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Parts I and II
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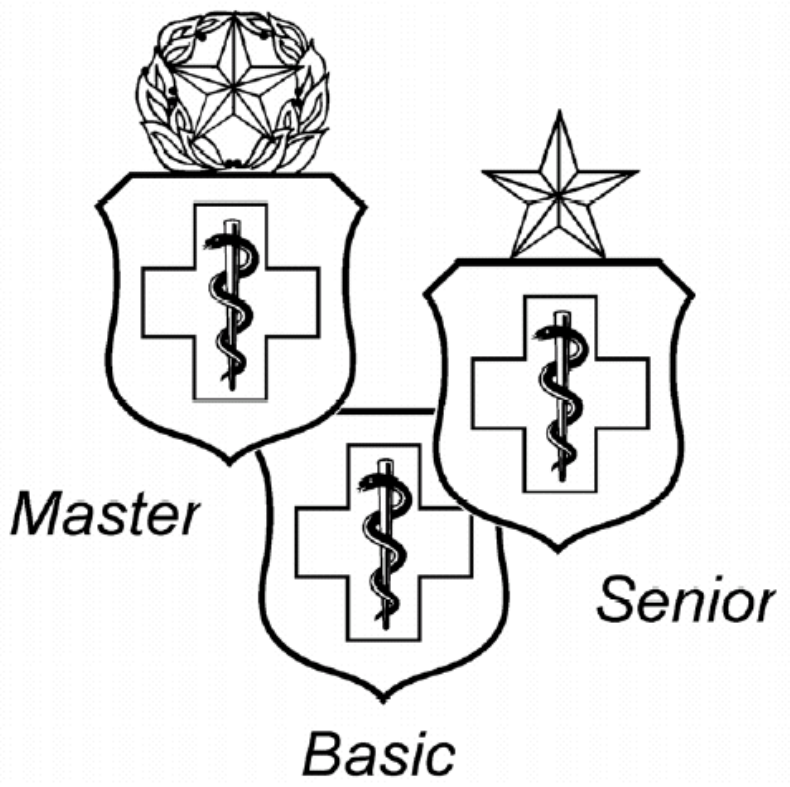
AFSC 4V0X1

OPTOMETRY
(with subspecialty 4V0X1S / Ophthalmology)



CAREER FIELD EDUCATION AND TRAINING PLAN

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PART I

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PART I

Preface

1. This Career Field Education and Training Plan (CFETP) is a comprehensive education and training document that identifies life-cycle education and training requirements, training support resources, and minimum core task requirements for this specialty. The CFETP will provide personnel a clear career path to success and will instill rigor in all aspects of career field training. NOTE: Civilians occupying associated positions will use Part II to support duty position qualification training.

2. The CFETP consists of two parts. Supervisors plan, manage, and control training within the specialty using both parts of the plan.

2.1. Part I provides information necessary for overall management of the specialty.

2.1.1. Section A explains how everyone will use the plan.

2.1.2. Section B identifies career field progression information, duties and responsibilities, training strategies, and career field path.

2.1.3. Section C associates each level with specialty qualifications (knowledge, education, experience, training, and other).

2.1.4. Section D indicates resource constraints. Some examples are funds, manpower, equipment, and/or facilities.

2.1.5. Section E identifies transition training guide requirements for SSgt through MSgt.

2.2. Part II is used by supervisors and trainers at the unit level to identify, plan, and conduct training commensurate with the overall goals of this plan.

2.2.1. Section A identifies the Specialty Training Standard (STS) and includes duties, tasks, technical references to support training, Air Education and Training Command (AETC) conducted training, wartime course and core task and correspondence course requirements.

2.2.2. Section B contains the course objective list and training standards which supervisors will use to determine if Airmen satisfied training requirements.

2.2.3. Section C identifies available support materials that have been developed and are mandatory for use to support On-the-Job Training.

2.2.4. Section D contains a training course index supervisors can use to determine resources available to support training. Both mandatory and optional courses are included.

2.2.5. Section E identifies major command (MAJCOM) unique training requirements supervisors can use to determine additional training required for the associated qualification needs. At unit level, supervisors and trainers will use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

2.2.6. Section F is specific to medical Air Force Specialty Codes (AFSC) and provides guidance on required documentation in the enlisted training and competency folder. At the unit level, supervisors and trainers use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

3. Using guidance provided in the CFETP will ensure individuals in this specialty receive effective and efficient training at the appropriate points in their career. This plan will enable us to train today's work force for tomorrow's jobs.

Abbreviations/Terms Explained

Advanced Training (AT). A formal course providing individuals who are qualified in one or more positions of their Air Force Specialty (AFS) with additional skills/knowledge to enhance their expertise in the career field. Training is for selected career airmen at the advanced level of the AFS.

Air Force Job Qualification Standard/Command Job Qualification Standard (AFJQS/CJQS). A comprehensive task list describing a particular job type or duty position. Supervisors use these to document task qualifications. The tasks on AFJQS/CJQS are common to all persons serving in the described duty position.

Allocation Curves. The relation of hours of training in different training settings to the degree of proficiency which can be achieved on specified performance requirements.

Career Field Education and Training Plan (CFETP). A CFETP is a comprehensive, multipurpose document encapsulating the entire spectrum of education and training for a career field. It outlines a logical growth plan including training resources and is designed to make career field training identifiable, eliminate duplication, and ensure this training is budget defensible.

Career Training Guide (CTG). A document using Task Modules (TMs) in lieu of tasks to define performance and training requirements for a career field.

Continuation Training. Additional training exceeding requirements with emphasis on present or future duty assignments.

Core Task. A task AFCFMs identifies as minimum qualification requirements within an Air Force Specialty Code (AFSC), regardless of duty position.

Course Objective List. A publication, derived from initial/advanced skills course training standard, identifying the tasks and knowledge requirements, and respective standards provided to achieve a 3-5-7-skill level in this career field. Supervisors use the course objective list to assist in conducting graduate evaluations in accordance with AFI 36-2201, Air Force Training Program.

Enlisted Specialty Training. A mix of formal training (technical school) and informal training (on-the job) to qualify and upgrade airmen in each skill level of a specialty.

Exportable Training. Additional training via computer assisted, paper text, interactive video, or other necessary means to supplement training.

Field Technical Training (Type 4). Special or regular on-site training conducted by a field training detachment or by a mobile training team.

Instructional System Development (ISD). A deliberate and orderly, but flexible process for planning, developing, implementing, and managing instructional systems. It ensures personnel are taught in a cost efficient way with the knowledge, skills, and attitudes essential for successful job performance. The Air Force ISD model graphically illustrates the process. Evaluation is the foundation of this process. ISD is a continuous process with the flexibility to enter and re-enter

various phases as needed to develop, update, or revise instruction. All ISD activities take place within and are dependent upon system functions. Teamwork is required between personnel performing system functions and those designing, developing, and implementing instructional systems. All ISD activities and system functions focus on continuous quality improvements in the system.

Initial Skills Training. A formal resident course resulting in award of the entry level apprenticeship.

Occupational Survey Report (OSR). A detailed report showing the results of an occupational survey of tasks performed within a particular AFS.

On-the-Job Training (OJT). Hands-on, over-the-shoulder training conducted to certify personnel in both upgrade (skill level award) and job qualification (duty position certification) training.

Optimal Training. The ideal combination of training settings resulting in the highest levels of proficiency on specified performance requirements within the minimum time possible.

Qualification Training (QT). Actual hands-on task performance training designed to qualify an individual in a specific duty position. This portion of the dual channel OJT training program occurs both during and after the upgrade training process. It is designed to provide the performance skills required to do the job.

Qualification Training Package (QTP). An instructional package designed for use at the unit to qualify, or aid qualification, in a duty position or program, or on a piece of equipment. It may be printed, computer-based, or in other audiovisual media. QTPs establish performance standards and are designed to standardize skill verification and validation of task competency.

Resource Constraints. Resource deficiencies, such as money, facilities, time, manpower, and equipment precluding desired training from being delivered.

Skills Training. A formal course resulting in the award of a skill level.

Specialty Training. A mix of formal training (technical school) and informal training (OJT) to qualify and upgrade airmen in the award of a skill level.

Specialty Training Standard (STS). An Air Force publication describing skills and knowledge airmen in a particular AFS need on the job. It further serves as a contract between the Air Education and Training Command and the user to show the overall training requirements for an AFSC the formal schools teach.

Standard. An exact value, a physical entity, or an abstract concept, established and defined by authority, custom, or common consent to serve as a reference, model, or rule in measuring quantities or qualities, establishing practices or procedures, or evaluating results; a fixed quantity or quality.

Task Module (TM). A group of tasks within an AFS performed together and require common knowledge, skills, and abilities. Codes and statements are used to identify TMs.

Total Force. All collective Air Force components (active, reserve, guard, and civilian elements) of the United States Air Force.

Training Capacity. The capability of a training setting to provide training on specified requirements, based on the availability of resources.

Training Planning Team (TPT). Comprised of the same personnel as a Utilization and Training Workshop; however, TPTs are more intimately involved in training development and the range of issues are greater than is normal in the Utilization and Training Workshop forum.

Training Requirements Analysis. A detailed analysis of tasks for a particular AFS to be included in the training decision process.

Training Setting. The type of forum in which training is provided (formal resident school, OJT, field training, mobile training team, self-study, etc.).

Upgrade Training (UGT). Mandatory training leading to attainment of a higher level of job proficiency.

Utilization and Training Pattern. A depiction of the training provided to and the jobs performed by personnel throughout their tenure within a career field or AFS. There are two types of patterns: 1) current pattern, which is based on the training provided to incumbents and the jobs to which they have been and are assigned and 2) alternate pattern, which considers proposed changes in manpower, personnel, and training policies.

Utilization and Training Workshop (U&TW). A forum of AFSC MAJCOM Functional Managers (MFMs), subject matter experts (SMEs), and AETC training personnel who determine the career ladder training requirements.

Wartime Course. Any course (for officers or enlisted) designed by higher headquarters to be conducted during wartime. Wartime courses are categorized as: 1) courses directed to continue training at the existing student flow to satisfy the training personnel requirement; or 2) courses directed to expand student flow above the training personnel requirement to satisfy wartime training requirements.

Section A, General Information

1. Purpose of the CFETP. This CFETP provides the information necessary for AFCFMs, MFMs, commanders, training managers, supervisors, trainers and the applicable AETC training wing to plan, develop, manage, and conduct an effective and efficient career field training program. This plan outlines training individuals must receive to develop and progress throughout their career. It also identifies initial skills, upgrade, qualification, advanced proficiency, sustainment, and continuing education and training. Initial skills training is the AFS specific training an individual receives upon entry into the Air Force or upon retraining into a specialty. For our career field, this training is provided by AETC, 382d Training Squadron (TRS) at Ft Sam Houston, TX. Upon successful completion of the training, individuals are awarded their 3-skill level AFSC.

1.1. Upgrade training identifies the mandatory courses, task qualification requirements, and correspondence course completion requirements for award of the 5 and 7-skill levels. QT is actual hands-on task performance training designed to qualify an airman in a specific duty position. This training program occurs both during and after the UGT process. It is designed to provide the performance skills and knowledge required to do the job. Advanced training is formal AFS training used for selected airmen. Proficiency training is additional training, either in-residence, exportable advanced training courses, or OJT, provided to personnel to increase their skills and knowledge beyond the minimum required for upgrade.

1.2. The CFETP also serves the following purposes:

1.2.1. Identifies task and knowledge training requirements for each skill level in the specialty and recommends education/training throughout each phase of an individual's career.

1.2.2. Lists training courses available in the specialty, identifies sources of training, and the training delivery method.

1.2.3. Identifies major resource constraints which may impact full implementation of the career field training process.

1.2.4. Identifies the training elements required for Readiness Skills Verification (RSV) to ensure individuals are fully trained to meet contingency missions.

2. Uses of the CFETP. The plan will be used by MFMs and supervisors at all levels to ensure comprehensive and cohesive training programs are available for each individual in the specialty.

2.1. AETC training personnel will develop or revise formal resident, nonresident, field and exportable training based upon requirements established by the users and documented in Part II of the CFETP. They will also work with the AFCFM to develop acquisition strategies for obtaining resources needed to provide the identified training.

2.2. MFMs will ensure their training programs complement the CFETP mandatory initial, upgrade, and proficiency requirements. OJT, resident training, and contract training or exportable courses can satisfy identified requirements. MAJCOM-developed training to support this AFSC must be identified for inclusion into the plan.

2.3. Each individual will complete the mandatory training requirements specified in this plan. The list of courses in Part II will be used as a reference to support training.

3. Coordination and Approval. The AFCFM is the approval authority. Also, the AFCFM will initiate an annual review of this document to ensure currency and accuracy. MAJCOM representatives and AETC training personnel will identify and coordinate on the career field training requirements. Using the list of courses in Part II, they will eliminate duplicate training.

4. Waiving Specialty Qualification Requirements. Qualification requirements for this specialty are published in the Air Force Enlisted Classification Directory (AFECD) and this CEFTP. These requirements may be for entry, award or retention of this specialty and respective skill levels. Unique circumstances may warrant waiving certain requisites. Consideration for a waiver should not become the normal practice. However, a waiver can save training resources without affecting career field progression or mission accomplishment when an individual possesses qualifications equivalent to the established requirements.

