The ARBO House of Delegates met on June 19-20, 2021 for the 102nd Annual meeting. The virtual meeting was attended by 96 individuals, which included 71 delegates from 35 member boards. There were 25 other attendees, comprising guests, invited speakers and staff.

Dr. Patrick O’Neill, Presiding Officer, called the meeting to order on Saturday, June 19, 2021. Dr. Jeffery Yunker, Secretary-Treasurer determined that a quorum of the members was present. Dr. O’Neill recognized the ARBO Board of Directors and noted some of the important accomplishments of the Board over the past year. Dr. O’Neill then introduced ARBO’s Executive Director, Ms. Lisa Fennell. Ms. Fennell introduced the staff and reported on the staff accomplishments over the past year.

Dr. Yunker then presented the 2020 Independent Auditor’s Report and the draft minutes of the 2020 Annual Meeting. Both were approved by the delegates. Dr. Coby Ramsey, Vice President and Chair of the Finance Committee, presented the proposed ARBO 2022 Calendar Year Budget, which was approved by the delegates.

Dr. Kenneth Lawenda, Chair of the Judicial Council/Resolutions Committee, reported on the five-year review which had been done by the committee. The committee decided to continue all of the resolutions. They recommended a minor change to Resolution #3 from the 2018 Annual Meeting, which was adopted and ratified. Dr. Lawenda reported that the Resolutions Committee also approved four resolutions for the delegates to consider, which will be discussed the next day.

Next, Dale Atkinson, Esq., conducted Board Member/regulator training with the attendees. Following this, Dr. O’Neill introduced the next session which included discussion of Board practices during and post-COVID. The following topics were discussed:

- Dr. Eric Bailey from the Minnesota Board of Optometry told the delegates about Minnesota’s efforts to revise their statute to include guidance for telemedicine.
- Drs. Patrick O’Neill; Jill Bryant, NBEO Executive Director; and Bill Rafferty, Executive Director of the North Carolina Board of Examiners in Optometry discussed the findings of the ARBO-NBEO Task Force that was established to investigate alternative exam methodologies during the pandemic.
- Patricia Bennett, MSW, ARBO Director and Executive Director of the Maryland Board of Optometry; Margaret Whelan, Executive Director of the Arizona Board of Optometry, and Emily Cronbaugh, Executive Director of the Wyoming Board of Optometry discussed changes to Board operations made due to the pandemic.
- Dr. Bill Rafferty, Executive Director of the North Carolina Board of Examiners in Optometry and Dr. Fred Wallace, Executive Director of the Alabama Board of Optometry discussed provisional licensure in their states.
- Dr. Greg Moore and Dr. Fadi Al Akhrass of the International Academy of Safe Practice Standards discussed recommendations for safe infectious disease practices for optometrists.

Following that session, Dr. Larry Brown, OE TRACKER Committee Chair, gave the attendees a report on the activities of OE TRACKER. Next, Dr. Susy Yu, COPE Committee Chair, gave a report on the activities of COPE.

Continued on p.4
Happy Summer to One and All,

I hope you find yourself safe and healthy this summer. I feel honored to be your ARBO President this next year and want to share a few thoughts with you about my past year and where I hope we can go in the future.

In my home state of Wyoming there was a scope expansion bill that passed. During the process our State Board came under scrutiny for not having enough non-optometrist members. We were called a “rogue” board because we have not been punitive enough to the state license holders. Lastly, we were questioned about our doctorate education, licensing exam and continuing education.

The state added two more members to our Board, a public member and a healthcare provider that is not an optometrist. (I was happy for the extra help!) We had to point out that in our statute, which we are to implement and follow, we can either take away someone’s license to practice or write a sternly worded letter. They did not change our authority or add the ability to do more than the before mentioned activities.

For the last question, we discussed that we have accredited colleges of optometry. We pointed out that we have a psychometrically sound three-part National Board Exam with additional module testing for the scope changes the legislature was contemplating. Lastly, we discussed that we have CE that is accredited and also deemed equivalent to ACCME accredited medical education. In our state we use COPE and audit 100% of our doctors to make sure they are meeting their obligations to stay current. I was thankful as a State Board that we have the NBEO exam, our great COPE accredited CE and OE TRACKER so we can track all the CE taken by all the ODs in our state.

I hope that in the following year we can realize the great changes to part three in the NBEO exam and that we can make COPE more flexible for the changing landscape we find ourselves in at this time. We are working to make OE TRACKER a tool that will help your licensees and you as boards. My state is going to use the option for 100% audit done by ARBO to save time and money. We also want to find out from you what you need and want to do your job as regulators better. Please let us at ARBO know.

Here’s to a great new year and great changes.

