



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
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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

iii. In instrument versus free space

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:

- 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. They 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 OBO'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. **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.**

July 7, 2017 Three or more Open Book Questions due. Signed Guided Study Form and Payment due.

August 18, 2017 Three or more Open Book Questions due.

October 6, 2017 Remaining Open Book Questions due.

Revision Policy

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.

In order to take the Multiple Choice Examination (MCE) and Oral Interview, a candidate must have successfully completed all the Open Book Questions. Once completed, you will be notified in a letter of the requirements and fees for scheduling the MCE and Oral Interview.

January 22-26, 2018 Candidates taking MCE prior to Annual Meeting must take it during the assigned week at a location of your choosing. **Registration for the January MCE must be completed by 12/20/2017.**

February 23, 2018 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.

April 09, 2018 Multiple Choice Examination for candidates taking exam on-site or retaking the exam at the Annual Meeting in Bellevue, Washington.

April 10-11, 2018 Oral Interviews conducted at the Annual Meeting in Bellevue, Washington

APPENDIX E

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

<p>Patti Andrich, COVT c/o Dr. Alex Andrich 7029 Royalton Rd. North Royalton, OH 44133 (P) (440) 230-0923 andricheye@gmail.com</p>	<p>Lisa Knopp, COVT c/o Dr. Theodore S. Kadet 2225 Sahalee Dr. W Sammamish, WA 98074 (P) (425) 462-7800 lknopp@hopecliniconline.com</p>
<p>Nikki Biefel, COVT Golden Vision Therapy 2301 Ford Street Suite 101 Golden, CO 80401 (P)(303) 278-3967 goldenvisiontherapy@gmail.com</p>	<p>Melody Lay, COVT c/o Dr. Mary McMains Beck Austin Eye Gym 930 S.Bell Blvd, STE 409 Cedar Park, TX 78613 (P) 352-409-6720 Melodylay8@gmail.com melody@austineyegym.com</p>
<p>Laura Clemmer Glasser, COVT c/o Dr. Kathleen Kinney 1511 3rd Avenue Suite 411 Seattle, WA 98101 (P) (206) 624-0737 visiontherapy@averageweekend.com</p>	<p>Diana Ludlam, COVT c/o Dr. Kenneth Ciuffreda SUNY College of Optometry 33 West 42nd Street, Rm 1415 New York, NY 10016 (P) (212) 938-5771 (C) (503) 702-8706 dianaeye@aol.com</p>
<p>Lyna Dyson, COVT 611 Starstone Drive San Marcos, CA 92078 (C) (760) 519-7450 – preferred # (P) (858) 748-6210 ext. 22 visionhlp@juno.com</p>	<p>Jennifer Mullen, COVT c/o Dr. Barry Tannen 1777 Kuser Road Hamilton Square, NJ 08690 (P) (609) 581-5755 jenm@eyecareprofessionals.com</p>
<p>Tom Headline, COVT c/o Dr. Carole Hong 2625 Timberlake Ct. San Jose, CA 95148 (P) (408) 528-9509 headlinetomc@aol.com</p>	<p>Dawn Zinniel, COVT Minnesota Vision Therapy Center 1400 Madison Ave, Suite 334 Mankato, MN 56001 P 507-385-1831 F 507-385-1832 dawnz@minnesotavisiontherapy.com</p>