4.1. Evaluating waiver requests. Supervisors, managers, and leaders must compare each waiver request individually and against predetermined standards in order to maintain integrity of the career field. Scrutinize the individual's task knowledge, performance, ability to learn and transfer knowledge to performance, and his/her future within the specialty in relation to peers. Waiver requests must consider the following factors:

4.1.1. Education. Has the individual previously completed an equivalent education or certification program (or equivalency test)? Has the individual performed duty in an exceptional manner over an extended period of time in the actual or equivalent AFS or civilian occupation?

4.1.2. Training. Has the individual completed an equivalent technical training course or civilian vocational training course, certification program (or equivalent test)?

4.1.3. Knowledge. Does the individual possess the career knowledge equivalent to current requirements?

4.1.4. Experience. Supporting documentation must include proof of experience, such as performance reports, training records, state or federal operating licenses, certificates of affiliation, etc.

4.1.5. Other. Does the individual possess the physical ability, aptitude, or qualifications that are equivalent to, or commensurate with, the established requirement?

4.2. Responsibilities.

4.2.1. Individual. Does the individual acknowledge possessing the prescribed training requirements? Trainees must understand their education and training requirements, accept responsibility for training, and document task qualification.

4.2.2. Supervisor. Did the commander and supervisor fulfill their obligations to the trainee and the training program? Level of support or involvement is not, by itself, justification for approving waivers – it may indicate problems in training equity or other areas.

4.2.3. Training system equity. This area relates to circumstances beyond a trainee's control such as the following: Were training or testing conditions abnormal? Did the training or testing system provide the best opportunity for successful completion of training requirements? Was the training or testing system flexible enough to allow for unexpected situations or conditions? Did those responsible for the training or testing program fulfill their obligations effectively? Depending on the facts, this area may warrant options other than approving a waiver.

4.3. Processing waiver requests. Process waiver requests according to AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)* and AFI 36-2201.

5. Air Force Training Record (AFTR). The AFTR serves as the single, automated repository for all medical enlisted specialty training. Consult the most current AFTR training message for detailed instructions regarding automated training documentation requirements.

5.1. Documentation. Use the automated AFTR to document all technician qualifications. NOTE: An AFJQS may be used in lieu of Part II of the CFETP only upon approval of the AFCFM. The AFCFM may supplement these minimum documentation procedures as needed or deemed necessary for the career field.

5.2. Transcribing a new or revised CFETP. The AFCFM will provide transcription instructions to the AFTR program manager. This process will be seamless to the field user as all existing trainee records will be auto-transcribed.

5.3. Decertification and recertification. When an Airman is found to be unqualified on a task previously certified for his/her position, the supervisor deletes the previous AFTR documented certification. Appropriate remarks are entered on the AF Form 623A, On-the-Job Training Record Continuation Sheet, identifying the reason for decertification. Upon subsequent recertification, document AFTR for any other training qualification.

Section B. Career Progression and Information.

1. Specialty Description:

1.1. Specialty summary. Performs and manages visual screening tests and assists in patient treatment. Processes prescriptions for military eyewear. Performs and manages optometry and/or ophthalmology clinic activities. Manages and directs ophthalmic service personnel, materiel, equipment and programs. Supervises technical and administrative activities of ophthalmic services. Related DoD Occupational Subgroup: 132300.

2. Duties and Responsibilities:

2.1. Performs ophthalmic services. Assists the health care provider in the examination and treatment of patients by performing visual tests or procedures. Orders, fits, and dispenses military eyewear. Instructs patients on contact lens procedures. Assists aircrew members in aviator contact lens and night vision goggle program. Assists personnel in occupational vision programs. Records patient case history, conducts visual screening tests such as visual acuity, cover test, pupillary testing, color vision, depth perception, visual field charting, and tonometry for analysis and interpretation. Takes ophthalmic photographs and prepares injectable ophthalmic anesthetics and antibiotics. Administers ophthalmic drops and ointments, applies ocular dressings, performs suture removal, and obtains eye cultures. May perform duties as an ophthalmic surgical assistant.

2.2. Manages ophthalmic resources. Determines requirements for supplies, equipment, and personnel. Develops and maintains a working environment to provide timely, economical, and operational support. Directs budget and manages ophthalmic activities. Ensures periodic maintenance and calibration checks on clinic diagnostic equipment are completed.

2.3. Manages ophthalmic administrative services. Directs refractive surgery, aircrew contact lens, safety, infection control, and training programs. Coordinates technical and administrative activities of ophthalmic services to ensure effective and efficient use of ophthalmic personnel. Executes self-inspections, reviews reports and records for accuracy and compliance. Establishes or recommends ophthalmic standards, regulations, policies, or procedures to ensure quality patient care in a safe, efficient, and effective ophthalmic environment.

3. Specialty Qualifications:

3.1. Knowledge. Knowledge is mandatory of: ocular anatomy; ophthalmic medications; visual physiology; optics; use and maintenance of ophthalmic instruments and testing equipment; ophthalmic and medical instructions; medical terminology; ophthalmic technology; asepsis; ocular referrals and emergency medical treatment; patient transportation; medical ethics; medical administration; and medical service organization and function. Surgical instruments and equipment, ophthalmic injectable medications, anesthetic solutions, and ocular disorders.

3.2. Education. For entry into this specialty, completion of high school courses in algebra, geometry, trigonometry, physics, biology, anatomy, or physiology is desirable.

3.3. Training. For award of 4V031, completion of a basic ophthalmic course is mandatory.

3.4. Experience. The following experience is mandatory for award of the AFSC indicated:

3.4.1. 4V051/S. Qualification in and possession of AFSC 4V031. Also, experience in caring for and treating ophthalmic patients and in operating and maintaining ophthalmic equipment such as lensometers, vision screening instruments, visual field measuring instruments, tonometers, and fitting optical and ophthalmic devices.

3.4.2. 4V071/S. Qualification in and possession of AFSC 4V051/S. Also, experience performing or supervising ophthalmic functions such as caring for and treating patients, operating ophthalmic testing equipment, and fitting optical and ophthalmic devices.

3.4.3. 4V091. Qualification in and in possession of AFSC 4V071/S. Also, experience managing optometry or ophthalmology activities.

3.5. Other. The following are mandatory as indicated:

3.5.1. For entry into AFSCs 4V0X1/S:

3.5.1.1. Vision corrected to at least 20/30 in either eye.

3.5.1.2. No detectable central scotoma in eye with best acuity.

3.5.2. For award and retention of AFSC 4V071/S, current national certification (and continued recertification) from one of the following:

3.5.2.1. American Optometric Association (AOA).

3.5.2.2. Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO).

3.5.3. For award and retention of AFSCs 4V031/S, 4V051/S, 4V071/S, and 4V091, must maintain an Air Force Network License according to AFI 33-115, Volume 2, *Licensing Network Users and Certifying Network Professionals.*

4. Skill and Career Progression. Adequate training and timely progression from the apprentice to the superintendent level play an important role in the Air Force's ability to accomplish its mission. It is essential that everyone involved in training does his or her part to plan, manage, and conduct an effective training program. The guidance provided in this part of the CFETP will ensure each individual receives viable training at appropriate points in their career.

4.1. Apprentice (3-level). Initial skills training in this specialty consists of the task and knowledge training provided in the 3-skill level resident course (L8ABJ4V031 01AA) located at Fort Sam Houston, TX. The decision to train specific tasks and knowledge items in the initial skills course is based on a review of OSR data, training requirements analysis (TRA) data, and 4V0X1/S SME input. Task and knowledge training requirements are identified in the specialty training standard, Part II, Section 4B. Individuals must complete the initial skills course to be awarded AFSC 4V031.

4.2. Journeyman (5-level). Upgrade to the 5-level consists of: (1) completion of all STS core tasks; (2) Completion of all duty position tasks specified in the STS. (3) Completion of 15 months of UGT (9 months for retrainees). (4) Completion of the 4V051/S Career Development Course (CDC); and (5) Must have recommendation of supervisor and meet all other requirements as outlined in AFI 36-2101. Refer to AFI 36-2201 for further information. Once upgraded to the 5-

skill level, a journeyman will maintain proficiency by completing all continuation training required or specified by command or local policies. Individuals will use their CDCs and any other reference material according to the Enlisted Promotion References and Requirements Catalog (EPRRC) to prepare for testing and promotion under the Weighted Airman Promotion System (WAPS). They are also encouraged to continue their education toward an Ophthalmic Technician CCAF degree. Additional qualifications may become necessary when personnel transfer to a new duty position, or when new equipment, techniques, procedures, or training requirements are introduced. Journeymen may be assigned supervisory duties and perform various ophthalmic and administrative tasks. Individuals who are in the rank of SrA will attend ALS after having 48 months' time in service (TIS). Resident graduation is a prerequisite for SSgt sew-on and applies to active duty only. National certification is not a requirement for upgrade to the 5-level; however, Airmen seeking to gain certification at this level are highly encouraged to do so and should coordinate with their respective unit for funding/reimbursement in accordance with AFI 41-104, *Professional Board and National Certification Examinations*.

4.3. Craftsman (7-level). Upgrade to the 7-level consists of: (1) Completion of all STS core tasks. (2) Completion of all duty position tasks specified in the STS. (3) Completion of 12 months of UGT (6 months for retrainees). (4) Obtaining and maintaining ophthalmic certification from a nationally accredited body: American Optometric Association (AOA) or Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO). The minimum certification level required for upgrade to 7-level is either AOA's Certified Paraoptometric Technician (CPOT) or JCAHPO's Certified Ophthalmic Assistant (COA). Refer to AFI 41-104 for more information. (5) Must be a SSgt. (6) Must have recommendation of supervisor and meet all other requirements as outlined in AFI 36-2101. Please refer to AFI 36-2201 for further information. An Ophthalmic Craftsman can be expected to fill various supervisory and management positions within the ophthalmic service. In addition, they can be assigned to fill additional duty positions or work in various group or squadron positions at the MTF when required. Craftsmen should take courses or obtain added knowledge on management of resources and personnel. Continued academic education through CCAF and higher degree programs is encouraged. Advanced certification in optometry or ophthalmology is highly recommended. Seven-levels can be appointed as OJT certifiers upon completion of the Air Force Training Course. Individuals will use the most current CDCs and any other reference material according to the Enlisted Promotion References and Requirements Catalog (EPRRC) to prepare for testing under the Weighted Airman Promotion System (WAPS) for promotion to TSgt and MSgt.

4.4. Superintendent (9-level). Upgrade to the 9-level consists of: (1) Must be a SMSgt. (2) Completion of any other requirements specified in the AFECD. An individual who holds a 9-level's Primary AFSC (PAFSC) will be updated to 4V091 and, if applicable, the member's 4V091S will be updated to reflect their secondary AFSC (2AFSC). A 9-level can be expected to fill a superintendent position in either an optometry or an ophthalmology clinic. Other positions a 9-level may fill are superintendent of a medical squadron or medical group. Additional training in areas of budget, manpower, resources, and personnel management should be pursued through continuing education. To assume the rank of CMSgt, individuals must be graduates of the SNCOA resident course; this applies to active duty only.

4.5. 4V Medical Group Functional Manager:

4.5.1. The 4V Medical Group (MDG) Functional Manager (FM) should be appointed by the MDG Commander. Requirements of this position include award of a 7-skill level and a minimum of 3 years of experience as a 4V0X1/S.

4.5.2. The 4V MDG FM shall provide oversight of 4V0X1/S manning, training, equipment, and any needed vision program oversight. In addition, the 4V MDG FM may execute technician duties in both optometry and ophthalmology clinics in times of manning crisis. The 4V MDG FM will advise squadron and medical group leaders, as appropriate, any manpower shortfalls, training issues, and/or any other issues that could impact the optometry and/or ophthalmology mission. It is highly recommended that the 4V MDG FM coordinate training and promote camaraderie among optometry, ophthalmology, and refractive surgery personnel, where all/any specialties are assigned. Historically, there has been a lack of communication and support between the optometry and ophthalmology professions due to each clinic being assigned to separate squadrons. The base level 4V FM, along with their leadership, should alleviate this possible gap and create/enhance an "Ophthalmic Team" atmosphere.

4.5.3. The 4V MDG FM will coordinate with their respective 4V MFM on issues concerning training and all matters that impact the eye care mission capability at the base they are assigned. The 4V MDG FM should, at a minimum, make every effort to communicate with the 4V MFM and MDG Superintendent on a monthly basis.

4.5.4. The 4V MDG FM may be assigned duties by clinic, squadron, and MDG leadership as well as the 4V MFM. The 4V MDG FM may assign 4V-specific duties and responsibilities to the 4Vs assigned to their base.

4.6. MAJCOM Functional Manager Duties:

4.6.1. The MFM is recommended by the 4V AFCFM and appointed by the MAJCOM Surgeon General (SG). Requirements of this position include award of a 9-skill level or award of a 7-skill level with at least 6 years of experience as a 4V.

