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# **Board Certification Examination Candidate Guide**

**(for July 15-31, 2012 Examination)**

Version 2012.2

## ***Examination Overview***

<b><u>Examination Schedule</u></b>	<b><u>Registration Schedule</u></b>	<b><u>Exam Fee</u></b>
July 15-31, 2012	Feb 6 – July 20, 2012	\$1,500

*Candidates will select one date for a full-day (7 ½ hour) examination  
Two examination windows are planned in subsequent years in January and July.*

**To check seat availability at a Prometric Test Center prior to registration:**

1. Go to: **www.prometric.com/abopt**, then Click Start
2. Enter State, then Click Next
3. Click Search for Seat Availability
4. Enter Zip Code, then Click Search
5. Click Seat Availability next to your preferred Testing Center
6. Select preferred Month

**To Register and Pay for the Examination:**

1. Go to: **www.abopt.org** and sign in with your username and password.
2. Click on Register. Once payment is accepted you will automatically be transferred to the Prometric Web site to schedule your appointment. (You can also reschedule or confirm your appointment via the Prometric website.)

### **Important Dates**

June 1, 2012	Last Day to Submit Initial Application for Active Candidate Status to ensure eligibility for July examination
June 15, 2012	Best seat selection ends. As of this date, candidates will be selecting dates/locations in competition with other Prometric clients.
July 6, 2012	Last Day to Submit Post-Graduate Requirements to ensure eligibility for July Examination
July 20, 2011	Last Day to Register for July Examination
31 Days Prior to Scheduled Exam	Last Day to Cancel, Change Testing Date or Change Location without Change Fee (\$25)
7 Days Prior to Scheduled Exam	Last Day to Withdraw from Exam without Cancellation Fee (\$200) <b>OR</b> Change Testing Date or Location
Sept 25, 2012	Expected Release of July Examination Results
April 30, 2013	Last Day to Apply to become an Active Candidate under phase-in rules
June 30, 2013	Last Day to Submit Post-Graduate Requirements for Verification under phase-in rules
Jan 2014	Last ABO Board Certification Examination under phase-in rules

## **Examination Details**

Consistent with the ABO Mission, by becoming an ABO Diplomate, optometrists voluntarily demonstrate their knowledge, skills, abilities and a commitment to lifelong learning for the benefit of their patients.

The ABO Board Certification examination is a multiple-choice computer-based examination containing items that emphasize patient assessment and management. The examination focuses on clinical knowledge and skills, not didactic details. The examination will be administered at Prometric Test Centers worldwide.

The 240-item examination is broken into three separate sections. The General Practice section consists of 160 items (multiple choice questions), and you will be allotted 4 hours to complete this section. The *optional* break of up to one hour occurs upon completion of the General Practice Section. After the break you will be prompted to select two Areas of Emphasis of 40 items – each will be allotted one hour. You may review items at any time within each section, but once you complete or “time out” on a section, you will not be permitted to go back to review or change answers on any items.

### **General Practice (160 items)**

*The core of the examination is based in the following ten areas of general practice.*

1. Ametropia/Ophthalmic Optics (16%)
2. Pediatrics/Binocular Vision/Vision Therapy (8%)
3. Contact Lenses (13%)
4. Anterior Segment (15%)
5. Pre- and Post-operative care (7%)
6. Posterior Segment (12%)
7. Optic Nerve/Glaucoma (12%)
8. Neuro-Ophthalmic Disorders (5%)
9. Vision Rehabilitation (5%)
10. Systemic Health (7%)

### **Areas of Emphasis (80 items)**

*In addition to the core examination, each candidate will select two of the following areas of emphasis, each of which will consist of an additional 40 items.*

1. Additional General Practice
2. Contact Lenses
3. Pediatrics/Binocular Vision/Vision Therapy
4. Ocular Disease Anterior
5. Ocular Disease Posterior
6. Vision Rehabilitation/Low Vision/Neuro-Ophthalmic Rehabilitation

Please note that all 240 items are weighted equally. In addition, regardless of your selection of Areas of Emphasis, your certificate will not denote your selections.

The detailed descriptions of the General Practice Section and Areas of Emphasis Sections can be found in the Board Certification Examination Detailed Outline in Appendix A.

## **Computer Based Examination**

The examination is offered in computer-based format. Key points concerning the computer-based examination are as follows:

1. Extensive familiarity with computers is not required, but the use of a computer keyboard and computer mouse should be within the experience of all candidates.
2. An online tutorial (exam orientation) is available on our website. Candidates are strongly encouraged to gain familiarity with the computer-based testing system by logging on to the MyABO portal and clicking on EXAM TUTORIAL.
3. On exam day there will be a brief orientation/tutorial prior to starting the exam, allowing candidates to re-familiarize themselves with the exam process.
4. The examination is proctored by staff from Prometric, ABO's partner in examination development and delivery. In view of the numerous exams administered by Prometric, all of which are unique in their function and format, testing center staff are not expected to provide detailed assistance for ABO candidates. It is not the responsibility of Prometric staff to provide assistance on things such as navigating through the exam or resolving any misjudgments made by the candidate. Candidates need to carefully read the on-screen messages in order to respond correctly. To do otherwise may result in loss of exam or break time, which cannot be altered by Prometric staff. Prior to your exam day, you should become familiar with the operational procedures of the exam through the online tutorial and make yourself fully aware of the exam schedule.
5. Computer-based testing options include the ability to navigate forward and backward through the exam, mark items for further review, review answered, unanswered and marked items. Items must be reviewed or changed prior to expiration of time for that section. Once an exam section is ended by the candidate or the exam has timed out, you cannot return to questions in that section. The examination screen contains a timer in the top right corner showing the time remaining for the current exam section. A listing of completed questions, incomplete questions, and marked items can be accessed by clicking the "Review" button at the bottom of the exam screen.

From the Review screen, you are able to:

- click the button "Review All," which returns to question one,
- click the button "Review Incomplete," which returns to the first incomplete (unanswered) question,
- click the button "Review Marked," which returns to the first question you marked for review, or
- double-click on any of the numbered questions listed which returns you to that specific question.

When you have selected to either "Review All", "Incomplete" or "Marked" the "NEXT" button will take you to the next item in the type questions you have

chosen to review. If you opted to review “Incomplete” questions you will only be presented with the next sequential question that is incomplete.

You may end the exam by clicking “End”. If you click “End” you will not be able to return to any of the questions in that section. Note: there is a pop-up box for you to confirm that you truly wish to end the exam section. Clicking “No” will return you to the review screen for further review of that section.

6. The scheduled (optional) break will begin automatically when you complete or purposely end the General Practice section of the examination. Once the clock has started for your break period, you will have the option of using all the break time, or clicking “Next” to end the break and start the Areas of Emphasis. The time allotted for the break is indicated by the exam clock in the upper right corner of the exam screen. This clock will count down the time remaining for the break section. If you click “Next” indicating you wish to end the break and move to the Areas of Emphasis questions, you will be provided a pop-up box message asking you to confirm your decision to end the break. We ask that you carefully read all messages presented on the screen to prevent inadvertently clicking through your scheduled break that you wanted to take.

Once the examination begins, if the candidate fails to complete and/or attempt any part of the exam, he/she must understand that any questions not answered, will be counted as incorrect. When there are unanswered items, or exam sections that are not attempted, additional time will **not** be allowed for completion, nor will there be any refund of the exam fee or credit toward future fees.

### **Exam Admittance & Testing Partner Information**

Candidates should report promptly to the assigned test center at least 30 minutes prior to the appointment time. This allows time for completing the registration process which includes verifying ID, signature, emptying of pockets, metal detector wand, photo and fingerprint scan.