Coby Ramsey, OD
ARBO President

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A Note from the Executive Director

I hope you are all doing well! As the summer winds down, I’m reviewing our accomplishments this year and starting to think about our plans for the next year. One of our most exciting achievements was launching our new website and updated OE TRACKER mobile app. If you haven’t seen them yet, you should definitely check them out. We added new functionality and features that will definitely improve your ARBO experience whether you’re one of our member boards, a CE provider, or an optometrist wanting to track your CE credits. Looking forward, I’m planning to expand our staff, start up our committees, and hopefully hold a face-to-face annual meeting in Chicago in 2022.

I really missed seeing everyone in person at the annual meeting this year and I’m hoping things will go back to face-to-face next year. Even though we were disappointed not to be in Newport Beach for our annual meeting this year, I thought the virtual meeting went very well. We had 71 delegates from 35 jurisdictions join us this year and the upside is that many of them were first-time attendees that wouldn’t have been able to come if we had met in person.

As usual, our staff is keeping very busy with COPE and OE TRACKER. Everyone in our office is very hard working and dedicated and I’m lucky to have them on my team. The Board of Directors has also been busy. We have two new Board members that have brought some unique ideas and new perspectives to the organization. The Board is planning to do some strategic planning in the next few months to set the direction for the future of ARBO. We’d really like to hear your suggestions. Don’t be surprised if we ask you to participate!

As always, please let me know if there’s anything I can do to support you and assist you in doing your job as efficiently as possible. Stay safe and be well!
New ARBO Board Members Elected

ARBO is pleased to welcome Kenneth Lawenda, OD, and Rebecca Sparks Dougherty, OD, to the Board of Directors, as elected by the delegates at the 102nd ARBO Annual Meeting in June.

Dr. Lawenda is a graduate of the Southern California College of Optometry and currently practices in Beverly Hills, California and Montpelier, Vermont. He has served on several optometric regulatory boards including on the Vermont Board of Optometry since 2016, the California State Board of Optometry for 8 years, and the College of Optometrists of British Columbia for 2 years. Dr. Lawenda is also an active member of the American Optometric Association, the California Optometric Association, and the Vermont Optometric Association.

Dr. Lawenda has been actively involved with ARBO for many years, serving on the OE TRACKER Committee, COPE Committee, and Judicial Council/Resolutions Committee which he has Chaired for 3 years. He is also a COPE Reviewer and currently leads the COPE Audit Committee.

Dr. Sparks Dougherty is a graduate of the University of Missouri, St. Louis, School of Optometry and currently practices in Andover, Kansas. She has served on the Kansas State Board of Optometry since 2014 and is currently the Secretary-Treasurer of the Board. Dr. Sparks Dougherty is also an active member of the Kansas Optometric Association and the American Optometric Association.

Dr. Sparks Dougherty has been actively involved with ARBO for many years, serving on the OE TRACKER Committee and Nominating Committee. She has also been a COPE Reviewer since 2014.

Please join us in congratulating Dr. Lawenda and Dr. Sparks Dougherty! We are very excited to have them join the ARBO Board of Directors.

New ARBO Officers Elected

After the 2021 Annual Meeting the ARBO Board of Directors elected new officers for the 2021-2022 term.

The new officers are:

- **President:** Coby Ramsey, OD
- **Vice President:** Jeffery Yunker, OD
- **Secretary-Treasurer:** Patricia Bennett, MSW
- **Immediate Past President:** Patrick O’Neill, OD

The other members of the ARBO Board this year are:

**Directors**
- James Campbell, OD
- Kenneth Lawenda, OD
- Richard Orgain, OD
- Rebecca Sparks Dougherty, OD

**Participants**
- Donovan Crouch, OD, Consultant

ARBO Annual Meeting Recap (continued)

Next, Dr. Jill Bryant, NBEO Executive Director; Dr. Brooke Houck, NBEO Director of Psychometrics and Research; and Dr. Mandy Sallach, NBEO Director of Clinical Testing gave the delegates an update on the activities of the National Board of Examiners in Optometry and the new Part III, Patient Encounters and Performance Skills Exam. Dr. Patrick O’Neill, Chair, of the NBER Committee then reviewed the committee’s report and recommendations regarding the NBEO exams.

The afternoon concluded with the Nominating Committee report. Dr. Fred Goldberg, Chair, announced that two four-year terms and a one-year partial term on the ARBO Board of Directors were open and he reported the Nominating Committee’s slate for each position.

Position 1: A four-year term for the position of Dr. Jeffery Yunker who is eligible for re-election. The Nominating Committee slated Dr. Jeffery Yunker.

Position 2: A four-year term for the position of Dr. Tom Bobst who is not running for re-election. The Nominating Committee slated Dr. Kenneth Lawenda from Vermont.

Position 3: A one-year term for the position vacated by Dr. Steve Odekirk. The Nominating Committee slated Dr. Rebecca Sparks Dougherty from Kansas.

Dr. O’Neill called for nominations from the floor for each open position on the Board. No additional nominations were made. Each nominee then addressed the delegates.