4.6.2. The 4V MFM keeps the AFCFM informed of issues in that MAJCOM. Additionally, the 4V MFM works with the 4V MDG FM at each military installation of that MAJCOM to represent their needs and issues to the MAJCOM SG's office. This is normally accomplished through the MAJCOM Chief, Medical Enlisted Force (CMEF).

4.6.3. The 4V MFM may receive assignments from the MAJCOM and/or the AFCFM. In the event both offices assign duties that are mutually exclusive, contact both offices for guidance. The 4V MFM should, at a minimum, make every effort to communicate with the AFCFM and the MAJCOM CMEF on a monthly basis.

4.7. Air Force Career Field Manager Duties:

4.7.1. The 4V AFCFM is nominated by the Optometry Consultant, the Ophthalmology Consultant and the outgoing 4V AFCFM to the Air Force Surgeon General (AF/SG). The AFCFM must also be recommended by the AF/SG CMEF. The AF/SG appoints the AFCFM for a 3 year tour (subject to change).

4.7.2. Requirements of this position include: must have at least 7 years of experience in the career field. Must be a senior career AFMS senior non-commissioned officer (SNCO) who has demonstrated outstanding competence and has full knowledge of the professional, technical, and administrative aspects of the career field as well as must have demonstrated competence in positions of increasing professional, clinical/technical, or administrative responsibility. Must possess a Community College of the Air Force (CCAF) degree in the specialty. Completion of Air

Force Senior NCO Academy correspondence or in residence is mandatory. Must meet all Air Force Standards. Should have 2 years' retainability.

4.7.3. Additional qualifications are highly desirable, but not mandatory: career field technical or academic training background (as instructor and/or course developer) and/or experience as a primary 4V MFM.

4.7.4. The AFCFM may serve as the 4V MDG FM at their installation; however, these duties may be delegated by the AFCFM to the next senior ranking 4V. The AF/SG or representatives may assign tasks to the AFCFM. Local MDG leaders must acknowledge that there will be times when AF level duties will take priority over locally assigned duties. Reference document: AFI 44-104.

5. Training Decisions. This CFETP uses a building block approach to encompass the entire spectrum of training requirements for the ophthalmic specialty. This spectrum includes a strategy for when, where, and how to meet these training requirements. This strategy is used to develop affordable training, eliminate duplication and prevent a fragmented approach to training. The training strategy and plan outlined in this CFETP was formed during the 4V0X1/S Utilization and Training Workshop (U&TW) at JBSA-Fort Sam Houston, TX, 19-23 May 2014, from information identified in biennial OSRs and training requirements analysis conducted by the Air Force Occupational and Measurement Squadron and 4V0X1/S SME input. Changes to the CFETP were captured in the U&TW minutes and reside with the AFCFM.

6. Community College of the Air Force (CCAF). CCAF is one of several federally chartered degree-granting institutions; however, it is the only 2-year institution exclusively serving military enlisted personnel. The college is regionally accredited through Air University by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award Associate in Applied Science (AAS) degrees designed for specific Air Force occupational specialties and is the largest multi-campus community college in the world. Upon completion of basic military training and assignment to an Air Force career field, all enlisted personnel are registered in a CCAF degree program and are afforded the opportunity to obtain an AAS degree. In order to be awarded, degree requirements must be successfully completed before the student separates from the Air Force, retires, or is commissioned as an officer. See the CCAF website for details regarding the AAS degree programs at http://www.au.af.mil/au/barnes/ccaf/.

6.1. Degree Requirements: Figure 6.1., 4V Degree Requirements, is an excerpt from the current CCAF College Catalog as of the publication date of this CFETP and reflects the minimum degree requirements for an AAS degree. NOTE: The most recent requirements can be found on the CCAF website or through a local education office.

OPHTHALMIC TECHNICIAN (7GDI)

Occupational Specialty 4V0X1

Degree Requirements The journeyman (5) level must be held at the time of program completion.

Technical Education (24 semester hours)
A minimum of 12 SHs of technical core subjects or courses must be applied and the remaining semester hours applied from technical core or technical elective subjects or courses. Requests to substitute comparable courses or to exceed specified semester hour values in any subject or course must be approved in advance.

Technical Core	*Maximum Semester Hours*
Assisting the Optometrist	8
Commission on Paraoptometric Certifications	8
General Psychology	3
*Human Anatomy & Physiology	4
Human Eye & the Visual System	6
Introduction to Operating Room Technology	8
Operating Room Practicum	8
Operating Room Technology	8
Optics	8
Spectacles & Contact Lenses	6
Vision Classification	6

Technical Electives	*Maximum Semester Hours*
Algebra-Based Physics	4
Analytic Geometry	3
CCAF Internship	18
Computer Science	6
General Biology	4
General Chemistry	4
Medical Readiness	3
Office Management	3

Leadership, Management & Military Studies (6 semester hours) Professional military education, civilian management courses accepted in transfer and/or by testing credit. See page 15.

Physical Education (4 semester hours)

General Education (15 semester hours) Applicable courses must meet the criteria for application of courses to the general education requirement and agree with the definitions of applicable courses starting on page 16.

Subjects/Courses	*Semester Hours*
Oral Communication Speech	3
Written Communication English composition	3
Mathematics Intermediate algebra or a college-level mathematics course satisfying delivering institution's mathematics graduation requirement—if an acceptable mathematics course applies as technical or program elective, you may substitute a natural science course for mathematics	3
Social Science Anthropology, archaeology, economics, geography, government, history, political science, psychology, sociology	3
Humanities Fine arts (criticism, appreciation, historical significance), foreign language, literature, philosophy, religion	3

Program Elective (15 semester hours) Courses applying to technical education, LMMS or general education requirements; natural science courses meeting general education requirement application criteria; foreign language credit earned at Defense Language Institute; maximum 9 SHs of CCAF degree-applicable technical course credit otherwise not applicable to program of enrollment.

*Must be completed as part of degree program. The Accreditation Council on Optometric Education accredits the Ophthalmic Apprentice course. Apprentice course graduates are eligible to take the Certified Paraoptometric Technician examination. See the Professional Credentialing section information credentialing and CCAF's Credentialing and Education Research Tool (CERT).

Figure 6.1. 4V0X1/S Degree Requirements

6.1.1. Technical Education (24 Semester Hours): Completion of the career field apprentice course satisfies some semester hours of the technical education requirements. A minimum of 24 semester hours of Technical Core subjects/courses must be applied and the remaining semester hours applied from Technical Core/Technical Elective courses. Some academic degree programs have specific technical education requirements. Refer to the CCAF General Catalog for specific degree requirements for your specialty.

6.1.2. Leadership, Management, and Military Studies (6 Semester Hours): Enlisted Professional Military Education (EPME) and/or civilian management courses.

6.1.3. Physical Education (4 Semester Hours): This requirement is satisfied by completion of Basic Military Training (BMT).

6.1.4. General Education (15 Semester Hours): Applicable courses must meet the criteria for application of courses to the General Education Requirements (GER) and be in agreement with the definitions of applicable General Education subjects/courses as provided in the CCAF General Catalog.

6.1.5. Program Elective (15 Semester Hours): Satisfied with applicable Technical Education; Leadership, Management, and Military Studies; or General Education subjects/courses, including natural science courses meeting GER application criteria. A maximum of nine semester hours of CCAF degree applicable technical credit otherwise not applicable to the program of enrollment may be applied. See the CCAF General Catalog for details regarding the AAS degree for this specialty.

6.1.6. Residency Requirement (16 Semester Hours): Satisfied by credit earned for coursework completed in an affiliated school or through internship credit awarded for progression in an Air Force occupation specialty. Enlisted members attending Army, Navy, and/or DoD initial or advanced training do not receive resident credit since these schools are not part of the CCAF system. However, the college awards proficiency credit to Air Force enlisted members completing these courses. Note: Physical education credit awarded for basic military training is not resident credit.

6.2. Professional Certifications. Certifications assist the professional development of our Airmen by broadening their knowledge and skills. Additionally, specific certifications may be award collegiate credit by CCAF and civilian colleges. To learn more about professional certifications and certification programs offered by CCAF, visit http://www.au.af.mil/au/barnes/ccaf/certifications.asp. In addition to its associate degree program, CCAF offers the following certification programs and resources:

6.2.1. CCAF Instructor Certification (CIC) Program. CCAF offers the three-tiered CIC Program for qualified instructors teaching at CCAF affiliated schools who have demonstrated a high level of professional accomplishment. The CIC is a professional credential that recognizes the instructor's extensive faculty development training, education and qualification required to teach a CCAF course, and formally acknowledges the instructor's practical teaching experience.

6.2.2. CCAF ISD Certification Program. CCAF offers the ISD Certification Program for qualified curriculum developers and managers who are formally assigned at CCAF affiliated schools to develop and manage CCAF collegiate courses. The ISD Certification is a

professional credential that recognizes the curriculum developer's or manager's extensive training, education, qualifications and experience required to develop and manage CCAF courses. The certification also recognizes the individual's ISD qualifications and experience in planning, developing, implementing and managing instructional systems.

6.2.3. CCAF Professional Manager Certification (PMC). CCAF offers the PMC Program for qualified Air Force NCOs. The PMC is a professional credential awarded by CCAF that formally recognizes an individual's advanced level of education and experience in leadership and management as well as professional accomplishments. The program provides a structured professional development track that supplements EPME and CFETP.

6.2.4. Air Force Credentialing Opportunities On-Line (AF COOL). AF COOL replaced the CCAF Credentialing and Education Research Tool (CERT). The AF COOL Program provides a research tool designed to increase an Airman's awareness of national professional credentialing and CCAF education opportunities available for all Air Force occupational specialties. AF COOL also provides information on specific occupational specialties, civilian occupational equivalencies, CCAF degree programs, AFSC-related national professional credentials, credentialing agencies, and professional organizations. AF COOL contains a variety of information about credentialing and licensing and can be used to:

- Get background information about civilian licensure and certification in general and specific information on individual credentials including eligibility requirements and resources to prepare for an exam.
- Identify licenses and certifications relevant to an AFSC.
- Learn how to fill gaps between Air Force training and experience and civilian credentialing requirements.
- Get information on funding opportunities to pay for credentialing exams and associated fees.
- Learn about resources available to Airmen that can help them gain civilian job credentials.

6.3. The Accreditation Council on Optometric Education of the American Optometric Association accredits this degree program. Apprentice course graduates are eligible to take the Certified Paraoptometric Technician examination. Contact American Optometric Association, National Council on Paraoptometric Certification, 243 N. Lindbergh Blvd, St Louis MO 63141; (314) 991-4100; 1-800-365-2219; www.aoa.org; or contact Joint Commission on Allied Health Personnel in Ophthalmology, 2025 Woodlane Dr, St Paul MN 55125-2995; 1-888-284-3937; www.jcahpo.org.

7. Career Field Path. The career pyramid, found at Figure 7.1., pictorially reflect job and skill progression pattern. The training and functions are aligned with rank and experience levels normally expected of someone in that period of his or her career. For instance, special duty assignments are normally not part of an individual's career until they reach the grade of SSgt. We realize there will be exceptions, but you should use this as a guide to help determine training expectations and career planning. We strongly recommend FMs, superintendents, and supervisors rotate 3- and 5-skill level personnel through all major career tracks (displayed on

the pyramid) to better prepare them for supervisory and management responsibilities of the 7- and 9-skill levels.

7.1. Enlisted Career Path. The grade requirements for earliest sew-on times and high year tenure (HYT) are reflections of established policy (see Table 1.1.). Figure 7.2. provides examples of specific special duty assignments and college education levels encouraged at each rank. Individuals should use this information to guide them through their career progression.