<p>Deborah Killion, COVT c/o Dr. Michael Gallaway 825 Rt. 73 North STE A Marlton, NJ 08053 (P) (856) 988-0080 dlnkillion@comcast.net</p>	<p>Jenny Rea, COVT c/o Dr. Nancy Torgerson 16006 Ash Way Ste 101 Lynnwood, Wa 98087 (P) (425) 787-5200 info@alderwoodvisiontherapy.com</p>
<p>Becky Reeves-Manning, COVT c/o Dr. Ron Bateman 373 W. Drake Rd., Ste. 3 Fort Collins, CO 80526-2881 cobekka@msn.com</p>	<p>Rob Truscott, COVT c/o Dr. Alexandar Andrich 10139 Royalton Road, Suite D North Royalton, Ohio 44133 (P) (440) 230-0923 info@sensoryfocus.com</p>
<p>Jenni Roeber, COVT c/o Dr. Amy C. Cecil 100 Elk Run Drive, Suite 206 Basalt, CO 81621 (P) (970) 927-5107 (F) (970) 927-5108 visiontherapy.jroeber@gmail.com</p>	<p>Wendy Warner, COVT c/o Dr. Dawn Dunford 4-1870 Portage Ave Winnipeg, MB R3J 0H2 (P) (204) 943-8252 villagevt@mymts.net</p>
<p>Michelle Beatty, COVT c/o Dr. Philip Bugaiski 10210 Berkeley Place Drive Charlotte, NC 28262 (P) (704) 510-1555 mbeatty@thedvc.net</p>	<p>Jessica Zwilling, COVT Long Island Optometric Vision Development Dr. Michele R. Bessler, FCOVD 300 Garden City Plaza Suite #234 Garden City, NY 11530 (P) (516) 334-9385 (F) (516) 334-9388 www.visiontherapysuccess.com Llvisiondevelopment@gmail.com</p>
<p>Jessica Stevenson, COVT The Solution Center Dr. Carole, R. Burns, OD, FCOVD 937 Polaris Woods Blvd Suite B Westerville, OH (P) (614) 898-5285 (F) (614) 898-5310 www.visioncenter4kids.com jstevenson@ohiovisioncare.com</p>	<p>Sarafina Brewer, COVT c/o Dr. Michele R. Bessler, FCOVD Long Island Optometric Vision Development, PLLC 300 Garden City Plaza, STE 234 Garden City, NY 11530 (P) 516-334-9385 (F) 516-334-9388 sarafinavision@gmail.com</p>

<p>Lori Griffith, COVT Virginia Vision Therapy Center c/o Dr. Tod Davis, Dr Amy Carlyle 7001 Heritage Village Plaza suite 1175 Gainesville, Virginia 22601 CVT@virginiavisiontherapy.com (P) 703 609-9098</p>	<p>James Smith, COVT c/o Dr. Benjamin Winters 303 S 72nd Ave Yakima WA 98908 (P) (509) 654-8506 jsmith@wavtc.com</p>
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<p>Amina Weed, COVT c/o Dr. Theodore S. Kadet 3315 S. 23rd St Suite 215 Tacoma, WA 98005 (P) (425) 462-7800 aweed@hopeclinic.com</p>	<p>Lori Baron, COVT Ocean Optics Kandace Haines, OD, FAAO Stephen Franzblau, OD, FCOVD 900 E Atlantic Ave #17 Delray Beach, FL 33483 o: 561.265.2020 f: 561.258.0141 lbaron22@icloud.com</p>
<p>Chelsey Rheault BSc. COVT Certified Optometric Vision Therapist Guelph Vision Therapy Center Inc. 1030 Gordon St. Suite 202, Guelph, ON, Canada N1G 4X5 Phone: 519-265-8895 Fax: 1-855-630-9655 Email: info@gvtc.ca</p>	

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 to 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 monocularly and then move to binocularly.

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.

APPENDIX G

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

COVID Member COVT Fees

Application Fee	\$ 100.00
Open Book Questions Review Fee	\$ 210.00
Examination Fee	<u>\$ 290.00</u>
Total - COVID 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	<u>\$ 360.00</u>
Total – Non-Member COVT Fees:	\$ 750.00

FCOVD

COVID Member FCOVD Fees

Application Fee	\$ 300.00
Open Book Questions & Case Report Review Fee	\$ 450.00
Examination Fee	<u>\$ 630.00</u>
Total - COVID Member FCOVD Fees:	\$ 1380.00

Non-Member FCOVD Fees

Application Fee	\$ 415.00
Open Book Questions & Case Report Review Fee	\$ 550.00
Examination Fee	<u>\$ 905.00</u>
Total – Non-Member FCOVD Fees:	\$ 1870.00

FCOVD-A

COVID Member FCOVD-A Fees

Application Fee	\$ 305.00
Examination Fee - COVID Member	<u>\$ 385.00</u>
Total- COVID Member FCOVD-A Fees:	\$ 690.00

Non-Member FCOVD-A Fees

Application Fee	\$ 390.00
Examination Fee	<u>\$ 500.00</u>
Total – Non-Member FCOVD-A Fees:	\$ 890.00

Recertification Fees

COVT

COVID Member COVT Recertification Fee	\$ 0.00
Non-Member COVT Recertification Fee	
\$25/year for each non-member year	Up to \$ 125.00

FCOVD & FCOVD-A

COVID Member Fellow Recertification Fee	\$ 0.00
Non-Member Fellow Recertification Fee	
\$100/year for each non-member year	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, 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 COVID 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 _____
street

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

APPENDIX K

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: _____