Lastly, Dr. O’Neill noted that there are two open positions on the Accreditation Council on Optometric Education (ACOE). The delegates approved the four nominees for the ACOE presented by the Board of Directors:

- Dr. Luanne Chubb from Pennsylvania
- Dr. Jacqueline Davis from Ohio
- Dr. Steve Edwards from Mississippi
- Dr. Carey Patrick from Texas

On Sunday, June 20, 2021, Dr. Patrick O’Neill reconvened the House of Delegates. Dr. Jeffery Yunker, Secretary-Treasurer determined that a quorum of the members was present. Dr. Kenneth Lawenda, Chair of the Resolutions Committee reviewed the resolutions that had been approved by the committee. After discussion, Dr. Patrick O’Neill declared each resolution adopted and ratified. The full resolutions can be found on pages 7-9.

- 2021 Resolution #1: COPE Accreditation Ensures CE Quality.
- 2021 Resolution #2: Importance of Clinical Skills Testing in Optometry Resolution.
- 2021 Resolution #3: Resolution Honoring Dr. James Campbell.

2021 Resolution #4: Resolution Honoring Dr. Patrick O’Neill.

Next, Dr. O’Neill presided over the election for the Board of Directors.

Board of Directors Position 1 (4-year term): Dr. Jeffery Yunker was re-elected by acclamation.

Board of Directors Position 2 (4-year term): Dr. Kenneth Lawenda elected by acclamation.

Board of Directors Position 3 (1-year term): Dr. Rebecca Sparks Dougherty was elected by acclamation.

Dr. O’Neill then noted that the Board of Directors would be meeting after the conclusion of the Annual Meeting to elect officers for the 2021-2022 administrative year.

This was followed by a legal update on the current regulatory legal landscape by Dale Atkinson, Esq. Dr. O’Neill then welcomed Dr. Sherrol Reynolds, President, and Dr. Larry Jones, President-Elect, of the National Optometric Association, who discussed the activities and challenges of the National Optometric Association and how ARBO’s members may be able to assist.

Next, there was a discussion of recent scope of practice expansion and guidance on things to consider when drafting new regulations by Dr. Coby Ramsey, President of the Wyoming Board of Optometry, and Dr. Steven Edwards, President of the Mississippi Board of Optometry. Next, Dr. O’Neill moderated a session where delegates reported on the activities in their jurisdiction, issues of concern, and possible ways that ARBO can assist.

The House of Delegates then entered into Executive Session. Following the Executive Session, the 2021 Annual Meeting was adjourned.
Start Making Plans for ARBO’s 2022 Annual Meeting!

Mark Your Calendars for June 12-14 to attend the 2022 ARBO Annual Meeting!

The 103rd ARBO Annual Meeting will take place in Chicago, Illinois, at the historic Palmer House Hotel. A city within a city, the Palmer House encapsulates the very essence and energy of Chicago. Known as “the Chicago hotel the world knows best”, the Palmer House is newly renovated to ensure that it includes all of the 21st century conveniences and comforts while also preserving the history. There are countless Chicago attractions right outside the hotel. The Palmer House is just steps to all the action along State Street including many shopping options and the Chicago Theatre District. You’ll be within walking distance to The Art Institute, Chicago Symphony Orchestra, Joffrey Ballet, Cadillac Theatre, Millennium Park, the Chicago River Walk and more!

More information and online registration will be available in early 2022.

We look forward to seeing you in Chicago!
ARBO Launches New Website and OE TRACKER Mobile App

ARBO has a new website! If you haven’t seen it yet, please go to www.arbo.org to check it out. We have a new look and some new features to make it more functional and user-friendly. We’ve also updated our OE TRACKER mobile app and we’ve added some new features to the app that we think you will like. We’ve gotten very positive feedback since going live with our new website and mobile app. We’d love to hear what you think!

COPE Reaffirms Substantial Equivalence with ACCME

The Accreditation Council for Continuing Medical Education (ACCME®) reaffirmed the Substantial Equivalence of the Council on Optometric Practitioner Education (COPE®) CE accreditation system in July 2021. To achieve this status, COPE submitted to an extensive, voluntary, review process and was deemed substantially equivalent to the ACCME’s CME accreditation requirements, criteria, policies, and decision-making process. The process also included an accreditation interview and assessment of COPE’s activity and provider accreditation decisions over the past four years. COPE was initially deemed to be substantially equivalent with ACCME in 2017, and was reassessed again this year.

CE/CME Accreditors are considered substantially equivalent by the ACCME if they support CE/CME that enhances physician performance; is based on data describing physicians’ educational needs; has effectiveness assessed as it relates to physician performance or health status improvements; and is developed with the control of the content, quality and scientific integrity being the responsibility of the CE/CME provider. This designation affirms that the COPE Accreditation program meets best practices in the CE/CME industry.