Figure 7-1. Enlisted Career Pyramid

Figure 7-2. Enlisted Education and Training Path

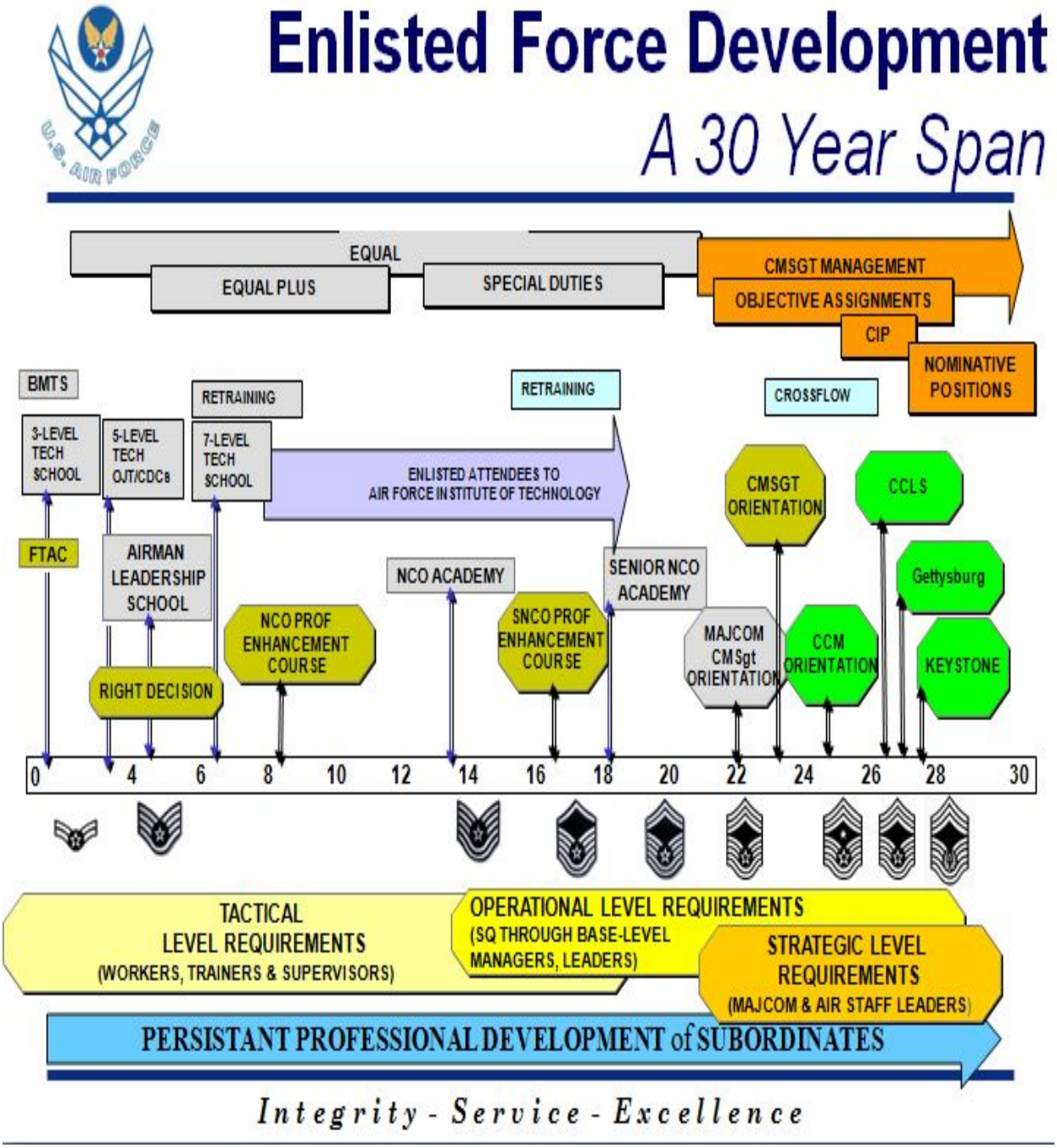

Table 1.1. Enlisted Career Path				
Education and Training Requirements	**GRADE REQUIREMENTS**			
	Rank	Average Promotion	Earliest Promotion	HYT
BMT School				
Apprentice Technical School (3-skill level)	Amn A1C	6 months 10 months		
Upgrade To Journeyman (5-skill level) - Minimum 12 months in UGT (9 months for retrainees) - Complete appropriate CDC if/when available - Complete core tasks	Amn A1C SrA	3 years	28 months	8 Years
Airman Leadership School (ALS) - Must be a SrA with 48 months' time in service or be a SSgt-select - Resident graduation is a prerequisite for SSgt sew-on (Active Duty Only)	***Trainer*** - Qualified and certified to perform task to be trained - Must attend AF Training Course - Recommended by supervisor - Appointed by Commander			
Upgrade To Craftsman (7-skill level) - Minimum rank of SSgt - Minimum 12 months in UGT (6 months for retrainees) - Complete all core and duty position tasks - Complete appropriate CDC if/when available	SSgt	4 Years	3 Years	15 Years
NCOA - Must be a TSgt or TSgt-select - Resident graduation is a prerequisite for MSgt sew-on (Active Duty Only)	TSgt MSgt	9 years 14 years	5 years 8 years	20 Years 24 Years
SNCOA - Must be a MSgt or SMSgt-select - Resident graduation is a prerequisite for SMSgt sew-on (Active Duty Only)	SMSgt	17 years	11 years	26 Years
Upgrade to Superintendent (9-skill level) - Minimum rank of SMSgt	CMSgt	22 years	14 years	30 Years

Section C—Skill Level Training Requirements.

1. Purpose. Skill level training requirements in this specialty are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level in broad, general terms and establishes the mandatory requirements for entry, award, and retention of each skill level. The specific task and knowledge training requirements are identified in the STS at Part II, Section A and B of this CFETP.

2. Specialty Qualification: Per Air Force Enlisted Classification Directory (AFECD).

2.1. Knowledge. Knowledge is mandatory of: Ocular anatomy; ophthalmic medications; visual physiology; optics; use and maintenance of ophthalmic instruments and testing equipment; ophthalmic and medical policies/instructions; medical terminology; ophthalmic technology; asepsis; ocular disorders; ocular referrals; emergency medical treatment; patient transportation; medical ethics; medical administration; and medical service organization and function.

2.2. Education. For entry into this specialty, completion of high school courses in algebra, geometry, trigonometry, physics, biology, anatomy, or physiology is desirable.

2.3. Training. For award of 4V031, completion of a basic ophthalmic course is mandatory.

2.4. Experience. The following experience is mandatory for award of the AFSC indicated:

2.4.1. 4V051/S. Qualification in and possession of AFSC 4V031. Also, experience in caring for and treating ophthalmic patients and in operating and maintaining ophthalmic equipment such as lensometers, vision screening instruments, visual field measuring instruments, tonometers, and fitting optical and ophthalmic devices.

2.4.2. 4V071/S. Qualification in and possession of AFSC 4V051/S. Also, experience performing or supervising ophthalmic functions such as caring for and treating patients, operating ophthalmic testing equipment, and fitting optical and ophthalmic devices.

2.4.3. 4V091. Qualification in and in possession of AFSC 4V071/S. Also, experience managing optometry or ophthalmology activities.

2.5. Other. The following are mandatory as indicated:

2.5.1. For entry into AFSCs 4V0X1/S:

2.5.1.1. Vision corrected to at least 20/30 in either eye.

2.5.1.2. No detectable central scotoma in eye with best acuity.

2.5.2. For award and retention of AFSC 4V071/S, current national certification (and continued recertification) is required from one of the following:

2.5.2.1. American Optometric Association (AOA).

2.5.2.2. Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO).

2.5.3. For award and retention of AFSCs 4V031/S, 4V051/S, 4V071/S, and 4V091, must maintain an Air Force Network License according to AFI 33-115.

Section D--Resource Constraints.

1. **Purpose**. This section identifies known resource constraints, which preclude optimal and desired training from being developed or conducted, including information such as cost and manpower. Narrative explanations of each resource constraint and an impact statement describing what effect each constraint has on training are included. Also included in this section are actions required, office of primary responsibility, and target completion dates. Resource constraints will be, as a minimum, reviewed and updated annually. At this time there are no training constraints.

2. Reporting QT Constraints - Units/MAJCOMS.

2.1. Supervisors should report known resource constraints that prevent personnel from completing the mandatory training requirements specified in this plan to their unit training manager. Reference AFI 36-2201 regarding requests for waivers.

2.1.1. In the report, provide a brief description of the resource constraints that adversely affect your training program and include the impact this constraint has or will have on training, briefly list what is needed to correct the problem, what action is required of the office or person addressed, and an estimated completion date. Identify the specific STS task code(s) affected. If the memorandum provides information only, include a statement that a response is unnecessary. See Figure 2.1 as a guide for documenting and reporting resource constraints.

2.1.2. If the constraint can be resolved at the local level, the report will be coordinated with the 4V MDG FM. If the impact affects unit RSV requirements, the report will be coordinated with the group commander. If the constraint needs MAJCOM support, forward the report through your group commander to the 4V MFM. Constraints that cannot be resolved at the unit or MAJCOM level, or have a long term estimated completion date must be forwarded to the 4V AFCFM as a request for waiver or deferment of CFETP requirements.

Figure 2.1. Memorandum for Reporting Qualification Training Constraint

DEPARTMENT OF THE AIR FORCE
AIR FORCE MEDICAL OPERATIONS AGENCY
SAN ANTONIO TEXAS

10 July 2013

MEMORANDUM FOR HQ AFMOA/SGAL

FROM: 911 MDG

SUBJECT: Report of Qualification Training Constraint

1. The mandatory specialty training standard (STS) requirements that cannot be completed is:

   a. Training standard number and date: STS 4V0X1, Aug 13

   b. STS paragraph number affected: 7.1.1.

2. Due to DVD equipment limitations, we are not able to complete the required task. For this reason A1C Scooby D. Doo will not be able to complete 5-skill level upgrade training in formatting DVDs.

3. Waiver to the mandatory core task training is required by the CFETP.

4. A1C Scooby D. Doo will acquire training in formatting DVDs as soon as local training resources are available.

5. Please approve this waiver for core task training required on STS paragraph 7.1.1. If you have questions, please contact me at DSN 555-5555.

DEPUTY A. DOG, MSgt, USAF
Task Certifier, AFSC 4V0X1

cc: Lt Col Smuckatelily

1st Ind, ACSC/DEO 15 July 13

Section E. Transitional Training Guide. This section not used.

Part II.

Section A—Specialty Training Standard.

1. Implementation. This STS will be used for technical training provided by AETC for classes beginning 26 October 2015 and graduating 25 January 2016. The completion of the new 5-level Journeyman CDCs is scheduled for January 2016.

2. Purpose. As prescribed in AFI 36-2201 this STS lists the following information within each specified column:

2.1. Column 1 (Task, Knowledge, and Technical Reference) identifies the most common tasks, knowledge, and Technical References (TR) necessary for airmen to perform duties in the 3-, 5-, and 7-skill levels. Task statements are numbered sequentially (i.e., 1.1., 1.2., 2.1.).

2.2. Column 2 (5-skill level Core Tasks) identifies by letter, (C) for Ophthalmic and (S) for Ophthalmology, training requirements. A third party certifier is not needed on any of the 5-skill level task that is listed on this specialty training standard (STS). There are no 7 level core task listed on the (STS), 7-skill level is achieved through certification.

2.3. Column 3 (Certification for OJT) identifies documentation of training start and completion dates along with trainee/trainer/certifier initials. Use automated training management systems (i.e. AFTR) to document technician qualifications, if available. Task certification must show a certification or completed date. (As a minimum, use the following column designators: Training Complete, Certifier Initials.)

2.4. Column 4 (Proficiency Codes Used to Indicate Training/Information Provided) shows formal training and correspondence course requirements. Shows the proficiency to be demonstrated on the job by the trainee as a result of the training received from the task and knowledge areas as well as the career knowledge provided by the correspondence course.

3. Recommendations. Report unsatisfactory performance of individual course graduates, inadequacies and recommended changes to this training standard to the 937 TRG/TGE, 2931 Harney, Fort Sam Houston, TX 78234, or use the Customer Service Information Line, DSN 420-1080 (commercial 210-808-1080) to report your findings. Be sure to reference specific STS paragraphs in the report.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

MARK A. EDIGER
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachments
Qualitative Requirements
4V031/S Shred

This Block Is For Identification Purposes Only		
Name Of Trainee		
Printed Name (*Last, First, Middle Initial*)	**Initials (Written*)***	**SSAN**

Printed Name Of Certifying Official And Written Initials	
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*

QUALITATIVE REQUIREMENTS

Proficiency Code Key		
	Scale Value	**Definition: The individual**
Task Performance Levels	1	Can do simple parts of the task. Needs to be told or shown how to do most of the task. (Extremely Limited)
	2	Can do most parts of the task. Needs only help on hardest parts. (Partially Proficient)
	3	Can do all parts of the task. Needs only a spot check of completed work. (Competent)
	4	Can do the complete task quickly and accurately. Can tell or show others how to do the task. (Highly Proficient)
*Task Knowledge Levels	a	Can name parts, tools, and simple facts about the task. (Nomenclature)
	b	Can determine step by step procedures for doing the task. (Procedures)
	c	Can identify why and when the task must be done and why each step is needed. (Operating Principles)
	d	Can predict, isolate, and resolve problems about the task. (Advanced Theory)
**Subject Knowledge Levels	A	Can identify basic facts and terms about the subject. (Facts)
	B	Can identify relationship of basic facts and state general principles about the subject. (Principles)
	C	Can analyze facts and principles and draw conclusions about the subject. (Analysis)
	D	Can evaluate conditions and make proper decisions about the subject. (Evaluation)

Explanations

* A task knowledge scale value may be used alone or with a task performance scale value to define a level of knowledge for a specific task. (Example: b and 1b)

** A subject knowledge scale value is used alone to define a level of knowledge for a subject not directly related to any specific task, or for a subject common to several tasks.

- This mark is used alone instead of a scale value to show that no proficiency training is provided in the course or CDC.

X This mark is used alone in the course columns to show that training is required but not given due to limitations in resources.

(C) in Column 2A represents a 5-skill level core task for Ophthalmic.

(S) in Column 2A represents a 5-skill level core task for Ophthalmology.

***NOTE**:* All tasks and knowledge items shown with a proficiency code are trained during war time. Items in column 2A, 2B, or 2C will have a C for Ophthalmic core task and S for Ophthalmology core task.