Please understand that Prometric is responsible for and dedicated to ensuring that all candidates are given the same opportunity to test under the same testing conditions. Test security plays a major role in their ensuring that no candidate has an advantage over another. Additionally, they are contractually responsible to the ABO for protection and security of our exam content. This is the reason for the security measures utilized by Prometric on behalf of all their clients in a continuous effort to provide the best testing conditions possible.

One form of positive identification must be brought to the test center in order to be admitted. ***The ID must be a government-issued, non-expired ID, containing both a photo and signature.*** The ID must be one of the following: drivers license, passport, or a state/county identification card. *The name on the ID must be the same as the name on your email confirmation. Employee IDs/work badges, school IDs, and credit cards*

are *NOT* acceptable as an ID. **Candidates presenting with an ID that does not match the name of record with the ABO or with an expired ID will not be admitted to the exam.** Rules related to Change Fee or Cancellation Fee will apply.

If you have a primary ID that is government-issued and contains a photo but is lacking a signature (such as military ID) you will be asked to provide a secondary ID that contains a signature. The secondary ID with signature must have the name pre-printed exactly as your name appears on your reservation.

**As part of the Biometrics Check-In, Candidates will be required to have a digital photo taken and provide a biometric ID (fingerprint) to enter and exit the test center.**

You will also be **scanned with a metal detector** to ensure that you have no prohibited devices on your person. You are expected to comply with this important security protocol to ensure testing integrity and security of the board certification process.

Personal items, such as cellular phones, hand-held computers/personal digital assistants (PDA's), a watch or time piece of any kind, or other electronic devices, pagers, any writing instrument or paper, purses, hats, bags, books, and notes are **not** allowed in the testing room and we strongly encourage you to leave them at home or in your car. If you take a cellular telephone or any electronic device into the examination room (even by accident), you risk invalidation of your entire examination.

Sweaters or jackets must be worn if taken into the exam room. You must store all personal items in a locker. Candidates are **NOT** permitted to take any examination materials from the test center or to make written notes of the contents of the exam. Candidates found to be violating these rules will have their test performance voided and will face additional consequences.

During an active exam, candidates may not use telephones, leave the examination center (except for a scheduled break), or communicate with one another in any way. Furthermore, candidates may not discuss the content of the questions with anyone during or following the examination. Candidates who do so will have their test performance voided.

An erasable note board and marker will be provided at your workstation during the exam for any work preparatory to answering a specific question. All note boards and markers must be turned in at the conclusion of the exam. No other writing instrument (pen or pencil) or papers are permitted in the exam room.

Prometric, the ABO's partner in examination development and delivery, administers examinations for a variety of clients. Consequently, ABO candidates may be testing with others who are required to use the computer keyboard to type their answers. Any noise due to keyboard clicking can be minimized by use of ear plugs or headphones available at the exam center.

## **Comfort Aids**

Items allowed in testing room (all other personal items must be stored in locker):

- Eyeglasses
- Hearing aids
- Earplugs
- Neck Braces or collars
- Insulin Pump
- Sweaters, sweatshirts, blazers must be worn at all times; they cannot hang on the back of the candidate's chair – if removed must be placed in locker.
- Pillows for back/neck support due to injury are permitted but require advance notification and inspection.
- Motorized cart or Wheel Chair
- Crutches, Cane, Walker
- Religious Headwear/Scarf/Hat
- Transcutaneous Electrical Nerve Stimulation (Tens Unit)
- Test Monitors without bloodletting / attached to candidate
- Extra chair or footstool to support injured leg is permitted but requires advance notification

The following items are provided by Prometric:

- Tissues
- Dry erase board and marker (no other writing surface or writing instrument allowed)
- Calculator (available on each computer)

Items that must be stored in the locker or left with the Test Center Administrator:

- Cough drops and throat lozenges
- Required oral medication
- Antacids
- Source of Rapid Glucose
- Chewing Gum – Not allowed in test room
- Eye drops (prescription or over the counter)
- Diabetic Test Equipment (Glucose Monitor)
- Lip Balm
- Candy as substitute for smoking; to relieve test anxiety
- Asthma Puff Inhalers

## **Study Materials**

The American Board of Optometry does not provide bibliographies or review materials. The Board Certification Examination Detailed Outline in Appendix A should provide guidance to help you consider areas where you may wish to emphasize further study or continuing education courses prior to the examination.

## **Prometric Information**

Prometric is the ABO's partner in developing and administering the examination. To locate a test center or to obtain specific directions to your test site, please visit the ABO portion of their website at [www.prometric.com/abopt](http://www.prometric.com/abopt).

***If you need further assistance, we ask that you do not call Prometric directly; instead, please contact the ABO at (314) 983-4244 or at [info@abopt.org](mailto:info@abopt.org).***

## **Exam Day Schedule**

Please note that exam start times may vary due to the fact that candidates can schedule their exam appointment at different times. Candidates who arrive 30 minutes or more after their appointment time will be considered tardy and will **not** be permitted to test.

### SAMPLE FOR 8:00 a.m. APPOINTMENT TIME - 2012 ABO Examination

7:30- 8:00	Registration, Checking ID, and Seating
8:00 - 8:15	Review of ABO rules, Exam Tutorial, Instructions for General Practice Section
8:15	Begin General Practice Section = 160 Multiple Choice Questions (4 Hours)
12:15	Scheduled Optional Break* (1 Hour)
1:15	Introduction to and selection of First Area of Emphasis = 40 Multiple Choice Questions (1 Hour)
2:15	Introduction to and selection of Second Area of Emphasis = 40 Multiple Choice Questions (1 Hour)
3:15	Brief Exam Survey (10 Minutes)
3:25	End of exam day

\* Scheduled Optional Breaks - Candidates may take all, part or none of the optional break time. Unused break time cannot be applied to testing time and is forfeited if unused. If you inadvertently click through the break period by incorrectly responding to the prompts, the break time will be forfeited.

NOTE: All exam sections are timed and once that section is completed, voluntarily quit, or timed out, the questions in that section cannot be accessed again.



## **Special Testing Accommodations**

The American Board of Optometry (ABO) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA) for individuals with documented disabilities who demonstrate a need for accommodation. In accordance with these Acts, ABO does not discriminate against individuals with disabilities in providing access to its examination program.

No candidate shall be offered an accommodation that would compromise the ABO examination's ability to test accurately the skills and knowledge it purports to measure and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABO.

## **General Guidelines for Disabilities**

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. The candidate must personally initiate a request for accommodations by contacting the ABO at [info@abopt.org](mailto:info@abopt.org) or (314) 983-4244. The candidate should also contact the ABO for a release of information form relative to an accommodations request. Documentation submitted in support of a request may be referred by the ABO to experts in the appropriate area of disability for a fair and impartial professional review. Accommodation requests by a third party (such as an evaluator or a program director) cannot be honored.

- Documentation of disability assists the ABO in determining reasonable accommodations and/or services, which are provided as needed on a case-by-case basis. If the submitted documentation is incomplete or does not support the request, the applicant will be asked to provide additional documentation. The cost of obtaining all documentation is borne by the applicant.

- Documentation in support of a request for accommodations should be submitted to the ABO early enough to allow sufficient time to review the request and implement reasonable accommodations and/or services.

- Documentation must be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. The individual making the diagnosis must be qualified to do so (e.g. an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

- Documentation should be typed or printed on official letterhead with the name, title, professional credentials, address, phone number, and signature of the evaluator, as well as the date of the report.