To meet the needs of a continuously changing environment, COPE has adapted over time to be consistent with the healthcare CE/CME accreditation community. COPE has evolved from initially being a CE approval process to a true accreditation system which is based on meeting standards and specific criteria. COPE’s Accreditation Criteria and Standards for Commercial Support ensure that accredited CE is designed to be relevant, effective, evidence-based, and independent of commercial bias. COPE accreditation ensures high-quality CE programs that meet rigorous standards for educational excellence and independence.

“We’re very excited that COPE has achieved substantial equivalency with ACCME for a second time. Having COPE’s CE accreditation program recognized as equivalent to medicine’s CME is very important, especially as optometric scope of practice continues to expand. COPE is a tool that can be utilized by Regulatory Boards to demonstrate that optometric continuing education is of the highest quality and ensures the competency of licensed optometrists for the safety of their patients”, comments Dr. Coby Ramsey, ARBO President.
2021 Resolution #1
COPE Accreditation Ensures CE Quality

Whereas, the ARBO Council on Optometric Practitioner Education (COPE) that accredits optometric continuing education providers, programs and activities for the benefit of ARBO’s member licensing boards; and

Whereas, the COPE accreditation program is utilized by ARBO member licensing boards as one criterion in determining licensure renewal eligibility; and

Whereas, ARBO member licensing boards desire the highest quality of continuing education (CE) to ensure the protection of public welfare; and

Whereas, COPE accredited continuing education is a quality assurance process designed to improve knowledge, performance and patient outcomes for the public welfare; and

Whereas, COPE provides ARBO member licensing boards a valuable system of standardized, defensible continuing education accreditation to ensure that CE is designed to be relevant, effective, evidence-based and free from commercial influence; and

Whereas, the COPE accreditation program has achieved the designation of “Substantial Equivalency” to the Accreditation Council for Continuing Medical Education (ACCME) accreditation system; and

Whereas, the COPE accreditation program utilizes the Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence in Accredited Continuing Education to ensure the quality of COPE accredited continuing education (CE) serves the needs of patients and the public, is based on evidence-based medicine, and is free from commercial influence; and

Whereas, the COPE accreditation program is designed around learners’ educational needs, professional practice gaps, outcome measures, and ensures quality education with appropriate format; and

Whereas, CE delivery has advanced significantly over time due to improved technology, innovative educational tools, and online interactive methodologies employed during the COVID-19 pandemic; and

Whereas, the COPE Accreditation system ensures quality education regardless of format or method of delivery; now therefore be it

Resolved, that the House of Delegates of the Association of Regulatory Boards of Optometry (ARBO), at the 102nd annual meeting, affirm our commitment to the utilization of the Council on Optometric Practitioner Education (COPE) Accreditation program to ensure the quality of optometric continuing education for continued competence and maintenance of licensure; and be it further

Resolved, that the House of Delegates of the Association of Regulatory Boards of Optometry (ARBO), at the 102nd annual meeting, requests the COPE Governing Committee to continue researching the impact of delivery methods and formats on CE quality, and will report back at the next meeting.

Approved by the ARBO House of Delegates, June 20, 2021
2021 Resolution #2

Importance of Clinical Skills Testing in Optometry Resolution

WHEREAS, the Association of Regulatory Boards of Optometry’s (ARBO’s) Member Boards utilize the National Board of Examiners in Optometry (NBEO) Exams to make licensure decisions; and

WHEREAS, the NBEO Exams measure entry level competency in optometry; and

WHEREAS, the NBEO is diligent in maintaining the integrity, reliability, and validity of their exams; and

WHEREAS, most optometrists enter into practice immediately upon receiving a license; and

WHEREAS, the NBEO Part III Clinical Skills Exam is designed to gauge the competency of clinical skills necessary for the practice of optometry; and

WHEREAS, optometry’s scope of practice has evolved in many states; and

WHEREAS, the NBEO is restructuring the Part III Clinical Skills Exam to address evolving scope of practice and to incorporate important clinical thinking and decision-making into the new Patient Encounters and Performance Skills (PEPS) Exam; and

WHEREAS, ARBO’s Member Boards must fulfill their statutory obligations to assess performance skills to ensure public protection; now therefore be it

RESOLVED, that the House of Delegates of the Association of Regulatory Boards of Optometry (ARBO) at the 102nd Annual Meeting, acknowledges the importance of performance skills testing in optometry for public protection; and be it further

RESOLVED, that the Association of Regulatory Boards of Optometry (ARBO) House of Delegates recognizes the efforts of, and encourages, the NBEO to continue to evolve the regulatory exams and to explore and implement innovative ways to assess optometric knowledge and skills necessary for the practice of optometry.