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
1 CAREER LADDER PROGRESSION *Training Reference (TR): AFIs 36-2101, 36-2301, 36-2618; Air Force Enlisted Classification Directory*												
1.1 Educational opportunities for the AFSC 4V0X1/S career paths							A	-	-	B	-	-
1.2 Progression in career paths for AFSC 4V0X1/S							A	-	-	B	-	-
1.3 Duties of AFSC 4V0X1/S							B	-	-	B	-	-
2 AF MEDICAL SERVICE (AFMS) *TR: AFIs 38-101, 44-102; https://kx.afms.mil/kj/kx5/FlightPath/Pages/home.aspx*												
2.1 Medical Group Structure							A	-	-	B	-	-
2.2 AFMS Flight Path							A	-	-	B	-	-
3 MEDICAL READINESS *Initial Medical Readiness Training, directed by AFI 41-106, is provided in the Expeditionary Medical Readiness course conducted at the 937th Training Group, Fort Sam Houston, TX. Completed training is documented on the back of AF Form 1256, for each course graduate. (Continuing/on-going Medical Readiness Training for individuals is the responsibility of each medical facility.)*												
4 SPECIFIC OPERATIONS SECURITY (OPSEC) VULNERABILITIES OF AFSC 4V0X1/S *TR: AFI 10-701*												
4.1 Individual responsibilities							A	-	-	-	-	-
4.2 Critical/sensitive information							A	-	-	-	-	-
5 AF CONSOLIDATED OCCUPATIONAL SAFETY PROGRAM *TR: AFI 91-203*												
5.1 Eye safety in the workplace							A	-	-	B	-	-
5.2 Personal Protective Equipment							A	-	-	B	-	-
6 PROFESSIONAL AND PATIENT RELATIONS *TR: AFI 44-102; The Ophthalmic Assistant*												
6.1 Professional ethics							A	-	-	B	-	-
6.2 Privacy Act/Health Insurance Portability Act (HIPAA)							A	-	-	-	-	-
6.3 Staff Rights and Responsibilities							A	-	-	-	-	-
6.4 Patient rights and responsibilities							A	-	-	-	-	-
7 CLINIC ADMINISTRATION *TR: AFIs 41-102, 41-210*												
7.1 Locate required information in official and commercial publications							a	-	-	b	-	-
7.2 Maintain administrative files							-	-	-	b	-	-
7.3 Maintain Clinic Operating Instructions							-	-	-	b	-	-
7.4 Establish Clinic Operating Instructions (OIs)	C/S						-	-	-	-	-	-
7.5 Clinic policies							-	-	-	B	-	-
7.6 Composite Health Care System (CHCS)							-	-	-	-	-	-
7.7 Management of medical records							A	-	-	B	-	-
7.8 Referral/consult system							A	-	-	B	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
7.9 Patient accounting							-	-	-	B	-	-
7.10 Third party liability program							-	-	-	-	-	-
7.11 Uses of Aeromedical Services Information Management Systems (ASIMS)							A	-	-	B	-	-
7.12 Update patient status in ASIMS	C/S						-	-	-	-	-	-
8 TRICARE/DoD MANAGED CARE *TR: AFI 41-210*												
8.1 TRICARE/DoD Managed Care Terminology							A	-	-	-	-	-
8.2 Health care systems							A	-	-	-	-	-
9 MEDICAL MATERIEL PROCEDURES *TR: AFJMAN 23-210*												
9.1 Property custodian duties (equipment and supplies)							-	-	-	A	-	-
9.2 instrument user maintenance							B	-	-	-	-	-
10 BASIC OPTICS *TR: The Ophthalmic Assistant; Light; Optical Devices in Ophthalmology and Optometry: Technology, Design Principles and Clinical Application*												
10.1 Use optometric math	C/S						2b	-	-	b	-	-
10.2 Types of Light propagation							A	-	-	A	-	-
10.3 Wavelength							A	-	-	A	-	-
10.4 Reflection							A	-	-	A	-	-
10.5 Refraction of light							A	-	-	A	-	-
10.6 Polarization							A	-	-	A	-	-
10.7 Absorption							A	-	-	A	-	-
10.8 Emission							A	-	-	A	-	-
11 OPHTHALMIC OPTICS *TR: The Ophthalmic Assistant; Contact Lenses in Ophthalmic Practice; Ophthalmic Medical Assisting: An Independent Study Course*												
11.1 Ophthalmic Lenses												
11.1.1 Types							A	-	-	B	-	-
11.1.2 Refractive qualities							A	-	-	B	-	-
11.1.3 Aberrations and their correction							A	-	-	B	-	-
11.2 Determine prismatic effect							2B	-	-	B	-	-
11.3 Vertex distance (effective power)							B	-	-	-	-	-
11.4 Calculate spherical equivalents	C/S						2b	-	-	b	-	-
11.5 Transpose cylinder forms	C/S						2b	-	-	b	-	-
11.6 Convert multi-focal Rx to single vision	C/S						2b	-	-	b	-	-
12 ANATOMY AND PHYSIOLOGY OF THE VISUAL SYSTEM *TR: The Ophthalmic Assistant; Surgical Technology: Principles and Practice; Ophthalmic Medical Assisting: An Independent Study Course; Quick Medical Terminology: A Self-Teaching Guide*												
12.1 The bony orbit							B	-	-	B	-	-
12.2 The extraocular muscles												
12.2.1 Origin/insertion							B	-	-	B	-	-
12.2.2 Action							B	-	-	B	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
12.2.3 Innervation							B	-	-	B	-	-
12.2.4 Ocular motility							B	-	-	B	-	-
12.3 The eyeball							B	-	-	B	-	-
12.4 Refractive status of the eye							B	-	-	B	-	-
12.5 Accommodation							B	-	-	B	-	-
12.6 Presbyopia							B	-	-	B	-	-
12.7 Night vision							B	-	-	B	-	-
12.8 The adnexa							B	-	-	B	-	-
12.9 The visual-pupillary pathway							B	-	-	B	-	-
12.10 Medical terminology												
12.10.1 Root words							B	-	-	B	-	-
12.10.2 Prefixes							B	-	-	B	-	-
12.10.3 Suffixes							B	-	-	B	-	-
12.10.4 Combining forms							B	-	-	B	-	-
12.10.5 Common medical abbreviations							B	-	-	-	-	-
13 OCULAR DISORDERS *TR: The Ophthalmic Assistant; The Wills Eye Manual*												
13.1 External ophthalmic conditions and disorders												
13.1.1 Lid disorders												
13.1.1.1 Blepharitis							B	-	-	B	-	-
13.1.1.2 Hordeolum							B	-	-	B	-	-
13.1.1.3 Chalazion							B	-	-	B	-	-
13.1.1.4 Ptosis							B	-	-	B	-	-
13.1.1.5 Orbital cellulitis							B	-	-	B	-	-
13.1.1.6 Preseptal cellulitis							B	-	-	B	-	-
13.1.1.7 Epiphora							B	-	-	B	-	-
13.1.1.8 Entropion							B	-	-	B	-	-
13.1.1.9 Ectropion							B	-	-	B	-	-
13.1.2 Conjunctival Disorders												
13.1.2.1 Conjunctivitis							B	-	-	B	-	-
13.1.2.2 Pinguecula							B	-	-	B	-	-
13.1.3 Corneal Disorders												
13.1.3.1 Pterygium							B	-	-	B	-	-
13.1.3.2 Dry Eye Syndrome							B	-	-	B	-	-
13.1.3.3 Corneal ulcer							B	-	-	B	-	-
13.1.3.4 Keratitis							B	-	-	B	-	-
13.1.3.5 Keratoconus							B	-	-	B	-	-
13.1.4 External Tumors							A	-	-	B	-	-
13.1.5 Infections of the eye												
13.1.5.1 Bacteria												
13.1.5.1.1 Staphylococcus							A	-	-	B	-	-
13.1.5.1.2 Streptococcus							A	-	-	B	-	-
13.1.5.1.3 Gonococcus							A	-	-	B	-	-
13.1.5.1.4 Hemophilus aegyptius							A	-	-	B	-	-
13.1.5.1.5 Pseudomonas aeruginosa							A	-	-	B	-	-
13.1.5.2 Viruses												