*The documentation must be current.* Because the provision of reasonable accommodations is based on an assessment of the current impact of the applicant's disability on the testing activity, it is important that the individual provide recent

documentation. As the manifestations of a disability may vary over time and in different settings, it is expected that an evaluation will have been conducted within the past three years. Certain conditions are subject to change and should be updated for current functioning.

To support a request for test accommodations, please submit a detailed, comprehensive written report from your treating professional describing your disability or medical condition. The report should also explain the need for the requested accommodations relative to your impairment. The report and accompanying documentation should clearly state the following:

- *A specific, professionally recognized diagnosis* of the disability or medical condition using diagnostic codes from the Diagnostic and Statistical Manual of Mental Disorders (DSM) or other professionally recognized formulation.
- *A description of the functional limitations* resulting from the diagnosed disability, or medical condition including the identification of the major life activity that is limited by the disability.
- *A description of the specific diagnostic criteria* and names of the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results. This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history.
- *A recommendation of specific accommodations* and/or assistive devices for the ABO examinations including a detailed explanation of why these accommodations or devices are needed.

If accommodations have not been requested previously, provide a detailed explanation as to why no accommodations were sought in the past and why accommodations are needed now.

Send your documentation to: American Board of Optometry  
243 N. Lindbergh Boulevard  
Suite 312  
Saint Louis, MO 63141

All required documentation must be received no later than **JUNE 1, 2012**. After that date, requests that are lacking information or are incomplete for any reason will not be processed and the candidate will be required to take the exam under normal testing conditions or defer to a future examination.

## **Agreement to Examination Registration**

In the online examination registration process, you are asked to attest to having read the Candidate Information Booklet including the full Agreement at the end of the Candidate Information Booklet, and are agreeing to be bound by the conditions therein.

## **Selection of Exam Date/Location**

Once you have registered and paid for the examination, you are eligible to select your testing date, time and location. *We strongly urge candidates to select a testing date and location as early as possible prior to June 15, 2012*, after which candidates will be selecting their centers and date in competition with other Prometric clients.

On the Prometric/ABO website you can check availability of seats prior to making your final selection of date/location. Seats are assigned on a first come, first served basis, therefore availability is constantly changing. To search for available seats, see instructions on Page 2 of this document.

Once you have made your selection, within 24 hours you will receive a confirmation email from Prometric with your selected date/location. If you need to reschedule, please refer to the “Reschedule or Withdraw from the Exam” section below for instructions.

Please note that you must select a test date and location no later than July 20, 2012. Be advised that not all test centers may be available on all exam dates.

## **Exam Test Centers**

### **United States, U.S. Territories and Canada**

Prometric provides testing in approximately 330 U.S. locations as well as 13 locations in Canada and several international locations. The full list of locations is always available on the Prometric website and is updated for each exam administration to add new locations or delete those no longer being utilized. For specific locations of available testing centers go to [www.prometric.com/abopt](http://www.prometric.com/abopt) and click on “Locate a Test Center”.

### **International Test Centers**

The ABO and Prometric offer testing at several international locations. Prometric has in place an established network of professional test centers providing the same high level of security, candidate verification and secure exam administration as their U.S. testing locations. To search for available international locations, go to [www.prometric.com/abopt](http://www.prometric.com/abopt) and click on “Locate a Test Center” and select the country you prefer to see if there is a location there.

## **Reschedule or Withdraw from the Exam**

### **Rescheduling Your Exam**

Candidates who need to reschedule their exam date and/or location for the exam may do so through the ABO/Prometric website at [www.prometric.com/abopt](http://www.prometric.com/abopt). To reschedule, you will be required to enter your Exam Confirmation Number from your Test Center Selection E-mail. You may reschedule an exam appointment at no cost if done at least 31 days or more prior to your scheduled exam date. Rescheduling within 30 to 7 days prior to your scheduled exam will result in a Change Fee of \$25. Any rescheduling less than 7 days prior to your scheduled exam will result in a Cancellation Fee of \$200. The deadline to reschedule an exam is 7 days prior to your scheduled exam appointment.

### **Cancelling Your Exam**

If you choose to withdraw from the exam, you must do so on the ABO/Prometric website. In order to prevent a Change Fee you must withdraw 31 days or more prior to your scheduled exam date. Cancelling or withdrawing from the exam within 30 to 7 days prior to your scheduled exam date will incur a Change Fee of \$25. Any cancellation/withdraw less than 7 days prior to your scheduled exam date will result in a Cancellation Fee of \$200.



### Prometric Testing Center Regulations

1. You will be continuously monitored by video, physical walk-through and the observation window during your test. All testing sessions are video and audio recorded.
2. You must present valid (unexpired) and acceptable ID(s) in order to take your test. Validity and number of IDs required is predetermined by your test sponsor.
3. You are required to sign out on the test center roster each time you leave the test room. You must also sign back in and show your ID to the Test Center Administrator (TCA) in order to be re-admitted to the test room.
4. You are **prohibited** from communicating, publishing, reproducing, or transmitting any part of your test, in any form or by any means, verbal or written, for any purpose.
5. You **must not** talk to other candidates or refer to their screens, testing materials, or written notes in the test room.
6. You **must not** use written notes, published materials, or other testing aids, except those allowed by your test sponsor. (The TCA will refer to the applicable client practice for allowances.)
7. You are **allowed** to bring soft ear plugs or center-supplied tissues in the test room.
8. Any clothing or jewelry items allowed to be worn in the test room must remain on your person at all times. Removed clothing or jewelry items must be stored in your locker.
9. You **must not** bring any personal/unauthorized items into the testing room. Such items include but are not limited to: outerwear, hats, food, drinks, purses, briefcases, notebooks, pagers, watches, cellular telephones, recording devices, and photographic equipment. Weapons are not allowed at any Prometric Testing Center. You will be asked to empty and turn your pockets inside out prior to every entry into the test room to confirm that you have no prohibited items.
10. You **must** return all materials issued to you by the TCA at the end of your test.

11. You **must** comply with the policy of your test sponsor regarding the use of phones during scheduled breaks in your test.
12. Your test may have either scheduled or unscheduled breaks which are determined by your test sponsor. The TCA can inform you what is specifically permitted during these breaks.
13. Repeated or lengthy departures from the test room for unscheduled breaks will be reported by the TCA.
14. If you need access to an item stored in the test center during a break such as food or medicine, you must inform the TCA **before** you retrieve the item. You are not allowed to access any prohibited item (as defined by the client practice applicable for the test you are taking).
15. You must conduct yourself in a civil manner at all times when on the premises of the testing center. Exhibiting abusive behavior towards the TCA, or any other staff member of the test center, may result in criminal prosecution.
16. To protect the privacy of all testers, the TCA can neither confirm nor deny if any particular individual is present or scheduled at the test center.
17. Persons not scheduled to take a test are not permitted to wait in the test center.

## ***American Board of Optometry Policies***

### Examination Administration Protocols and Procedures

#### **Violation of Written Procedures - Registration Process**

##### ***Government-Issued Form of Identification***

A candidate is required to present a non-expired government-issued, photo and signature bearing ID in order to be admitted to the exam. Anyone unable to present a valid ID with signature or whose name does not match the name on the eligibility file provided to Prometric, will be denied admission to the examination. *Rules related to Change Fee or Cancellation Fee will apply.* If you have a primary ID that is government-issued and contains a photo but is lacking a signature (such as military ID) you will be asked to provide a secondary ID that does contain a signature. The secondary ID with signature must have the name pre-printed exactly as your name appears on your email confirmation. Acceptable identification includes: drivers license, passport, state/county identification card, or other government-issued ID.