Approved by the ARBO House of Delegates, June 20, 2021
Annual Meeting Approved Resolutions (continued)

2021 Resolution #3
Resolution Honoring Dr. James Campbell

WHEREAS, Dr. James Campbell has performed an outstanding service for the Association of Regulatory Boards of Optometry during his service on the Board of Directors of ARBO since being elected in 2015. Dr. Campbell served one term as President 2019-2020, two as Vice President 2017-2019, and one as Secretary-Treasurer 2016-2017; and

WHEREAS, his service has been exemplified by sterling qualities of leadership which underlie his personal successes and those of the Association of Regulatory Boards of Optometry; and

WHEREAS, Dr. James Campbell has given outstanding service through his volunteer leadership roles on the West Virginia Board of Optometry, and in various other capacities; and

WHEREAS, the member boards of this Association wish formally to acknowledge Dr. James Campbell’s distinguished contributions to the Association; now, therefore be it

RESOLVED, that the Association of Regulatory Boards of Optometry, at this 102nd Annual Meeting, express its sincere appreciation to Dr. James Campbell for his many years of distinguished service and outstanding contributions and bestow upon him the status of Life Member in this Association.

Approved by the ARBO House of Delegates, June 20, 2021

2021 Resolution #4
Resolution Honoring Dr. Patrick O’Neill

WHEREAS, Dr. Patrick O’Neill has performed an outstanding service for the Association of Regulatory Boards of Optometry during his service on the Board of Directors of ARBO since being elected in 2016. Dr. O’Neill served one term as President 2020-2021, one as Vice President 2019-2020, and two as Secretary-Treasurer 2017-2019; and

WHEREAS, his service has been exemplified by sterling qualities of leadership which underlie his personal successes and those of the Association of Regulatory Boards of Optometry; and

WHEREAS, Dr. Patrick O’Neill has given outstanding service through his volunteer leadership roles on the Minnesota Board of Optometry, and in various other capacities; and

WHEREAS, the member boards of this Association wish formally to acknowledge Dr. Patrick O’Neill’s distinguished contributions to the Association; now, therefore be it

RESOLVED, that the Association of Regulatory Boards of Optometry, at this 102nd Annual Meeting, express its sincere appreciation to Dr. Patrick O’Neill for his many years of distinguished service and outstanding contributions and bestow upon him the status of Life Member in this Association.

Approved by the ARBO House of Delegates, June 20, 2021
**COPE Category Revisions**

At the annual meeting in June, the COPE Committee announced that they have revised the COPE Categories. The committee spent a lot of time reviewing the current categories and working to update the definitions and examples for each category. A Call for Comments was also sent out to get feedback from the Member Boards on the proposed category changes. In addition to updating the definitions, some categories will be combined and one category will be eliminated. The categories are shown below with changes listed in red text. They will become effective 1/1/2022.

<table>
<thead>
<tr>
<th>Category</th>
<th>Current Definition</th>
<th>New Definition as of 1/1/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Lenses (CL)</td>
<td>All aspects of contact lens applications.</td>
<td>No changes.</td>
</tr>
<tr>
<td>Functional Vision/Pediatrics (FV)</td>
<td>Those portions of optometric practice that deal with visual processing and neuro-optometric rehabilitation, including sports vision, binocular vision, and visual training or vision development courses.</td>
<td>Those portions of optometric practice that deal with visual processing and neuro-optometric rehabilitation (acquired brain injury), including sports vision, binocular vision (strabismus/amblyopia), visual processing and vision therapy or vision development.</td>
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<tr>
<td>General Optometry (GO)</td>
<td>Any study in the area of the eye and vision care, which constitutes eye and vision research, or examination, diagnosis and treatment of anomalies of the human eye and visual system. For the purposes of these categories “General Optometry” excludes any other category enumerated here.</td>
<td>No changes.</td>
</tr>
<tr>
<td>Low Vision/Vision Impairment &amp; Rehabilitation (LV)</td>
<td>All aspects of low vision devices, care and therapy.</td>
<td>All aspects of low vision devices, care and therapy; including models of care based on a team approach and case management.</td>
</tr>
<tr>
<td>Public Health (PB)</td>
<td>Those portions of optometry focused on disease prevention and health promotion at a population level and considering evidence from the fields of biostatistics, environmental health, health policy and management of social and behavioral sciences.</td>
<td>Those portions of optometry focused on disease prevention, epidemiology, diversity, equity and inclusion, and health promotion at a population level and considering evidence from the fields of biostatistics, environmental health, infectious disease, epidemiology, social epidemiology, health policy and management of social and behavioral sciences.</td>
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</table>

**Examples:**

- Disease surveillance; vision screening; health disparities; determinants of health; health literacy; health education; environmental optometry, infection control, health services research, health law, health economics, evidence-based practice, behavior change communication, cultural competency, etc.