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
13.1.5.2.1 Herpes simplex							A	-	-	B	-	-
13.1.5.2.2 Herpes zoster							A	-	-	B	-	-
13.1.5.2.3 Adenovirus							A	-	-	B	-	-
13.1.5.2.4 HIV							A	-	-	B	-	-
13.1.5.3 Fungal							A	-	-	B	-	-
13.2 Internal ophthalmic conditions and disorders												
13.2.1 Uveitis												
13.2.1.1 Iritis							A	-	-	B	-	-
13.2.1.2 Choroiditis							A	-	-	B	-	-
13.2.2 Optic neuritis							A	-	-	B	-	-
13.2.3 Papilledema							A	-	-	B	-	-
13.2.4 Retinitis Pigmentosa							A	-	-	B	-	-
13.3 Systemic medical conditions associated with ocular disorders												
13.3.1 Diabetes							A	-	-	A	-	-
13.3.2 Hypertension							A	-	-	B	-	-
13.4 Retinal artery occlusion							A	-	-	B	-	-
13.5 Retinal vein occlusion							A	-	-	B	-	-
13.6 Cataracts							A	-	-	B	-	-
13.7 Retinal detachment							A	-	-	B	-	-
13.8 Posterior vitreous detachment							A	-	-	B	-	-
13.9 Floaters							A	-	-	B	-	-
13.10 Internal tumors							A	-	-	B	-	-
13.11 Glaucoma							A	-	-	B	-	-
14 OCULAR INJURIES AND EMERGENCIES *TR: The Ophthalmic Assistant; Optics; Ocular Pathology; Ophthalmic Care of the Combat Casualty*												
14.1 Foreign bodies							A	-	-	B	-	-
14.2 Corneal abrasions							A	-	-	B	-	-
14.3 Thermal burns							A	-	-	B	-	-
14.4 Chemical burns							A	-	-	B	-	-
14.5 Wartime injuries							A	-	-	B	-	-
14.6 Radiant energy							A	-	-	B	-	-
14.7 Laceration of lids							A	-	-	B	-	-
14.8 Blunt non-perforating injuries							A	-	-	B	-	-
14.9 Hyphema							A	-	-	B	-	-
14.10 Proptosis							A	-	-	B	-	-
14.11 Fractures of the bony orbit							A	-	-	B	-	-
14.12 Perforating injuries							A	-	-	B	-	-
14.13 Ocular migraines							A	-	-	B	-	-
15 TRIAGE, MANAGEMENT, AND STANDARD OF CARE TIMELINES IN URGENT AND EMERGENT OCULAR CONDITIONS *TR: The Ophthalmic Assistant*												
15.1 Emergent ocular conditions							B	-	-	B	-	-
15.2 Urgent ocular conditions							B	-	-	B	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
15.3 Priority ocular conditions							B	-	-	B	-	-
16 ASSISTING THE HEALTH CARE PROVIDER *TR: AFI 48-123; The Ophthalmic Assistant; Manufacturer's Equipment Manual; Ophthalmic Medical Assisting: An Independent Study Course*												
16.1 Obtain case history	C/S						2b	-	-	b	-	-
16.2 Visual acuity												
16.2.1 Visual acuity testing												
16.2.1.1 Measure distant visual acuity	C/S						2b	-	-	b	-	-
16.2.1.2 Measure near visual acuity	C/S						2b	-	-	b	-	-
16.2.1.3 Perform pinhole test	C/S						2b	-	-	b	-	-
16.2.1.4 Perform glare testing							-	-	-	b	-	-
16.3 Use the Optec Vision Tester (OVT)	C/S						2b	-	-	b	-	-
16.4 Ocular motility and alignment tests												
16.4.1 Perform extraocular motility testing (Diagnostic H)	C/S						2b	-	-	b	-	-
16.4.2 Perform cover test							2b	-	-	b	-	-
16.4.3 Measure near point of convergence (Prince Rule)							2b	-	-	b	-	-
16.4.4 Administer Worth 4-Dot							2b	-	-	b	-	-
16.4.5 Perform the red lens test							2b	-	-	b	-	-
16.5 Color vision							B	-	-	B	-	-
16.6 Color vision tests												
16.6.1 Administer cone contrast test	C						2b	-	-	b	-	-
16.6.2 Administer color vision test (PIP)	C/S						2b	-	-	b	-	-
16.6.3 Administer Farnsworth D-15 Hue test							2b	-	-	b	-	-
16.7 Depth perception							A	-	-	B	-	-
16.8 Perform stereopsis tests	C						2b	-	-	b	-	-
16.9 Perform pupillary reflex test	C/S						2b	-	-	b	-	-
16.10 Perform Schirmer tear test							-	-	-	b	-	-
16.11 Refractometry												
16.11.1 Phoropter							B	-	-	B	-	-
16.11.2 Operate autorefractor/keratometer	C/S						2b	-	-	b	-	-
16.12 Measure blood pressure							2b	-	-	b	-	-
16.13 Operate slit lamp	S						2b	-	-	b	-	-
16.14 Tonometry												
16.14.1 Perform non-contact tonometry	C						2b	-	-	b	-	-
16.14.2 Perform applanation tonometry	S						2b	-	-	b	-	-
16.14.3 Perform Tono-Pen tonometry	C/S						2b	-	-	b	-	-
16.15 Visual fields												
16.15.1 Perform Amsler grid test	C/S						2b	-	-	b	-	-
16.15.2 Perform confrontation fields	C/S						2b	-	-	b	-	-
16.15.3 Perform automated visual fields	C/S						2b	-	-	b	-	-
16.15.4 Principles of automated visual tests							-	-	-	B	-	-
16.16 Ocular Imaging												
16.16.1 Perform fundus photography	C/S						2b	-	-	b	-	-
16.16.2 Anterior segment photography							-	-	-	B	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
16.17 Perform ocular tomography							2b	-	-	b	-	-
16.18 Perform manual keratometry							2b	-	-	b	-	-
16.19 Perform corneal topography	C/S						2b	-	-	b	-	-
16.20 Measure pupil size							2b	-	-	b	-	-
16.21 Apply eye patches							2b	-	-	b	-	-
16.22 Perform eye irrigation	C/S						2b	-	-	b	-	-
16.23 Perform instillation of ophthalmic medications	C/S						2b	-	-	b	-	-
16.24 Document instillation of ophthalmic medications	C/S						2b	-	-	b	-	-
16.25 Check anterior chamber angle	C/S						2b	-	-	b	-	-
16.26 Perform contrast sensitivity testing							2b	-	-	b	-	-
16.27 Perform pachymetry	C/S						2b	-	-	b	-	-
17 PRACTICE ASEPTIC TECHNIQUES *TR: AFI 44-108*												
17.1 Apply clinical aseptic procedures	C/S						2b			b		
17.2 Apply clinical infection control procedures	C/S						2b			b		
18 CENTRAL STERILE SUPPLY (CSS) *TR: AFI 44-108; AFJMAN 23-210; Training Manual for Health Care Central Service Technicians; Hospital Sterilization*												
18.1 Purpose							A	-	-	B	-	-
18.2 Layout							A	-	-	-	-	-
18.3 Functions							A	-	-	-	-	-
18.4 Services provided							A	-	-	-	-	-
18.5 Storage/handling of equipment/ supplies												
18.5.1 Physical requirements												
18.5.1.1 Non-sterile storage							A	-	-	B	-	-
18.5.1.2 Sterile storage							A	-	-	B	-	-
18.5.1.3 Environmental factors							A	-	-	B	-	-
18.5.1.4 Storage methods							A	-	-	B	-	-
18.5.2 Inventory Control (sterile supplies)												
18.5.2.1 Arrange supplies in storage							b	-	-	b	-	-
18.5.2.2 Rotate stock							b	-	-	b	-	-
18.5.2.3 Determine shelf life							b	-	-	b	-	-
18.5.2.4 Check for outdates							b	-	-	b	-	-
19 OCULAR PHARMACOLOGY *TR: The Ophthalmic Assistant; Manufacturer Recommendations; Ophthalmic Medical Assisting: An Independent Study Course*												
19.1 Maintain ophthalmic medications	C/S						2b	-	-	b	-	-
19.2 General principles of ocular pharmacology												
19.2.1 Tolerance							A	-	-	A	-	-
19.2.2 Tonicity							A	-	-	A	-	-
19.2.3 Sterility							A	-	-	B	-	-
19.2.4 Stability							A	-	-	A	-	-
19.2.5 Penetration							A	-	-	A	-	-
19.2.6 Continuous release delivery							A	-	-	A	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
19.2.7 Systemic administration							A	-	-	-	-	A
19.3 Complications of topical ophthalmic medications												
19.3.1 Allergic reaction							A	-	-	B	-	-
19.3.2 Toxic reaction							A	-	-	B	-	-
19.4 Autonomic medications												
19.4.1 Sympathetic medications							-	-	-	A	-	-
19.4.2 Parasympathetic medications							-	-	-	A	-	-
19.5 Mydriatic agents							A	-	-	B	-	-
19.6 Dilation reversal agents							A	-	-	-	-	-
19.7 Cycloplegic agents							A	-	-	B	-	-
19.8 Anti-glaucoma agents							A	-	-	B	-	-
19.9 Anesthetics												
19.9.1 Topical anesthetics							A	-	-	B	-	-
19.10 Anti-allergic agents							A	-	-	B	-	-
19.11 Anti-inflammatory agents							A	-	-	B	-	-
19.12 Anti-infective agents												
19.12.1 Antibiotics							A	-	-	B	-	-
19.12.2 Antivirals							A	-	-	B	-	-
19.12.3 Antifungals							A	-	-	B	-	-
19.12.4 Steroid-antibiotic combinations							A	-	-	B	-	-
19.13 Dry eye products							A	-	-	B	-	-
19.14 Vitamin, mineral, and herbal supplements							A	-	-	B	-	-
19.15 Ophthalmic stains							A	-	-	B	-	-
20 ORDERING AND DISPENSING SPECTACLES *TR: AFI 44-117; Ophthalmic Medical Assisting: An Independent Study Course; The Ophthalmic Assistant; Manufacturer's Equipment Manual; http://www.med.navy.mil/sites/nostra/Pages/default.aspx*												
20.1 Frame availability (types)							B	-	-	B	-	-
20.2 Lens availability (types)							B	-	-	B	-	-
20.3 Frame selection												
20.3.1 Determine frame size	C						2b	-	-	b	-	-
20.3.2 Measure Pupillary Distance												
20.3.2.1 Manual	C						2b	-	-	b	-	-
20.3.2.2 Automated							2b	-	-	b	-	-
20.3.3 Measure segment height (bifocal and trifocal)	C						2b	-	-	b	-	-
20.3.4 Fit gas mask inserts							-	-	-	-	-	-
20.4 Order spectacles												
20.4.1 Prepare spectacle orders manually	C						2b	-	-	b	-	-
20.4.2 Prepare spectacle orders using Spectacle Request Transmission System (SRTS)	C						2b	-	-	b	-	-
20.4.3 Justification required for special optical devices							A	-	-	B	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
20.5 Lensometry												
20.5.1 Neutralize lenses using a manual lensometer							2b	-	-	b	-	-
20.5.2 Neutralize lenses using an automated lensometer	C/S						2b	-	-	b	-	-
20.6 Verify spectacles	C						2b	-	-	b	-	-
20.7 Repair spectacles	C						2b	-	-	b	-	-
20.8 Adjust spectacles	C						2b	-	-	b	-	-
20.9 Flight optical equipment							A	-	-	B	-	-
20.10 Spectacle dispensing							A	-	-	-	-	-
20.11 Measure base curves							2b	-	-	b	-	-
21 CONTACT LENS PROCEDURES *TR: The Ophthalmic Assistant*												
21.1 Characteristics of contact lenses							A	-	-	B	-	-
21.2 Insert contact lens	C/S						2b	-	-	b	-	-
21.3 Remove contact lens	C/S						2b	-	-	b	-	-
21.4 Instruct patient on contact lens wear and care	C						2b	-	-	b	-	-
21.5 Order contact lenses							a	-	-	b	-	-
21.6 Maintain contact lens inventory							a	-	-	b	-	-
21.7 Elective contact lens programs							A	-	-	B	-	-
21.8 Medical contact lens program							A	-	-	B	-	-
21.9 Use radiuscope							-	-	-	-	-	-
21.10 Verify contact lens parameters							2b	-	-	b	-	-
22 AEROSPACE OPTOMETRY *TR: AFI 48-123; https://kx2.afms.mil/kj/kx6/OptometryOphthalmicTechnicians/Pages/aerospace_optometry.aspx*												
22.1 Aircrew terminology							A	-	-	B	-	-
22.2 Refractive surgery programs							A	-	-	B	-	-
22.3 Manage refractive surgery programs	C						-	-	-	b	-	-
22.4 Aircrew soft contact lens program (ASCLP)							A	-	-	B	-	-
22.5 Manage ASCLP	C						-	-	-	b	-	-
23 NON-AIRCREW REFRACTIVE SURGERY PROGRAMS *TR: https://kx2.afms.mil/kj/kx1/AFRefractiveSurgery/Pages/home.aspx*												
23.1 Eligibility							A	-	-	B	-	-
23.2 Application process							A	-	-	B	-	-
23.3 Eye care provider responsibilities							A	-	-	B	-	-
24 NIGHT VISION GOGGLES (NVG) *TR: https://kx2.afms.mil/kj/kx6/OptometryOphthalmicTechnicians/Pages/aerospace_optometry.aspx*												
24.1 Aeromedical responsibilities							A	-	-	B	-	-
24.2 Night vision devices							A	-	-	B	-	-
24.3 NVG adjustment procedures							A	-	-	B	-	-

Attachment 1
Ophthalmology Surgical Services – A Shred

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
25 OPHTHALMOLOGY SERVICES - PROFESSIONAL AND PATIENT RELATIONSHIPS IN SURGICAL ENVIRONMENT *TR: AFIs 41-210, 44-102, 44-119, 46-101; Surgical Technology: Principles and Practice*												
25.1 Responsibilities of surgical team members							-	-	-	-	-	-
25.2 Medical ethics												
25.2.1 Patient rights and responsibilities							-	-	-	-	-	-
25.2.2 Surgical conscience							B	-	-	-	-	-
25.2.3 Death and dying							B	-	-	-	-	-
25.3 Legal aspects of surgical assisting							B	-	-	-	-	-
26 OPHTHALMOLOGY SERVICES - SAFETY IN THE SURGICAL ENVIRONMENT *TR: AFI 91-203; NFPA 99: Health Care Facilities Code; Surgical Technology: Principles and Practices; The Wills Eye Manual*												
26.1 Fire safety in the operating room (OR)							-	-	-	-	-	-
26.2 Apply principles of Air Force Occupational Safety, Fire Prevention and Health (AFOSH) Program							-	-	-	-	-	-
26.3 AFOSH standards for surgical suites							-	-	-	-	-	-
26.4 Laser safety in surgical and clinical areas							-	-	-	-	-	-
26.5 Safely handle surgical instruments and supplies												
26.5.1 Sharp instruments							2b	-	-	-	-	-
26.5.2 Blade							2b	-	-	-	-	-
26.5.3 Needles							2b	-	-	-	-	-
26.5.4 Glassware							2b	-	-	-	-	-
26.6 Caustic and corrosive chemicals												
26.6.1 Chemical disinfectants							-	-	-	-	-	-
26.6.2 Formalin							-	-	-	-	-	-
26.7 Drugs and Solutions												
26.7.1 Subconjunctival injections							-	-	-	-	-	-
26.7.2 Retrobulbar injections							-	-	-	-	-	-
26.7.3 Injectable anesthetics							-	-	-	-	-	-
27 OPHTHALMOLOGY SERVICES - SURGICAL HOUSEKEEPING PROCEDURES *TR: AFI 44-108; Training Manual for Health Care Central Service Technicians; Surgical Technology: Principles and Practice*												
27.1 Perform initial cleaning activities							2b	-	-	-	-	-
27.2 Perform between-case cleaning							2b	-	-	-	-	-
27.3 Perform end-of-day cleaning							2b	-	-	-	-	-
27.4 Perform periodic cleaning							2b	-	-	-	-	-
28 OPHTHALMOLOGY SERVICES - MICROBIOLOGY AND INFECTION CONTROL *TR: AFI 44-108;*												