##### ***Metal Detector Wands***

As a secure means for the candidate to enter and exit the testing room, a scan by a metal detector wand will be used. The scanning will be conducted in full view of the surveillance camera in the admitting area and if any prohibited items are found, you will be instructed to place them in the locker provided.

#### **Violation of Written Procedures within the Testing Room**

Areas within Prometric's jurisdiction and control are generally recognized as the examination registration area, waiting area, locker area, and testing room. "Active Testing" is any period during which a candidate's exam time clock is running.

##### ***Possession or Use of Prohibited Instructional Information or Personal Items***

If a candidate while actively testing is observed to have prohibited instructional information or personal items in his or her possession, which may include but not be limited to reference materials, texts, articles, review materials, written notes, electronic media, devices designed to augment knowledge or recall, a watch or timepiece of any kind, cellular telephone, pager, personal digital assistant (PDA), mini-computer, camera, paper/writing surface or writing instrument (not provided by Prometric) the test administrator will immediately advise the candidate that a violation of the ABO testing policy has occurred. The candidate will not be permitted to continue testing and a final determination of the matter will be withheld pending the results of the ABO investigation. All materials found in the examination room will be inventoried by the test administrator and listed in a detailed written Candidate Problem Report following the examination.

##### ***Communication with Others***

If a candidate while actively testing is observed communicating with another ABO candidate in the examination room, regarding medical information, exam content, or unknown topics, regardless of mode of communication, the test administrator will advise the candidates that a violation of the ABO testing policy has occurred. The candidates will **not** be permitted to continue testing and a final determination of the matter will be withheld pending the results of the ABO investigation. The test administrator will provide a detailed written Candidate Problem Report following the examination.

### ***Looking at the Answers of Another Candidate***

If a candidate while actively testing is observed looking at the answers of another ABO candidate, the candidate will be advised that a violation of ABO testing policy has occurred. The candidate will **not** be permitted to continue testing and a final determination of the matter will be withheld pending the results of the ABO investigation. The test administrator will provide a detailed written Candidate Problem Report following the examination.

## **Violation of Written Procedures within the Registration, Waiting, or Locker Areas**

### ***Possession or Use of Prohibited Instructional Information or Personal Items***

If a candidate while actively testing (e.g., on an unscheduled break) removes prohibited instructional information or personal items which may include but not be limited to reference materials, texts, articles, review materials, written notes, electronic media, devices designed to augment knowledge or recall, a watch or timepiece of any kind, cellular telephone, pager, personal digital assistant (PDA), mini-computer, camera, paper/writing surface or writing instrument (not provided by Prometric) from his or her locker and the removal of items is observed by testing personnel the test administrator will immediately instruct the candidate to return the prohibited item to the locker. If the candidate is not compliant, the test administrator will remind the candidate of the requirements for testing during an active exam. If the material or personal items have not been accessed the candidate may continue testing without penalty. However, if the prohibited information or personal item has been accessed, the candidate will not be permitted to continue testing and a final determination of the matter will be withheld pending the results of the ABO investigation. All materials removed from the locker by the candidate will be inventoried by the test administrator and listed in a detailed written Candidate Problem Report following the examination.

### ***Communication with Others***

If a candidate while actively testing is observed communicating with other persons, including but not limited to other candidates, regarding medical information, exam content, or unknown topics, regardless of mode of communication, the test administrator will immediately determine the nature of the conversation and remind all parties involved that no communication of any kind is permitted during active testing. The candidate(s) will be warned that testing will continue without penalty, but a repeat violation will terminate the testing process. The test administrator will provide a detailed written Candidate Problem Report following the examination.

## **Violation of Written Procedures in External Areas**

External areas are defined as locations within the building that houses the testing center which are not under Prometric's direct purview, such as bathrooms, lobbies, foyers, and cafeterias, but are observable by interested parties such as other candidates or test center personnel.

### ***Possession or Use of Prohibited Instructional Information or Personal Items***

If a candidate while actively testing (e.g. on an unscheduled break) is observed to have prohibited instructional information or personal items in his or her possession, which may include but not be limited to reference materials, texts, articles, review materials, written notes, electronic media, devices designed to augment knowledge or recall, a watch or time piece of any kind, cellular telephone, pager, personal digital assistant, mini-computer, camera, paper/writing surface or writing instrument (not provided by Prometric) the test administrator will immediately advise the candidate that a violation of the ABO testing policy has occurred. The



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### ***Communication with Others***

If a candidate while actively testing (e.g. on an unscheduled break) is observed communicating with other persons, including but not limited to other candidates, the test administrator will immediately attempt to determine the nature of the conversation and remind all parties involved that no communication of any kind is permitted during active testing. The candidate(s) will be warned that testing will continue without penalty, but a repeat violation will terminate the testing process. The test administrator will provide a detailed written Candidate Problem Report following the examination.

## **Examination Administration Parameters**

### ***Failure to Comply With Specific Test Administrator Instructions***

During the testing day, candidates must comply with the directions/instructions of the test administrator. Any candidate who does not follow the instructions of the test administrator may be subject to dismissal from the testing center and/or having his or her examination invalidated.

### ***Late Arrivals***

Any candidate who arrives 30 minutes or more after his/her appointment time will be considered tardy and will not be seated or permitted to test. *Rules related to Change Fee or Cancellation Fee will apply.*

### ***Prometric-Caused Delay***

If a candidate arrives at the test center on time, but begins the exam later than the scheduled appointment time due to a technical issue or other Prometric-caused delay, the candidate will be given the full amount of testing time. Any candidate in this situation will be seated as quickly as possible.

### ***Unscheduled Breaks During Testing***

The ABO recognizes that candidates may need to take an unscheduled break from testing while the exam clock continues to run. Extended absences, multiple breaks, or excessive cumulative time away from testing will be subject to scrutiny by the ABO. Additionally the policies of the building housing the testing center regarding smoking, possession of foods and beverages either in the lobby or the grounds outside the building must be obeyed.

## **Guideline for the Handling of Critical Irregularities During Exam Administration**

### ***An Interruption Not Controlled by the Candidate***

An examination interrupted by external causes or technological problems not controlled by the candidate will be continued if at all possible. All interruptions in testing greater than one hour will be reported to the ABO by the test administrator or other designated employee. If the examination is predicted to resume within the next hour, candidates will be encouraged to remain at the testing center to complete the examination. Candidates who wish to leave will have their examination rescheduled at a mutually convenient time for the candidate, the ABO,

and Prometric. Any exam section that is not completed will be replaced for any subsequent testing. (e.g. if a candidate has completed 100 of 160 questions, the entire test form will be replaced and the candidate will subsequently take a new 160 question form.) *Should an interruption exceed two hours, candidates will be advised that testing for the day has terminated and the examination will be rescheduled at the earliest possible mutually convenient time for completion of the examination.*

### ***Scoring the Examination Following an Interruption***

Any candidate whose examination was interrupted longer than one hour for non-candidate issues, whether or not the candidate was able to finish the examination, will be contacted by the ABO prior to scoring to determine if the candidate wishes the examination to be scored. The candidate must indicate in writing that he/she wishes to have the examination scored, or the results invalidated. If a candidate elects to proceed with scoring, their test performance result will stand as valid and consequential. If a candidate chooses to negate the examination, their results will be erased without scoring and no performance feedback will be provided. The candidate will be rescheduled at the earliest possible mutually convenient time for retesting. Candidates will not be charged for the retest experience.