**Examples:**

- Disease surveillance; vision screening; health disparities; determinants of health; health literacy; health education; environmental optometry; infection control; health services research; health law; health economics; evidence-based practice; behavior change communication; cultural and linguistic competency; social determinants of health, diversity, equity, inclusion and belonging training; unconscious bias, etc.
## COPE Category Revisions (continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Current Definition</th>
<th>New Definition as of 1/1/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma (GL)</td>
<td>The study of the etiology, clinical pathophysiology, diagnosis, treatment, manage-</td>
<td>No changes.</td>
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<td>ment, and the outcomes of therapeutic regimens.</td>
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<td><strong>Examples:</strong> Any course with major emphasis on diagnosis, treatment, and/or surgi-</td>
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<td>cal and medical management of glaucoma (i.e., trabeculectomy, laser surgery for</td>
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<td>glaucoma).</td>
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<tr>
<td>Injection Skills (IS)</td>
<td>Instruction and clinical training in subcutaneous, intra-muscular, and intravenous</td>
<td>Instruction and clinical training in <strong>ocular injection</strong> for the purpose of therapeutic</td>
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<td>injection for the purpose of therapeutic diagnosis and treatment of disease or ana-</td>
<td>diagnosis and treatment of disease or anaphylaxis.</td>
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<td>phylaxis.</td>
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<td>Laser Procedures (LP)</td>
<td>The study and clinical training in the performance of any ophthalmic laser procedure</td>
<td>The study and clinical training in the performance of any ophthalmic laser procedure of the</td>
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<td>of the anterior segment and adnexa.</td>
<td>anterior segment and adnexa.</td>
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<tr>
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<td><strong>Examples:</strong> SLT, ALT, LPI, YAG, Punctoplasty, etc.</td>
<td><strong>Examples:</strong> SLT, ALT, LPI, Gonioplasty, YAG PC, Iridoplasty, Punctoplasty etc.</td>
</tr>
<tr>
<td>Peri-Operative Management of Oph-</td>
<td>The study of all aspects of pre- and post-</td>
<td>This category will be combined with Refractive Surgery Management (RS)</td>
</tr>
<tr>
<td>talmic Surgery (PO)</td>
<td>operative management of invasive ophthalmic surgery procedures (excludes Refract-</td>
<td>New PO Category Definition—The study of all aspects of pre- and postoperative management</td>
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<td>ive Surgery).</td>
<td>of invasive ophthalmic surgery procedures including Refractive Surgery.</td>
</tr>
<tr>
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<td><strong>Examples:</strong> Cataract surgery, blepharoplasty, strabismus surgery, keratoplasty,</td>
<td><strong>Examples:</strong> Cataract Surgery, blepharoplasty, strabismus surgery, keratoplasty, and</td>
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<tr>
<td></td>
<td>etc.</td>
<td>courses related specifically to management of PRK, RK and LASIK patients, corneal refract-</td>
</tr>
<tr>
<td>Refractive Surgery Management</td>
<td>Instruction and/or clinical training in refractive or photorefractive technologies,</td>
<td>This category will be combined with Peri-Operative Management of Ophthalmic Surgery (PO)</td>
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<tr>
<td>(RS)</td>
<td>which may include Perioperative Patient Management: Counseling and evaluation for</td>
<td>into one category. See new definition above.</td>
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<td>indications or contraindications in patient selection, including recognition of</td>
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<td>associated complications and course of action in analysis and treatment.</td>
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<td><strong>Examples:</strong> Courses related specifically to management of PRK, RK and LASIK pa-</td>
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<td>tients; corneal refractive surgery, etc.</td>
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<tr>
<td>Category</td>
<td>Current Definition</td>
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</table>
| Surgery Procedures (Optometric) (SP) | Instruction and/or clinical training in the performance of ocular surgery procedures.  
*Examples*: I&D of lesions, surgical lid lesion excision, suturing techniques, stromal micropuncture, chalazion curettage, etc. | No changes. |
| Treatment & Management of Ocular Disease: Anterior Segment (AS) | The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the anterior segment of the human eye.  
*Examples*: Keratitis, anterior uveitis, conjunctivitis, blepharitis, lid anomalies, foreign body removal, etc. | This category will be combined with Treatment & Management of Ocular Disease: Posterior Segment (PS) into one category called Treatment & Management of Ocular Disease.  
**New Treatment & Management of Ocular Disease (OD) Definition:**  
The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the human eye.  
*Examples*: Includes all aspects of nervous system conditions involving the brain, cranial nerves, spinal cord, peripheral nerves, and corresponding muscles, i.e., multiple sclerosis, pituitary tumor, brain trauma, Myasthenia Gravis, papilledema, Horner’s Syndrome, etc. |
| Treatment & Management of Ocular Disease: Posterior Segment (PS) | The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the posterior segment of the human eye.  
*Examples*: Degenerative, infective, and vascular diseases of the retina/choroid/sclera and optic nerve, inclusive of all aspects of surgical care involving the posterior segment of the eye, i.e., retinopathies, neuropathies, retinal laser surgery, retinal detachment surgery, etc. | This category will be combined with Treatment & Management of Ocular Disease: Anterior Segment (AS) into one category called Treatment & Management of Ocular Disease.  
See new definition above. |
| Neuro-Optometry (NO) | The study of the etiology, clinical evaluation, diagnosis, treatment and management of disease and disorders of the nervous system, both systemically and as it relates directly to the eye and visual system.  
*Examples*: Includes all aspects of nervous system conditions involving the brain, cranial nerves, spinal cord, peripheral nerves, and corresponding muscles, i.e., multiple sclerosis, pituitary tumor, brain trauma, Myasthenia Gravis, papilledema, Horner’s Syndrome, etc. | The study of the etiology, clinical evaluation, diagnosis, treatment and management of disease and disorders of the nervous system, both systemically and as it relates directly to the eye and visual system.  
*Examples*: Includes all aspects of nervous system conditions involving the brain, cranial nerves, spinal cord, peripheral nerves, and corresponding muscles, i.e., multiple sclerosis, pituitary tumor, traumatic brain injury (TBI), Myasthenia Gravis, papilledema, Horner’s Syndrome, etc. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Current Definition</th>
<th>New Definition as of 1/1/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Pharmaceuticals (OP)</td>
<td>The study of the etiology, clinical evaluation, diagnosis and treatment of ocular disease using the appropriate indications, prescription utilization, and follow-up assessment of the oral medications used for ocular therapy.</td>
<td>This category will be combined with Pharmacology (PH). New definition below.</td>
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<tr>
<td>Pharmacology (PH)</td>
<td>The study of the interaction of chemical agents with biological systems.</td>
<td>This category will be combined with Oral Pharmaceutical (OP). New definition is below.</td>
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<td></td>
<td><strong>Examples:</strong> Toxicology; adverse effects of systemic drugs; adverse effects of ocular drugs; control of ocular pain. Any courses related to medications and how they affect the various tissues or their mechanism of actions.</td>
<td><strong>New Pharmacology (PH) Definition:</strong> The study of the actions, interactions and proper uses of medications in human biological systems. This includes the study of the etiology, clinical evaluation, diagnosis and treatment of ocular disease using the appropriate medications, topical, oral, or other routes of administration, for diagnosis and ocular therapy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Examples:</strong> Toxicology; adverse effects of drugs; control of ocular pain; indications for treatment; prescription utilization; follow-up assessment; pharmacodynamics; pharmacokinetics.</td>
</tr>
<tr>
<td>Principles of Diagnosis (PD)</td>
<td>The study of the art and science of the process of determining the nature and circumstances of a diseased condition with emphasis on the biological and clinical procedures utilized in medical examination and disease differentiation, and underlying clinical pathophysiology, e.g., corneal topography, visual fields (unless specific to glaucoma); laboratory testing and imaging; fluorescein angiography; gonioscopy.</td>
<td>This category will be eliminated. Future courses will be categorized into their specific disease-related category.</td>
</tr>
</tbody>
</table>
| Systemic/Ocular Disease (SD)| The study of the relationship of any anomaly of normal function of the human body and the possible manifestation of such as signs and/or symptoms in the eye or visual system.                                                                                             | The title of this category will be changed to Systemic Disease –  
**Systemic Disease (SD):** The study of the relationship of any anomaly of normal function of the human body and the possible manifestation of such as signs and/or symptoms in the eye or visual system. |
|                          | **Examples:** General study of diabetes, HIV/AIDS, thyroid disease, etc., along with their ocular manifestations. Vascular diseases both systemic and ocular.                                                                                               | **Examples:** General study of diabetes, HIV/AIDS, thyroid disease, etc., along with their ocular manifestations. Vascular diseases both systemic and ocular, autoimmune disease and non-ocular cancers. |
### COPE Category Revisions (continued)