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
Surgical Technology: Principles and Practice; Principles and Methods of Sterilization in Health Sciences; Alexander's Care of the Patient in Surgery; Guidelines for Hand Hygiene in Health Care Settings; Guidelines for Prevention of Surgical Site Infection												
28.1 Microorganisms of concern to surgical personnel							-	-	-	-	-	-
28.2 Surgical wound infections												
28.2.1 Transmission of disease							-	-	-	-	-	-
28.2.2 The infectious process							-	-	-	-	-	-
28.2.3 Body defenses against infection							-	-	-	-	-	-
28.3 Infection control												
28.3.1 Wear surgical attire	S						2b	-	-	-	-	-
28.3.2 Apply principles of surgical asepsis							2b	-	-	-	-	-
28.4 Handle contaminated materials	S						2b	-	-	-	-	-
29 OPHTHALMOLOGY SERVICES - STERILIZATION AND DISINFECTION *TR: AFI 44-108; AFJMAN 23-210; Principles and Methods of Sterilization in Health Sciences; Surgical Technology: Principles and Practice; Hospital Sterilization*												
29.1 Central Sterile Supply (CSS)												
29.1 Purpose							-	-	-	-	-	-
29.2 Layout							-	-	-	-	-	-
29.3 Functions							-	-	-	-	-	-
29.4 Services provided							-	-	-	-	-	-
29.2 Storage/handling of equipment and supplies												
29.2.1 Physical requirements												
29.2.1.1 Non-sterile storage							-	-	-	-	-	-
29.2.1.2 Sterile storage							-	-	-	-	-	-
29.2.1.3 Environmental factors							-	-	-	-	-	-
29.2.1.4 Storage methods							-	-	-	-	-	-
29.2.2 Inventory Control (sterile supplies)												
29.2.2.1 Arrange supplies in storage							2b	-	-	-	-	-
29.2.2.2 Rotate stock							2b	-	-	-	-	-
29.2.2.3 Determine shelf life							2b	-	-	-	-	-
29.2.2.4 Check for outdates							2b	-	-	-	-	-
29.3 Processing patient care supplies, instruments, and equipment												
29.3.1 Methods of sterilization							-	-	-	-	-	-
29.3.2 Decontamination process							-	-	-	-	-	-
29.3.3 Perform Decontamination processes:												
29.3.3.1 Mechanical							2b	-	-	-	-	-
29.3.3.2 Manual							2b	-	-	-	-	-
29.3.4 Sort instruments and supplies							2b	-	-	-	-	-
29.3.5 Inspect instruments and supplies							2b	-	-	-	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
29.3.6 Select items for sterilization							2b	-	-	-	-	-
29.3.7 Arrange items for packaging							2b	-	-	-	-	-
29.3.8 Types of wrapping materials							A	-	-	-	-	-
29.3.9 Prepare peel-packs							2b	-	-	-	-	-
29.3.10 Label wrapped items							2b	-	-	-	-	-
29.3.11 Load rigid containers							2b	-	-	-	-	-
29.3.12 Load sterilizer							-	-	-	-	-	-
29.3.13 Unload sterilizer							-	-	-	-	-	-
29.3.14 Operate sterilizers							-	-	-	-	-	-
29.3.15 Perform routine monitoring of sterilizers							-	-	-	-	-	-
29.3.16 Monitor mechanical and automatic controls during sterilization cycles							-	-	-	-	-	-
29.3.17 Use biological indicators							-	-	-	-	-	-
29.3.18 Use chemical indicators							2b	-	-	-	-	-
29.4 Select suitable agent for disinfecting:												
29.4.1 Surgical instruments, supplies, and equipment							2b	-	-	-	-	-
29.4.2 Environmental surfaces							2b	-	-	-	-	-
30 OPHTHALMOLOGY SERVICES - PREOPERATIVE PREPARATION OF THE PATIENT *TR: Surgical Technology: Principles and Practice; Ophthalmic Medical Assisting: An Independent Study Course; The Ophthalmic Assistant*												
30.1 Psychological preparation												
30.1.1 Patient needs							A	-	-	-	-	-
30.1.2 Patient fears							A	-	-	-	-	-
30.2 Brief Patient on preoperative procedures							a	-	-	-	-	-
30.3 Remove body hair from incision site in accordance with surgeon's orders							a	-	-	-	-	-
30.4 Transfer patient												
30.4.1 Check the patient's surgical chart							2b	-	-	-	-	-
30.4.2 Verify patient identity							2b	-	-	-	-	-
30.4.3 Assist in moving patient to and from:												
30.4.3.1 Gurney/ recovery bed							2b	-	-	-	-	-
30.4.3.2 Patient bed							-	-	-	-	-	-
30.4.3.3 Surgical table							2b	-	-	-	-	-
30.4.3.4 Crib							-	-	-	-	-	-
30.4.3.5 Wheelchair							2b	-	-	-	-	-
31 OPHTHALMOLOGY SERVICES - DUTIES OF SCRUB PERSONNEL *TR: Surgical Technology: Principles and Practice; Ophthalmic Medical Assisting: An Independent Study Course; The Ophthalmic Assistant*												
31.1 Check duty assignment rosters and operative schedule							A	-	-	-	-	-
31.2 Perform surgical hand and arm scrub							2b	-	-	-	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
31.3 Dry hands using aseptic technique							2b	-	-	-	-	-
31.4 Gown and glove self							2b	-	-	-	-	-
31.5 Gown and glove surgical team members							2b	-	-	-	-	-
31.6 Establish and maintain sterile fields												
31.6.1 Set up back table							2b	-	-	-	-	-
31.6.2 Set up basin stands							2b	-	-	-	-	-
31.6.3 Drape Mayo stands							2b	-	-	-	-	-
31.6.4 Set up Mayo stands							2b	-	-	-	-	-
31.6.5 Set up prep sets	S						2b	-	-	-	-	-
31.7 Perform counts with OR nurse (RN)												
31.7.1 Surgical sponges	S						2b	-	-	-	-	-
31.7.2 Needles and blades	S						2b	-	-	-	-	-
31.8 Assist surgeon with patient draping procedures	S						2b	-	-	-	-	-
31.9 Supply surgeon with necessary items during operative procedures	S						2b	-	-	-	-	-
31.10 Prepare and pass surgical stapling and clip applying devices							-	-	-	-	-	-
31.11 Care for surgical specimens on the sterile field	S						2b	-	-	-	-	-
31.12 Surgical wound closure												
31.12.1 Prepare suture materials and needles	S						2b	-	-	-	-	-
31.12.2 Pass wound closure materials to surgeon	S						2b	-	-	-	-	-
31.12.3 Assist with tissue approximation as directed by surgeon	S						2b	-	-	-	-	-
31.12.4 Wound closure techniques							B	-	-	-	-	-
31.12.5 Wound healing process							B	-	-	-	-	-
31.13 Assist surgeon with application of wound dressing							2b	-	-	-	-	-
31.14 Breakdown case set-up after surgical procedure	S						2b	-	-	-	-	-
32 OPHTHALMOLOGY SERVICES - DUTIES OF CIRCULATING PERSONNEL *TR: AFI 41-210; Surgical Technology: Principles and Practice; The Ophthalmic Assistant; Manufacturer's Equipment Manuals; Ophthalmic Medical Assisting*												
32.1 Select required sterile supplies and instruments							2b	-	-	-	-	-
32.2 Select required equipment							2b	-	-	-	-	-
32.3 Operate equipment												
32.3.1 Electrosurgery devices							2b	-	-	-	-	-
32.3.2 Surgical lights							2b	-	-	-	-	-
32.3.3 Portable suction units							-	-	-	-	-	-
32.3.4 Solution Warming cabinets							-	-	-	-	-	-
32.3.5 Fiber optic light sources							b	-	-	-	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
32.3.6 Surgical microscopes							2b	-	-	-	-	-
32.3.7 Operating table												
32.3.7.1 Manual							2b	-	-	-	-	-
32.3.7.2 Electrical							2b	-	-	-	-	-
32.4 Open sterile supplies												
32.4.1 Rectangularly wrapped items/supplies							2b	-	-	-	-	-
32.4.2 Diagonally wrapped items/supplies							2b	-	-	-	-	-
32.4.3 Peel (sterile) packs							2b	-	-	-	-	-
32.5 Methods of anesthesia administration												
32.5.1 General							A	-	-	-	-	-
32.5.2 Regional							A	-	-	-	-	-
32.5.3 Local							A	-	-	-	-	-
32.6 Assist with positioning patient							2b	-	-	-	-	-
32.7 Assist sterile team members with donning surgical gowns	S						2b	-	-	-	-	-
32.8 Perform pre-operative site cleansing							2b	-	-	-	-	-
32.9 Supply required items to sterile team during surgical procedure							2b	-	-	-	-	-
32.10 Assist with preparation of reports												
32.10.1 Operation report							-	-	-	-	-	-
32.10.2 Perioperative nursing record							-	-	-	-	-	-
32.11 Provide dressing materials to the sterile team							2b	-	-	-	-	-
32.12 Inventory and restock materials	S						2b	-	-	-	-	-
33 OPHTHALMOLOGY SERVICES *TR: The Ophthalmic Assistant; Surgical Technology: Principles and Practice; Ophthalmic Ultrasonography; Ophthalmic Medical Assisting*												
33.1 Assisting the eye surgeon												
33.1.1 Perform ophthalmic A scan	S						2b	-	-	-	-	-
33.1.2 Perform ophthalmic B scan							b	-	-	-	-	-
33.1.3 Perform fluorescein angiography							b	-	-	-	-	-
33.2 Prepare pathology specimens for lab analysis	S						2b	-	-	-	-	-
33.3 Assist in ophthalmic surgery												
33.3.1 Set up surgical supplies, instruments, and equipment	S						2b	-	-	-	-	-
33.3.2 Muscle surgery							b	-	-	-	-	-
33.3.3 Cataract surgery												
33.3.3.1 Extracapsular extraction							b	-	-	-	-	-
33.3.3.2 Phacoemulsification	S						2b	-	-	-	-	-
33.3.4 Iridectomy							b	-	-	-	-	-
33.3.5 Trabeculectomy							b	-	-	-	-	-
33.3.6 Pterygium removal							b	-	-	-	-	-
33.3.7 Retinal detachment							b	-	-	-	-	-
33.3.8 Corneal transplant							a	-	-	-	-	-
33.3.9 Enucleation							b	-	-	-	-	-

1. Tasks, Knowledge And Technical References	2. Core Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)					
	A	A	B	C	D	E	A 3 Skill Level		B 5 Skill Level		C 7 Skill Level	
	5 Level	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(1) Course	(2) CDC
33.3.10 Dacryocystorhinostomy							a	-	-	-	-	-
33.3.11 Nasolacrimal duct probe and irrigation							b	-	-	-	-	-
33.3.12 Blepharoplasty	S						2b	-	-	-	-	-
33.3.13 Cryosurgery							-	-	-	-	-	-
33.3.14 Chalazion surgery	S						2b	-	-	-	-	-
33.3.15 Removal of small lesions of the adnexa	S						b	-	-	-	-	-
33.3.16 Removal of eyelid sutures							2b	-	-	-	-	-
33.3.17 Removal of nonembedded, ocular foreign bodies	S						b	-	-	-	-	-
33.3.18 Tarsectomy							b	-	-	-	-	-
33.4 Principles of laser surgery							B	-	-	-	-	-
34 OPHTHALMOLOGY SERVICES - NURSING CARE OF THE SURGICAL PATIENT *TR: AFI 46-101; Surgical Technology: Principles and Practice; Lippincott Manual of Nursing Practice; Fundamentals of Nursing*												
34.1 Identify and transfer drugs and solutions with supervision	S						2b	-	-	-	-	-
34.2 Post-anesthesia nursing care							A	-	-	-	-	-

Note: BLK #4: Columns (1) & (2) can be relabeled to meet CF Requirements; i.e., Phase 2 / 3-Skill Level Course, 5-Skill Level QTPs.

Section B--Course Objective List

1. If a written copy of the Course Objectives List is required, contact Ophthalmic Apprentice Training Program Curriculum Support at METC, DSN 420-1890.

2. Career Development Course: CDC information can be obtained from the Air Force Institute for Advanced Distributed Learning at Maxwell AFB, Gunter Annex, AL.

Section C--Support Material.

American Society for Healthcare Central Service Professionals. *Training Manual for Health Care Central Service Technicians,* current edition.

Anderson, M. *Light (Introduction to Physics),* current edition.

Centers for Disease Control and Prevention. *Guidelines for Hand Hygiene in Health Care Settings,* current edition.

Centers for Disease Control and Prevention. *Guidelines for Prevention of Surgical Site Infection,* current edition.

Kaschke, M., Donnerhacke, K., and Rill, M. *Optical Devices in Ophthalmology and Optometry: Technology, Design Principles and Clinical Applications,* current edition.

Kotcher-Fuller, J. *Surgical Technology: Principles and Practice,* current edition.

Lippincott Williams & Wilkins. *The Wills Eye Manual,* current edition.
Nagaraja, P. *Hospital Sterilization,* current edition.

Mannis, M., Zadnik, K., and Coral-Ghanem, C. *Contact Lenses in Ophthalmic Practice,* current edition.

Mathieu, J. *Optics,* current edition.

Nagaraja, P. *Hospital Sterilization,* current edition.

National Fire Protection Association. *NFPA 99: Health Care Facilities Code,* current edition.

Nettina, S. *Lippincott Manual of Nursing Practice,* current edition.

Newmark, E. *Ophthalmic Medical Assisting: An Independent Study Course,* current edition.

Office of the Surgeon General. *Ophthalmic Care of the Combat Casualty,* current edition.

Perkins, J. *Principles and Methods of Sterilizations in Health Sciences,* current edition.

Potter, P. and Perry, A. *Fundamentals of Nursing,* current edition.

Rothrock, J. *Alexander's Care of the Patient in Surgery,* current edition.

Singh, A. and Hayden, B. *Ophthalmic Ultrasonography*, current edition.

Stein, H., Stein, R.,and Freeman, M. *The Ophthalmic Assistant: A Text for Allied and Associated Ophthalmic Personnel: Expert Consult*, current edition.

Steiner, S. and Capps, N. *Quick Medical Terminology: A Self-Teaching Guide*, current edition.

Yanoff, M. and Sassani, J. *Ocular Pathology*, current edition.

Section D--Training Course Index.

1. Purpose. This section of the CFETP identifies training courses available for the specialty and shows how the courses are used by each MAJCOM in their career field training programs.

1.1. Air Force In-Residence Courses.

COURSE NUMBER	COURSE TITLE	LOCATION	USER
L8ABJ4V031-00AA	Ophthalmic Apprentice	JBAS-Fort Sam Houston, TX	AF
L5ALO4V031A01AA	Ophthalmology Surgical Services	JBSA-Lackland AFB, TX	AF

1.2. Air Force Career Development Academy (AFCDA) Course.

COURSE NUMBER	COURSE TITLE	LOCATION	USER
CDC 4V051/S	Ophthalmic Journeyman	Maxwell AFB, AL (Gunter Annex)	AF

Section E--MAJCOM Unique Requirements.