## **Post Examination Issues**

### ***Statistical Analysis of Performance***

Statistical evidence of suspicious results, a grossly significant statistical improvement from one examination to another, and response patterns of incorrect answers significantly similar to another candidate at the same or different testing center, would strongly suggest that the content of the test has been exposed prior to or during the examination. The ABO has the option to nullify exam results without refund if any of the above suspicious results are found through the use of software programs generally accepted among the psychometric community for detecting such results. A cutoff of sixty days following an examination has been established by the ABO for follow-up with the candidate, review of statistical data, examination of log files, and review of audio/video as needed.

### ***Review and Analysis of an Irregularity***

Following the observation of and the action taken for an irregularity the ABO staff will review and analyze all information at its disposal to confirm the occurrence of a testing violation. Such information will include, but may not be limited to: Candidate Problem Reports from test administrators, audio recording records, video recording records; notations and descriptions of prohibited instructional material or personal items in the possession of the candidate, and an explanation of the event/irregularity from the candidate. If the ABO determines in its sole discretion that a violation of testing policy has occurred, the candidate will be notified in writing by certified mail. The candidate will be advised that the sanction for such a violation is ineligibility for a period of not less than six continuous years as of the date of the examination. The candidate will be informed also that he or she may request reconsideration of the action by the ABO. As with all cases, the candidate may submit written material for review by the Board.

## **Candidate Problem Reports**

### ***Communication, Notification, and Documentation Procedures***

Included in the report of an irregularity, test administrators will make specific notation of the time of day and the part of the exam version at the time an incident was noted.

### **Consequences of Violating the ABO's Examination Protocols and Procedures**

Following the observation of and the action taken for an irregularity, ABO staff will review and analyze all information at its disposal to confirm the occurrence of a testing violation. If the testing violation is confirmed, the candidate will be notified in writing by certified mail. The candidate will be advised that the sanction for such a violation is ineligibility for a period of not less than six continuous years from the date of the examination. The candidate will be informed also that he or she may request reconsideration of the action by the ABO.

### **Policy for Examination Retakes**

Occasionally, problems occur during the administration of examinations that may impede the examination process. Weather problems, mechanical failures, hardware and software problems, and human errors have the potential of interfering with some part of the examination process. When such problems occur, the ABO will review all information at its disposal. An opportunity for re-examination may be offered should the ABO in its discretion determine that an incident or irregularity could have affected a candidate's performance. A re-examination shall be the candidate's sole remedy. The ABO shall not be liable for inconvenience, expense or other damage caused by any problems in the administration or scoring of an examination, including the need for retesting or delays in score reporting. In no circumstance will the ABO reduce its standards as a means of correcting a problem in examination administration.

- Candidates who experience incidents or irregularities during testing must inform the ABO by letter or email within one (1) week following the examination. A detailed explanation of the circumstance or event that occurred during testing is required.
- If it is determined that an incident or irregularity had the potential of influencing a candidate's examination performance, the candidate will have two options: (1) to be retested during the next exam administration; or, (2) to have the examination scored.
- If the retest option is chosen, the response data from the recently completed examination will be invalidated and expunged from the ABO records. A retest can only be taken during the next regularly scheduled exam administration.
  - Successful performance on the retake exam will apply to the previous exam date.
  - Unsuccessful performance on the retake exam will be recorded as an unsuccessful attempt. Any consequences of an unsuccessful exam, including loss of certification, will apply.
- Candidates who choose the option of having their examination scored will receive a report of their performance and a letter indicating whether they were successful or unsuccessful.
- Candidates who are unable or unwilling to be reexamined during the next regularly scheduled examination will forfeit the opportunity for a retest. Any subsequent exam will be scored and reported according to standard procedure.

## **Examination Results**

It takes approximately 8 weeks for candidates to receive their examination results, which can be accessed in the MyABO Portal when available. Each question is analyzed to establish the percentage of candidates with the minimum level of certifiable knowledge who would answer the question correctly. This psychometric process allows us to establish the cut score for the examination.

## **Re-Examination**

Candidates who fail the examination will be given the opportunity to take it again. There is no limit to the number of times a qualified candidate may take the examination. A registration is valid only for the examination for which you have registered. Full fees are charged for each examination.

## **Period of Certification**

ABO Board Certification is granted for a period not to exceed 10 years. In order for Board Certification to be considered current, the Diplomate will be automatically enrolled in ABO Maintenance of Certification. Renewal of certification requires completion of all 3 three-year stages of maintenance of certification followed by re-examination in Year 10.

## **Revocation**

Each certificate issued by the Board of Directors of the American Board of Optometry shall be subject to revocation in any of the following circumstances:

### **General**

The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Articles of Incorporation of the American Board of Optometry or of the Bylaws of the American Board of Optometry.

The person so certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting such ineligibility were known to, or could have been ascertained by, the Directors of the Corporation or its representatives.

The person so certified shall have made a material misstatement of fact in the application for such certificate or in any other statement or representation to the Corporation or its representatives.

The person so certified shall at any time have neglected to maintain the requirements established by the Board.

The person so certified has fraudulently altered, copied, or changed a certificate of the American Board of Optometry, or has fraudulently presented, or allowed to be presented on behalf of the individual, an altered, copied, or changed certificate of the Board.

In such cases, the Board reserves the right to revoke, suspend, and/or prohibit participation in ABO Maintenance of Certification and subsequent certification of the offending party for a period not to exceed six (6) years from the date of discovery of the offense. In the event the individual appeals or otherwise challenges the suspension, the six (6) year period shall be tolled until the action of the Board is determined to be final and enforceable.

## **Licensure Status**

A Diplomate of the American Board of Optometry shall be required to hold a currently active license to practice therapeutic optometry in a State, District of Columbia, U.S. Commonwealth or Territory. In the event a Diplomate's license to practice in ANY jurisdiction is revoked, restricted or suspended, the Diplomate's certificate is simultaneously rescinded at the time of the licensure revocation, restriction or suspension. The optometrist must advise the American Board of Optometry within 60 days and cease immediately identifying himself/herself in any way directly or indirectly as a Diplomate of the American Board of Optometry. If the optometrist fails to notify the American Board of Optometry of any revocation, restriction or suspension within 60 days after the effective date, he/she shall be ineligible to seek reinstatement of Diplomate status for up to one year following the reinstatement of licensure.

Any adverse action by a state licensing agency, agreement between a licensing agency and an optometrist, or voluntary action by an optometrist, that revokes, restricts or suspends the optometrist's license is a violation of ABO policy. In cases where an optometrist has changed his/her residence deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the ABO Board of Directors reserves the right to revoke or suspend Diplomate status and/or deny application for certification. Questions about licensure should be presented to the Board of Directors in writing.

If and when the optometrist's revoked, restricted or suspended license is reinstated in full (with no restrictions), official written documentation of reinstatement is provided, and the ABO was timely notified of the revocation, the ABO will honor the remainder of the current certificate and the Diplomate will not be required to be re-examined. If the current certificate has expired prior to the reinstatement of the license, the optometrist may make application for the next available examination. Successful compliance with all application requirements in effect at that time will be expected.

## **Maintenance of Certification**

ABO Board Certification must be kept current through enrollment in the American Board of Optometry 10-year Maintenance of Certification process.

## **Authority**

The Board of Directors of the American Board of Optometry shall have sole power and authority to determine whether or not the performance on the examination qualifies a candidate for a certificate and that their decision is final. Further, the ABO Board of Directors has sole power and authority to determine whether or not any evidence or information before it is sufficient to constitute grounds for revocation of any certificate issued by this Corporation. The Board of Directors may, however, at its discretion, require any person so certified to appear before the Board of Directors, upon not less than thirty (30) days written notice by registered mail, and to show cause, at the time and place specified in such notice, why the certificate should not be revoked. The failure of any person so notified to appear as required in such notice shall, at the discretion of the Board of Directors, constitute cause for revocation of the certificate. The decision of the Board of Directors in all such matters shall be final. The candidate may request reconsideration of the action by the ABO.