<table>
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<th>New Definition as of 1/1/2022</th>
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<tr>
<td>Ethics/Jurisprudence (EJ)</td>
<td>The study of the body of law in the practice of optometry and its relationship to the Medicolegal system. Examples: Any courses related to the rules and practice acts for optometry, or addressing medicolegal issues related to patient treatment, and liability concerns and issues.</td>
<td>The study of the body of law in the practice of optometry and its relationship to the Medicolegal system. Examples: Any courses related to the rules and practice acts for optometry, or addressing medicolegal issues related to patient treatment, liability concerns and issues, compliance, and adoption of emerging technologies.</td>
</tr>
<tr>
<td>Practice Management (PM)</td>
<td>The study of management of the business affairs of optometric practice. This includes the concepts of managed care and operations management, courses designed to help market practices, to educate office staff, to improve billing efficiency and coding skills, to improve clinical recordkeeping and to enhance fiscal efficiency. EHR and ICD-10 courses are included in this category. This does not include courses that are intended for personal enhancement or investment prowess.</td>
<td>The study of management of the business affairs of optometric practice. This includes the concepts of managed care and operations management, leadership, marketing, social media, patient communication, as well as courses designed to help market practices, to educate office staff, to improve billing efficiency and coding skills, to improve clinical recordkeeping and to enhance fiscal efficiency. EHR and ICD-10 courses are included in this category. This does not include courses that are intended for personal enhancement or investment prowess.</td>
</tr>
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### ARBO Offers CE Auditing Service for Member Boards