1. There are currently no MAJCOM unique requirements. This area is reserved.

Section F - Documentation of Training (Medical Specific)

1. Work Center Training Plans. The purpose of this section is to provide guidelines and examples of proper documentation for the many electronic forms used in training of all enlisted medical personnel. Training documentation helps to assess readiness capability as well as individual strengths and weaknesses. It also aids compliance with all The Joint Commission, Accreditation Association for Ambulatory Health Care, and Health Services Inspections regulatory requirements. The enlisted training documentation has migrated from the hard copy to electronic AFTR. AFTR is accessible from the Advance Distributed Learning Service (ADLS) via the Air Force Portal. Refer to the UTM for the most current policies and guidance on training documentation.

2. Air Force Training Record. The AFTR is an enterprise-wide custom training management system designed to replace the paper-based training records system. It is the electronic equivalent of an AF Form 623, *Individual Training Record Folder*, and will be used by career fields within the AFMS to document all training actions. The AFTR allows training plans to be established by; Career Field/AFSC, duty position/team member, trainee/trainer/certifier, and any group of tasks that require management, tracking, and documentation. The AFTR components managed by the supervisor are:

2.1. Master Task List (MTL). The MTL is a list containing all the tasks that are to be trained in a work center and is often broken out by specialty. The MTL consists of the STS; AF Form 623 Parts II and III; AF Form 797 and AF Form 1098, *Special Task Certification and Recurring Training*; and Qualification Training Packages (QTPs). The supervisor creates the MTL by selecting tasks from the Unit Task List produced by the UTM and the STS.

2.2. Master Training Plan (MTP). The MTP is a list containing a schedule of training for all tasks within a particular duty position. The MTP consists of the STS; 623 Parts II and III; AF Force Forms 797 and 1098 tasks; and QTPs. The supervisor creates the MTP by assigning training times and methods to tasks in the duty position. Refer to AFI 36-2201 and AFH 36-2235, Volume 11, *Information for Designers of Instructional Systems Application to Unit Training*, for guidance in developing the MTP.

2.3. Duty Task List (DTL). The DTL is a list containing all the tasks to be trained on in a duty position. The DTL consists of the STS; AF Form 623 Parts II and III; AF Force Forms 797 and 1098 tasks; and QTPs. The supervisor creates the DTL by selecting tasks from the MTL.

2.4. Individual Training Record (ITR). All training is documented in the ITR. This is the electronic version of the former Enlisted Training and Competency Folder. The ITR is made up of the AF Form 623 Parts I, II and III; AF Forms 623A, 797, 803 and 1098; QTPs and the JQS. This record is automatically populated based upon the duty position the individual is assigned to. Refer to AFI 36-2201 for guidance in documenting training on the various forms contained within the ITR. Maintenance of the CFETP is mandatory for all assigned MSgts and below. The AFTR provides the capability to incorporate training source documents and/or to manually enter completed training into the ITR. The following documents will be incorporated into the ITR:

2.4.1. The member's initial MTF and clinic orientation checklists.

2.4.2. Recurrent training such as Basic Life Support and Health Insurance Portability and Accountability Act.

2.4.3. AF Form 2096, *Classification/On-the-Job Training Action*.

2.4.4. Medical Education & Training Campus (METC) Student Training Report (STR). METC STR documents the level of success, strengths, and weaknesses that a student demonstrated during technical school. It is emailed to the base training manager shortly after the graduate arrives at his/her duty station. This form is maintained in the record until 5-skill level upgrade training is complete.

2.4.5. AF Form 803, *Report of Task Evaluation*, will be used to conduct and document completion of task evaluations during training staff assisted visits, when directed by the commander, or when a task certification requires validation.

2.4.6. Other forms as appropriate.

3. Documentation of Training. The purpose of this section is to provide guidelines and examples of proper documentation on the many forms used in training medical materiel personnel. Training documentation helps to assess mission capability and readiness, individual strengths and weaknesses, resources needed to support quality patient care, and defines requirements for individual career progression.

3.1. AF Form 797, (Figure 3.1.) will be used to record training for tasks that are not otherwise documented in the CFETP.

3.2. AF Form 1098, (Figure 3.2.) will be used to record mandatory training requirements which may vary from facility to facility. At a minimum, these requirements should be reviewed on an annual basis and updated as required.

3.3. QT Progress Records were developed to enhance OJT. It provides the trainer with a breakdown of task performance skills to aid in performance evaluation. The evaluations of each task results in either a satisfactory or unsatisfactory score (Figure 3.3).

3.4. AF Form 623A, (Figures 3.4. thru 3.7.) will be used in the AFTR to document all progress of individual training. Document on AF Form 623A the start and completion dates of unit orientation, and reference the date of the orientation checklist. In addition, document the member's entry into upgrade training, initial evaluation results, and periodic evaluations of training progress to include CDC progress. Information on extensions, waiver requests, or breaks in training should be clearly documented. Document on the AF Form 623A any decertification proceedings, including dates, reasons for decertification, and other applicable information. Accomplish an initial evaluation when a new person arrives to the unit or when an individual changes duty positions. Document all other actions pertaining to training IAW AFI 36-2201.

Figure 3.1. Sample, AF Form 797 documentation

JOB QUALIFICATION STANDARD CONTINUATION/COMMAND JQS

CRITICAL TASK	TASK NUMBER	TASKS, KNOWLEDGE AND TECHNICAL REFERENCES	CERTIFICATION				
			START DATE	COMPLETION DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS	CERTIFIER'S INITIALS (IF REQUIRED)
☐	21.2	Insert contact lens					
☐	21.3	Remove contact lens					
☐	21.4	Instruct patient on contact lens wear and care					
☐							
☐							

TRAINEE NAME	CFETP/JQS NUMBER	PAGE NO.
John Doe	4V031	7

AF IMT 797, 20020801, V3 PREVIOUS EDITIONS ARE OBSOLETE

Figure 3.2. Sample, AF Form 1098 documentation

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FREQUENCY G.	DUE DATE H.
COTR Training	20130715			91		1 Time	
CPR Training	21030915			P		Annual	20140915
CMRT	20130928			P		Annual	20140928

NAME OF TRAINEE *(Last, First, Middle Initial)*	GRADE	UNIT AND OFFICE SYMBOL
Doe, John	A1C	937 MDG/SGOD

AF IMT 1098, 19850401, V2 PREVIOUS EDITION WILL BE USED.

Figure 3.3. Sample, QT Progress Record documentation

Rank/ Name _____		
Qualification Upgrade Training to: 5-Skill Level 7-Skill Level		
PERFORMANCE ITEM	SAT	UNSAT
STS Task 21.2 – Insert Contact Lens		

Figure 3.4. Sample, AF Form 623A documentation of orientation.

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

28 July 2013
A1C John Doe is assigned to the Ophthalmic Flight on this date. I have been assigned as his trainer and will orient A1C John doe to the Flight and Squadron using the Ophthalmic Flight orientation checklists located in the Master Training Plan. An initial interview was accomplished on this date. A1C John doe is looking forward to working in Ophthalmic Flight. He is enthusiastic and prepared to accept all challenges. He understands that he must question his trainers if uncertain of training provided.

John Doe, A1C, USAF
Ophthalmic Journeyman

Jane Smuckatelly, MSgt, USAF
NCOIC, Ophthalmic Flight

27 Aug 2013
A mid-orientation progress check was accomplished on this date. A1C John Doe has progressd through the flight and squadron orientation with little to no difficulty. His is almost finished with the Medical Group orientation. He completed reviews of Operating Instructions for the Ophthalmic Flight. He has received his CDCs and is aware that he should complete all volumes in 6 months or less.

John Doe, A1C, USAF
Ophthalmic Journeyman

Jane Smuckatelly, MSgt, USAF
NCOIC, Ophthalmic Flight

30 Sep 2013
A1C John Doe has completed all training on the orientation requirements for the flight, squadron, and medical group. A review of the checklists with A1C John Doe indicates he is knowledgeable of all items discussed. A1C John Doe state that he feels comfortable with the training provided and believes he is ready to be released from orientation. A1C John Doe has been released from orientation on this date. He has also completed CDC Volumes 1 and 2.

John Doe, A1C, USAF
Ophthalmic Journeyman

Jane Smuckatelly, MSgt, USAF
NCOIC, Ophthalmic Flight

LAST NAME - FIRST NAME - MIDDLE INITIAL
Doe, John

AF IMT 623A, 19790301, V2 PREVIOUS EDITION WILL BE USED.

Figure 3.5. Sample, AF Form 623A documentation of initial upgrade training briefing

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

INITIAL BRIEFING
(Trainee Orientation)

_____ has been briefed on the On-The-Job Training (OJT) Program and how he/she fits into the program while in upgrade training (UGT). Upgrade training was explained as a dual channel process designed to qualify an airman for skill level upgrade. Dual channel OJT is a systematic reportable application of self-study and the craftsman/apprentice principle. Trainees acquire job qualification while performing on the job under supervision. This combination, knowledge and job position qualification constitutes the dual channel concept. Requirements from AFI 36-2101, AFI 36-2201, and AFECD were covered. AF Forms 623, 623a, 797, 2096, and the CFETP, STS/JQS or automated JQS, which serves to make up the individual training record, was explained. Responsibilities of the commander, base training, unit education and training manager (ETM), immediate supervisor, trainer, and trainee were discussed. The career development course (CDC) was briefly discussed and is explained in detail when the CDC arrives. Requirements for upgrade in your AFSC _____ are: (1) Satisfactory completion of 5-level CDC _____ (2) Supervisor certifies job qualifications with adequate hands on training (3) Satisfactory completion of 7-level CDC _____, and (4) Supervisor recommendation for upgrade. Each airman in grades E1 through E6 (and SNCO's in retraining status) has an AF Form 623, which must contain a CFETP or JQS. The CFETP or JQS may contain 150 or more separate tasks but it should be annotated to show only those tasks the airman is required to perform in his/her current duty position, all AFECD mandatory requirements for upgrade and core task requirements. In the JQS there is a space for both the supervisor and the trainee to initial and certify training is complete. In the CFETP, the trainer, trainee, and certifier have a space to initial when training is completed. After upgrade training is complete, the CFETP or JQS will continue to document further qualification training.

_____ _____
SUPERVISOR'S SIGNATURE TRAINEE'S SIGNATURE

DATE

LAST NAME - FIRST NAME - MIDDLE INITIAL

Doe, John

AF IMT 623A, 19790301, V2 PREVIOUS EDITION WILL BE USED.

Figure 3.6. Sample, AF Form 623A documentation of upgrade training

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

TRAINEE'S RESPONSIBILITIES DURING UPGRADE TRAINING (UGT)

1. Read and understand your Air Force Specialty (AFS) description, training requirements, objectives, and training record.

2. Budget time (on and off-duty) for timely completion of CDCs and keep all CDC materials for future reference and study. Each volume must be completed within 30 days.

3. Attain and maintain qualification in your assigned AFS.

4. After CDC briefing trainee will do the following: (Read and Initial)
_____ a. Read "Your Key to a Successful Course."
_____ b. Make all required course corrections and return entire package to your supervisor.
_____ c. When you are issued your first volume you will read and study the volume, unit, and answer, the self-test questions and the unit review exercises (UREs). Questions are to be answered in the space provided when possible. Highlight/reference where answers are found in the most effective manner determined by the supervisor.
_____ d. Supervisor will check URE and self-test questions for accuracy and completeness. You will correct all incorrect responses.
_____ e. Supervisor issues the AFIADL Form 34 (Field Scoring Sheet) for you to transcribe your answers from the URE/VRE. The URE/VREs are teaching devices and must be administered as open book exercises. All scores less than 100 percent require review training.
_____ f. Minimum acceptable training consists of correcting incorrect responses, reading the appropriate area from which the question was taken, and a verbal question and answer session.
_____ g. Your supervisor issues your next volume. You must work it in the same manner as above for the entire course.
_____ h. Upon completion of your last volume you and your supervisor will immediately start a comprehensive review of the entire CDC to prepare for your course examination.

5. Review and discuss training requirements with supervisor regularly. Provide input on your training and ask questions.

6. Upon satisfactory completion of your career knowledge training, position qualification, and mandatory requirements listed in AFECD, your supervisor will initiate upgrade action on you.

SUPERVISOR'S SIGNATURE	TRAINEE'S SIGNATURE	DATE

LAST NAME - FIRST NAME - MIDDLE INITIAL

Doe, John

AF IMT 623A, 19790301, V2 PREVIOUS EDITION WILL BE USED.

Figure 3.7. Sample, AF Form 623A documentation of job description review

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

1 Aug 13

I know where to find a current copy of my job description and performance standards. I have read and discussed them with my supervisor, and understand my duties and responsibilities. If I have questions or concerns I will seek assistance from my supervisor.

John Doe, A1C, USAF
Ophthalmic Journeyman

1 Sep 13

A1C John Doe completed review of his job description and performance standards on this date. I am confident that he is thouroughly familiar with standards and expectations. At this time A1C John Doe has no question or concers.

Jane Smuckatelly, MSgt, USAF
OJT Trainer
NCOIC Ophthalmic Flight

LAST NAME - FIRST NAME - MIDDLE INITIAL

Doe, John

AF IMT 623A, 19790301, V2 PREVIOUS EDITION WILL BE USED.