It is understood that the decision as to whether my examination qualifies me for a certificate rests solely and exclusively with the American Board of Optometry and that its decision is final.

**About the American Board Optometry (ABO)**

*The American Board of Optometry was incorporated on October 14, 2009. The first Board of Directors was appointed by the founding organizations consisting of the American Academy of Optometry, American Optometric Association, American Optometric Student Association and the Association of Schools and Colleges of Optometry. For more information, please visit [www.americanboardofoptometry.org](http://www.americanboardofoptometry.org).*

**About Prometric**

*Prometric, a wholly-owned subsidiary of ETS, is the recognized global leader in technology-enabled testing and assessment services. Its comprehensive suite of services, including test development, test delivery and data management capabilities, allows clients to develop and launch global testing programs as well as accurately measure program results and data. Prometric reliably delivers and administers more than seven million tests a year on behalf of 450 clients in the academic, professional, healthcare, government, corporate and information technology markets. It delivers tests flexibly via the Web or by utilizing a robust network of more than 10,000 test centers in 163 countries. For more information, please visit [www.prometric.com](http://www.prometric.com). For information specific to the ABO examination, please visit [www.prometric.com/abopt](http://www.prometric.com/abopt).*

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## **APPENDIX A**

# **American Board of Optometry Board Certification Examination DETAILED OUTLINE**

### **GENERAL PRACTICE (160 items)**

*The core of the examination is based in the following ten areas of general practice.*

#### **1. Ametropia/Ophthalmic Optics (16%)**

- a. Dispensing techniques
- b. Lens designs (e.g., advantages and disadvantages of)
- c. Materials (e.g., advantages and disadvantages of)
- d. Assessment and differential diagnosis for refractive error
- e. Treatment and management options for refractive error
- f. Assessment and differential diagnosis for anisometropia
- g. Treatment and management options for anisometropia
- h. Assessment and differential diagnosis for refractive amblyopia
- i. Treatment and management options for refractive amblyopia

#### **2. Pediatrics/Binocular Vision/Vision Therapy (8%)**

- a. Assessment and differential diagnosis for visual perception disorders
- b. Treatment and management options for visual perception disorders
- c. Assessment and differential diagnosis for accommodative disorders
- d. Treatment and management options for accommodative disorders
- e. Assessment and differential diagnosis for binocular vision disorders
- f. Treatment and management options for binocular vision disorders
- g. Assessment and differential diagnosis for oculo-motor anomalies (e.g., saccades, pursuits, nystagmus)
- h. Treatment and management options for oculo-motor anomalies (e.g., saccades, pursuits, nystagmus)
- i. Assessment and differential diagnosis for non-refractive amblyopia
- j. Treatment and management options for non-refractive amblyopia

#### **3. Contact Lenses (13%)**

- a. Contact lens materials/design
- b. Soft/gas permeable fitting techniques
- c. Optics of contact lenses (e.g., power calculations and base curves)
- d. Assessment and differential diagnosis for contact lens related complications
- e. Treatment and management options for contact lens related complications
- f. Indications and contraindications of corneal topography

#### 4. Anterior Segment (15%)

- a. Types of foreign bodies (e.g., superficial, penetrating)
- b. Injurious chemical agents (e.g., alkali, acid, glue)
- c. Assessment and differential diagnosis for episclera/sclera/uvea
- d. Treatment and management options for episclera/sclera/uvea
- e. Assessment and differential diagnosis for lacrimal system
- f. Treatment and management options for lacrimal system
- g. Assessment and differential diagnosis for diseases and disorders of lids and/or lashes
- h. Treatment and management options for diseases and disorders of lids and/or lashes
- i. Assessment and differential diagnosis for diseases and disorders of ocular adnexa
- j. Treatment and management options for diseases and disorders of ocular adnexa
- k. Assessment and differential diagnosis for diseases and disorders of orbit
- l. Treatment and management options for diseases and disorders of orbit
- m. Assessment and differential diagnosis for corneal diseases and disorders
- n. Treatment and management options for corneal diseases and disorders
- o. Assessment and differential diagnosis for conjunctival diseases and disorders
- p. Treatment and management options for conjunctival diseases and disorders
- q. Assessment and differential diagnosis for corneal ulcer
- r. Treatment and management options for corneal ulcer
- s. Assessment and differential diagnosis for chemical burns
- t. Treatment and management options for chemical burns
- u. Assessment and differential diagnosis for foreign body removal
- v. Treatment and management options for foreign body removal
- w. Assessment and differential diagnosis for ocular trauma (e.g., blowout fracture, blunt trauma, corneal assault)
- x. Treatment and management options for ocular trauma (e.g., blowout fracture, blunt trauma, corneal assault)
- y. Indications for anterior segment photos
- z. Interpretation of anterior segment photos
- aa. Indications for punctal plugs
- ab. Interpretation of punctal plugs
- ac. Indications and contraindications of oral medications
- ad. Management of complications of oral medications
- ae. Indications and contraindications of anti-allergy medications
- af. Management of complications of anti-allergy medications
- ag. Indications and contraindications of anti-inflammatory medications
- ah. Management of complications of anti-inflammatory medications
- ai. Indications and contraindications of antifungal medications
- aj. Management of complications of antifungal medications
- ak. Indications and contraindications of antiviral medications
- al. Management of complications of antiviral medications
- am. Indications and contraindications of antibiotic medications
- an. Management of complications of antibiotic medications



## **5. Pre- and Post-operative care (7%)**

- a. Pre-operative evaluation for cataract or refractive surgery
- b. Post-operative care for cataract or refractive surgery
- c. Post-surgical complications of cataract or refractive surgery
- d. Assessment and differential diagnosis for cataracts
- e. Treatment and management options for cataracts

## **6. Posterior Segment (12%)**

- a. Assessment and differential diagnosis for macular diseases
- b. Treatment and management options for macular diseases
- c. Assessment and differential diagnosis for retinal vascular diseases (excluding CRAO)
- d. Treatment and management options for retinal vascular diseases (excluding CRAO)
- e. Assessment and differential diagnosis for diseases of the retina and/or choroid (e.g., histoplasmosis, nevus)
- f. Treatment and management options for diseases of the retina and/or choroid (e.g., histoplasmosis, nevus)
- g. Assessment and differential diagnosis for peripheral retinal diseases (e.g., break, detachment, RP, degenerations)
- h. Treatment and management options for peripheral retinal diseases (e.g., break, detachment, RP, degenerations)
- i. Assessment and differential diagnosis for central retinal artery occlusion
- j. Treatment and management options for central retinal artery occlusion
- k. Sudden vision loss
- l. Indications for fundoscopy using auxiliary lenses (e.g., 90D, 3-mirror, Hruby)
- m. Interpretation of fundoscopy using auxiliary lenses (e.g., 90D, 3-mirror, Hruby)
- n. Indications for fundoscopy with binocular indirect ophthalmoscopy
- o. Interpretation of fundoscopy with binocular indirect ophthalmoscopy
- p. Indications for scleral depression
- q. Indications for retinal imaging (e.g., OPTOS, OCT, retinal photography)
- r. Interpretation of retinal imaging (e.g., OPTOS, OCT, retinal photography)