ARBO has a benefit for member boards that you may not be aware of: CE auditing services using OE TRACKER. Member boards have been able to utilize various auditing reports generated from OE TRACKER for many years. Now, ARBO is going a step further and will complete the audit process for you. This comes after numerous member boards have shown increasing interest in completing more extensive audits, but have expressed concern about internal resources and the time it takes to complete an audit.

Included in ARBO’s auditing services are a verification of jurisdictional CE requirements and review of the CE hours earned by each licensee/registrant to determine if the requirements for license renewal are met. ARBO is also able to send deficiency notices to licensees/registrants that are not in compliance, if desired. Member boards who are already utilizing ARBO’s auditing services include the Tennessee Board of Optometry, Louisiana State Board of Optometry, and College of Optometrists of Ontario.

In order to for ARBO to complete an audit, member boards will need to:

1. Require their licensees/registrants to enter CE credits into OE TRACKER to ensure that all CE data is complete.
2. Encourage CE providers in their jurisdiction to report CE attendance to OE TRACKER to decrease the need for licensees/registrants to send their CE certificates to ARBO.
3. Send a list of current licensees/registrants to ARBO annually to ensure that OE TRACKER is up-to-date with newly licensed optometrists.

Fees for ARBO’s auditing service will vary depending on your jurisdiction’s CE requirements, number of licensees/registrants and percentage being audited.

If you or your board is interested in learning more about ARBO’s auditing service, please contact Lisa Fennell at lfennell@arbo.org.
Laser and Surgical Procedures Examination

After years in the making, the Laser and Surgical Procedures Examination (LSPE™) launched in the fall of 2019 by the National Board of Examiners in Optometry® (NBEO). The exam is administered at the state-of-the-art National Center of Clinical Testing in Optometry (NCCTO®), located in Charlotte, North Carolina.

LSPE is the only nationally standardized examination of its kind, measuring competency in laser and surgical skills, surgical decision-making, and patient management. It is a stand-alone, elective examination containing both a laser and surgical section. Each of these sections contain performance of clinical skills and computer-based multiple-choice items.

LSPE was designed as a metric for state boards of optometry to measure competency in laser and surgical skills. With scope of practice in optometry expanding, LSPE provides an opportunity for candidates to assess their cognitive ability to appropriately manage and perform certain laser and surgical skills.

Registration is open to 4th year optometric students, optometric residents, and optometric practitioners. Candidates may register to take the LSPE in its entirety or have the option to take the laser or surgical sections separately as needed. Registration is currently open. You may register here.

An outline of the content included on LSPE is below:

**Skills:**
- Selective laser trabeculoplasty
- Peripheral iridotomy
- YAG capsulotomy
- Suturing
- Chalazion excision

**Multiple-choice:**
- Selective laser trabeculoplasty
- Peripheral iridotomy
- YAG capsulotomy
- Suturing
- Eyelid surgery
- Injections
- Ocular anesthesia

More information can be found on the NBEO website at [LSPE™ - NBEO (optometry.org)](http://optometry.org).

ADVANCING THE ASSESSMENT OF COMPETENCE™

About NBEO — Established in 1951, NBEO is an independent, non-governmental, non-profit organization whose examinations are universally accepted for optometric licensure in the United States and accepted internationally. NBEO’s mission is to serve the public and profession of optometry by developing, administering, scoring, and reporting results of valid examinations that assess competence.
Become One of a Select Few!

As a regulatory board member and an optometrist, please consider becoming a reviewer of courses submitted for COPE accreditation. The time you spend contributing to the COPE review process will help ensure the quality and independence of continuing education. COPE accreditation benefits both practitioners in your jurisdiction as well as the public that we serve.

What do I need to do to become certified?
- You must complete and submit a course reviewer questionnaire.
- You must be endorsed by your optometry licensing Board; this endorsement will be secured by ARBO once you volunteer.
- You will be asked to complete the online COPE reviewer training that consists of six 10-20 minute self-paced educational modules followed by a short self-assessment.
- Once the training has been successfully completed, you will receive your congratulatory packet of information, including a certificate suitable for framing and a lapel pin.

How much time will this take from my already busy schedule?
- COPE reviewers are not requested to review more than two courses at any given time.
- The review of a course typically takes about 30 minutes.

Please consider volunteering and contributing to the COPE review process!

For more information please visit our website at www.arbo.org and click on COPE, then click on “COPE Reviewers” and “Become a Reviewer” or send an email to arbo@arbo.org.