on activities of daily living, it is in the candidate’s best interest that the information about the impairment be current.

- The documentation must contain the following information:
  - The date of the evaluation;
  - Relevant educational, developmental, and medical history;
  - History of prior accommodation, or rationale for lack of prior accommodation;
  - The tests used to arrive at the diagnosis and the data from these tests;
  - A specific diagnosis or diagnoses that causes impairment, including detailed interpretation of the data and how alternative diagnoses were ruled out, especially in the case of learning disabilities or ADHD;
  - Suggestions for appropriate specific accommodation of the disability;
  - A statement of the qualifications of the evaluator.

- This documentation must be typewritten on the evaluator’s letterhead and signed by the evaluator.
Request for Accommodations

Please provide the following information to the International Examination and Certification Board (IECB) of the College of Optometrists in Vision Development to document your request for accommodations under the ADA during the Fellowship or Certified Optometric Vision Therapist certification process:

Name_____________________________________________________________________________________________________

________________________________________

last first middle initial

Gender □ male □ female

Address_____________________________________________________________________________________________________

______________________________________________________________________________________________________

city state/province ZIP/postal code

________________________________________

daytime phone number e-mail address

Nature of disability

learning impairment: □ reading disability □ writing disability

language impairment: □ receptive language disorder

□ expressive language disorder

□ mixed or other language disorder

mental health impairment: □ attention deficit/hyperactivity disorder

□ anxiety disorder

□ other mental health disorder

sensory impairment: □ visual disability

□ hearing disability

physical impairment: □ mobility disorder

□ neurological disorder

□ other physical impairment

Accommodation requested (not intended to be a comprehensive list of available accommodations)

□ extended time on written examination □ separate room for written examination

□ extra breaks during written examination

□ accommodation during oral examination (please describe)

□ other accommodation (please describe)

History of prior accommodation (please check when accommodations were received and describe in your personal statement)

□ none □ optometry school □ undergraduate □ secondary □ elementary

Authorization

I certify that the above and all additional information supplied is true and accurate. I authorize the International Examination & Certification Board of the College of Optometrists in Vision Development to contact the evaluating professional(s) who submitted the attached documentation, or will send documentation under separate cover, of my disability for confirmation, clarification, or further information. I also hereby authorize those professionals to provide the IECB with such information as is necessary to determine the level of disability and appropriate accommodations.

Signature _____________________________ Date ______________________

Mail completed form to: College of Optometrists in Vision Development, 215 W. Garfield Rd., Ste 200, Aurora, OH  44202
Candidate Appeals Policy

The goal of this policy is two-fold:

1. Resolution of candidate’s concerns to the satisfaction of both the candidate and IECB.
2. Maintenance of candidate confidentiality throughout the process.

When a candidate for Fellowship or COVT has concerns regarding his/her equity of treatment during the certification process, that person will inform the IECB Chair in writing of the concerns. The following procedure will then be followed:

1. The IECB Chair will convene a group of three Fellows, at least one being a former IECB member, and all of who are acceptable to the candidate. These fellows (the group) will sign the IECB Confidentiality Form.

2. The group will be given access to all pertinent written material and given voice or electronic access to the involved IECB members and the candidate.

3. The group will take no more than three weeks to decide on the validity of the candidate’s concerns. They will compose a document that states the reasons for their majority or unanimous decision and forward it to the IECB Chair. The Chair will take appropriate action, and send the group’s document to the candidate.

The candidate’s signature below indicates that he/she was informed of, and understands the IECB’s Appeals Process.

Candidate Signature: ____________________________________________________________

Print Name: ________________________________________________________________

Date: _____________________________________________________________________