## **7. Optic Nerve/Glaucoma (12%)**

- a. Assessment and differential diagnosis for diseases of the optic nerve (excluding glaucoma and AION)
- b. Treatment and management options for diseases of the optic nerve (excluding glaucoma and AION)
- c. Assessment and differential diagnosis for glaucoma, glaucoma suspects, and ocular hypertension
- d. Treatment and management options for glaucoma, glaucoma suspects, and ocular hypertension
- e. Assessment and differential diagnosis for acute angle closure glaucoma attack
- f. Treatment and management options for acute angle closure glaucoma attack
- g. Assessment and differential diagnosis for arteritic anterior ischemic optic neuropathy
- h. Treatment and management options for arteritic anterior ischemic optic neuropathy
- i. Indications for pachymetry
- j. Interpretation of pachymetry

- k. Indications for gonioscopy (e.g., 3 mirror lens, 4 mirror lens)
- l. Interpretation of gonioscopy (e.g., 3 mirror lens, 4 mirror lens)
- m. Indications for visual field testing for glaucoma (e.g., SAP, SWAP, FDT)
- n. Interpretation of visual field testing for glaucoma (e.g., SAP, SWAP, FDT)
- o. Indications for imaging techniques for glaucoma and optic nerve disease (e.g., GDx, HRT, OCT)
- p. Interpretation of imaging techniques for glaucoma and optic nerve disease (e.g., GDx, HRT, OCT)
- q. Indications and contraindications of glaucoma medications
- r. Management of complications of glaucoma medications

## **8. Neuro-Ophthalmic Disorders (5%)**

- a. Onset of diplopia
- b. Assessment and differential diagnosis for visual pathway disorders (e.g., brain tumor, ocular tumor, infarction)
- c. Treatment and management options for visual pathway disorders (e.g., brain tumor, ocular tumor, infarction)
- d. Assessment and differential diagnosis for acquired brain injuries (e.g., diplopia, ocular pursuits, saccades, accommodative inability, binocular vision, glare sensitivity, inability to maintain visual contact)
- e. Treatment and management options for acquired brain injuries (e.g., diplopia, ocular pursuits, saccades, accommodative inability, binocular vision, glare sensitivity, inability to maintain visual contact)
- f. Assessment and differential diagnosis for neuro-ophthalmic and/or pupillary disorders (e.g., Bell's palsy, tonic pupil, EOM palsies)
- g. Treatment and management options for neuro-ophthalmic and/or pupillary disorders (e.g., Bell's palsy, tonic pupil, EOM palsies)
- h. Assessment and differential diagnosis for headaches including migraines
- i. Treatment and management options for headaches including migraines

## **9. Vision Rehabilitation (5%)**

- a. General principles of low vision and vision rehabilitation
- b. Patient education

## **10. Systemic Health (7%)**

- a. Common public health concerns (e.g., obesity, smoking )
- b. Roles and responsibilities for other health care providers/specialists
- c. Indications for blood pressure measurement
- d. Interpretation of blood pressure measurement
- e. Indications and contraindications of periorbital dermatological lesions
- f. Management of complications of periorbital dermatological lesions

## **AREAS OF EMPHASIS (80 items)**

*In addition to the core examination, each candidate will select two of the following areas of emphasis, each of which will consist of an additional 40 items.*

### **1. Additional General Practice**

(As above)

### **2. Contact Lenses**

- a. Contact lens materials/design
- b. Soft/gas permeable fitting techniques
- c. Optics of contact lenses (e.g., power calculations and base curves)
- d. Assessment and differential diagnosis for anisometropia
- e. Treatment and management options for anisometropia
- f. Assessment and differential diagnosis for contact lens related complications
- g. Treatment and management options for contact lens related complications
- h. Assessment and differential diagnosis for episclera/sclera/uvea
- i. Treatment and management options for episclera/sclera/uvea
- j. Assessment and differential diagnosis for lacrimal system
- k. Treatment and management options for lacrimal system
- l. Assessment and differential diagnosis for corneal diseases and disorders
- m. Treatment and management options for corneal diseases and disorders
- n. Assessment and differential diagnosis for corneal ulcer
- o. Treatment and management options for corneal ulcer
- p. Indications for pachymetry
- q. Interpretation of pachymetry
- r. Indications and contraindications of corneal topography

### **3. Pediatrics/Binocular Vision/Vision Therapy**

- a. Interviewing techniques
- b. Patient education
- c. Neuro-optometric rehabilitation methods (e.g., vision therapy for patients that suffered a stroke, brain tumor, trauma)
- d. Assessment and differential diagnosis for anisometropia
- e. Treatment and management options for anisometropia
- f. Assessment and differential diagnosis for refractive amblyopia
- g. Treatment and management options for non-refractive amblyopia
- h. Assessment and differential diagnosis for visual perception disorders
- i. Treatment and management options for visual perception disorders
- j. Assessment and differential diagnosis for accommodative disorders
- k. Treatment and management options for accommodative disorders
- l. Assessment and differential diagnosis for binocular vision disorders
- m. Treatment and management options for binocular vision disorders
- n. Assessment and differential diagnosis for oculo-motor anomalies (e.g., saccades, pursuits, nystagmus)
- o. Treatment and management options for oculo-motor anomalies (e.g., saccades, pursuits, nystagmus)
- p. Assessment and differential diagnosis for non-refractive amblyopia
- q. Treatment and management options non-refractive amblyopia

- r. Assessment and differential diagnosis for acquired brain injuries (e.g., diplopia, ocular pursuits, saccades, accommodative inability, binocular vision, glare sensitivity, inability to maintain visual contact)
- s. Treatment and management options for acquired brain injuries (e.g., diplopia, ocular pursuits, saccades, accommodative inability, binocular vision, glare sensitivity, inability to maintain visual contact)

#### **4. Ocular Disease Anterior**

- a. Pre-operative evaluation for cataract or refractive surgery
- b. Post-operative evaluation for cataract or refractive surgery
- c. Post-surgical complications of cataract or refractive surgery
- d. Types of foreign bodies (e.g., superficial, penetrating)
- e. Injurious chemical agents (e.g., alkali, acid, glue)
- f. Assessment and differential diagnosis for contact lens related complications
- g. Treatment and management options for contact lens related complications
- h. Assessment and differential diagnosis for episclera/sclera/uvea
- i. Treatment and management options for episclera/sclera/uvea
- j. Assessment and differential diagnosis for lacrimal system
- k. Treatment and management options for lacrimal system
- l. Assessment and differential diagnosis for diseases and disorders of lids and/or lashes
- m. Treatment and management options for diseases and disorders of lids and/or lashes
- n. Assessment and differential diagnosis for diseases and disorders of ocular adnexa
- o. Treatment and management options for diseases and disorders of ocular adnexa
- p. Assessment and differential diagnosis for diseases and disorders of orbit
- q. Treatment and management options for diseases and disorders of orbit
- r. Assessment and differential diagnosis for corneal diseases and disorders
- s. Treatment and management options for corneal diseases and disorders
- t. Assessment and differential diagnosis for conjunctival diseases and disorders
- u. Treatment and management options for conjunctival diseases and disorders
- v. Assessment and differential diagnosis for cataracts
- w. Treatment and management options for cataracts
- x. Assessment and differential diagnosis for corneal ulcer
- y. Treatment and management options for corneal ulcer
- z. Assessment and differential diagnosis for chemical burns
- aa. Treatment and management options for chemical burns
- ab. Assessment and differential diagnosis for foreign body removal
- ac. Treatment and management options for foreign body removal
- ad. Assessment and differential diagnosis for ocular trauma (e.g., blowout fracture, blunt trauma, corneal assault)
- ae. Treatment and management options for ocular trauma (e.g., blowout fracture, blunt trauma, corneal assault)
- af. Assessment and differential diagnosis for acute angle closure glaucoma attack
- ag. Treatment and management options for acute angle closure glaucoma attack
- ah. Indications for pachymetry
- ai. Interpretation of pachymetry
- aj. Indications for gonioscopy (e.g., 3 mirror lens, 4 mirror lens)

- ak. Interpretation of gonioscopy (e.g., 3 mirror lens, 4 mirror lens)
- al. Indications for anterior segment photos
- am. Interpretation of anterior segment photos
- an. Indications for punctal plugs
- ao. Indications for blood chemistry (e.g., CBC, ESR, A1c) for a differential diagnosis
- ap. Interpretation of blood chemistry (e.g., CBC, ESR, A1c) for a differential diagnosis
- aq. Indications and contraindications of corneal topography
- ar. Indications and contraindications of corneal debridement
- as. Management of complications of corneal debridement
- at. Indications and contraindications of culture results
- au. Indications and contraindications of periorbital dermatological lesions
- av. Management of complications of periorbital dermatological lesions
- aw. Indications and contraindications of oral medications
- ax. Management of complications of oral medications
- ay. Indications and contraindications of anti-allergy medications
- az. Management of complications of anti-allergy medications
- ba. Indications and contraindications of anti-inflammatory medications
- bb. Management of complications of anti-inflammatory medications
- bc. Indications and contraindications of antifungal medications
- bd. Management of complications of antifungal medications
- be. Indications and contraindications of antiviral medications
- bf. Management of complications of antiviral medications
- bg. Indications and contraindications of antibiotic medications
- bh. Management of complications of antibiotic medications

## **5. Ocular Disease Posterior**

- a. Post-surgical complications of cataract surgery
- b. Sudden vision loss
- c. Onset of diplopia
- d. Assessment and differential diagnosis for diseases and disorders of orbit
- e. Treatment and management options for diseases and disorders of orbit
- f. Assessment and differential diagnosis for macular diseases
- g. Treatment and management options for macular diseases
- h. Assessment and differential diagnosis for retinal vascular diseases (excluding CRAO)
- i. Treatment and management options for retinal vascular diseases (excluding CRAO)
- j. Assessment and differential diagnosis for diseases of the retina and/or choroid (e.g., histoplasmosis, nevus)
- k. Treatment and management options for diseases of the retina and/or choroid (e.g., histoplasmosis, nevus)
- l. Assessment and differential diagnosis for peripheral retinal diseases (e.g., break, detachment, RP, degenerations)
- m. Treatment and management options for peripheral retinal diseases (e.g., break, detachment, RP, degenerations)
- n. Assessment and differential diagnosis for diseases of the optic nerve (excluding glaucoma and AION)
- o. Treatment and management options for diseases of the optic nerve (excluding glaucoma and AION)

- p. Assessment and differential diagnosis for glaucoma, glaucoma suspects, and ocular hypertension
- q. Treatment and management options for glaucoma, glaucoma suspects, and ocular hypertension
- r. Assessment and differential diagnosis for ocular trauma (e.g., blowout fracture, blunt trauma, corneal assault)
- s. Treatment and management options for ocular trauma (e.g., blowout fracture, blunt trauma, corneal assault)
- t. Assessment and differential diagnosis for acute angle closure glaucoma attack
- u. Treatment and management options for acute angle closure glaucoma attack
- v. Assessment and differential diagnosis for central retinal artery occlusion
- w. Treatment and management options for central retinal artery occlusion
- x. Assessment and differential diagnosis for arteritic anterior ischemic optic neuropathy
- y. Treatment and management options for arteritic anterior ischemic optic neuropathy
- z. Indications for pachymetry
- aa. Interpretation of pachymetry
- ab. Indications for gonioscopy (e.g., 3 mirror lens, 4 mirror lens)
- ac. Interpretation of gonioscopy (e.g., 3 mirror lens, 4 mirror lens)
- ad. Indications for funduscopy using auxiliary lenses (e.g., 90D, 3-mirror, Hruby)
- ae. Interpretation of funduscopy using auxiliary lenses (e.g., 90D, 3-mirror, Hruby)
- af. Indications for funduscopy with binocular indirect ophthalmoscopy
- ag. Interpretation of funduscopy with binocular indirect ophthalmoscopy
- ah. Indications for scleral depression
- ai. Interpretation of scleral depression
- aj. Indications for visual field testing for glaucoma (e.g., SAP, SWAP, FDT)
- ak. Interpretation of visual field testing for glaucoma (e.g., SAP, SWAP, FDT)
- al. Indications for imaging techniques for glaucoma and optic nerve disease (e.g., GDx, HRT, OCT)
- am. Interpretation of imaging techniques for glaucoma and optic nerve disease (e.g., GDx, HRT, OCT)
- an. Indications for retinal imaging (e.g., OPTOS, OCT, retinal photography)
- ao. Interpretation of retinal imaging (e.g., OPTOS, OCT, retinal photography)
- ap. Indications for fluorescein angiography
- aq. Interpretation of fluorescein angiography
- ar. Indications for radiologic imaging (e.g., MRI, CT) for a differential diagnosis
- as. Indications for blood chemistry (e.g., CBC, ESR, A1c) for a differential diagnosis
- at. Interpretation of blood chemistry (e.g., CBC, ESR, A1c) for a differential diagnosis
- au. Indications and contraindications of oral medications
- av. Management of complications of oral medications
- aw. Indications and contraindications of anti-inflammatory medications
- ax. Management of complications of anti-inflammatory medications
- ay. Indications and contraindications of antiviral medications
- az. Management of complications of antiviral medications
- ba. Indications and contraindications of antibiotic medications
- bb. Management of complications of antibiotic medications
- bc. Indications and contraindications of glaucoma medications
- bd. Management of complications of glaucoma medications

## 6. Vision Rehabilitation/Low Vision/Neuro-Ophthalmic Rehabilitation

- a. Vision rehabilitation
- b. Interviewing techniques
- c. Patient education
- d. Low vision testing techniques (e.g., Feinbloom, Bailey-Lovie)
- e. Community support services (e.g., Commission for the Blind, Vocational Rehab)
- f. Low vision devices (e.g., magnification, telescopes)
- g. Principles of magnification
- h. Neuro-optometric rehabilitation methods (e.g., vision therapy for patients that suffered a stroke, brain tumor, trauma)
- i. Sudden vision loss
- j. Onset of diplopia
- k. Assessment and differential diagnosis for visual perception disorders
- l. Treatment and management options for visual perception disorders
- m. Assessment and differential diagnosis for oculo-motor anomalies (e.g., saccades, pursuits, nystagmus)
- n. Treatment and management options for oculo-motor anomalies (e.g., saccades, pursuits, nystagmus)
- o. Assessment and differential diagnosis for diseases and disorders of orbit
- p. Treatment and management options for diseases and disorders of orbit
- q. Assessment and differential diagnosis for diseases of the optic nerve (excluding glaucoma and AION)
- r. Treatment and management options for diseases of the optic nerve (excluding glaucoma and AION)
- s. Assessment and differential diagnosis for visual pathway disorders (e.g., brain tumor, ocular tumor, infarction)
- t. Treatment and management options for visual pathway disorders (e.g., brain tumor, ocular tumor, infarction)
- u. Assessment and differential diagnosis for acquired brain injuries (e.g., diplopia, ocular pursuits, saccades, accommodative inability, binocular vision, glare sensitivity, inability to maintain visual contact)
- v. Treatment and management options for acquired brain injuries (e.g., diplopia, ocular pursuits, saccades, accommodative inability, binocular vision, glare sensitivity, inability to maintain visual contact)
- w. Assessment and differential diagnosis for neuro-ophthalmic and/or pupillary disorders (e.g., Bell's palsy, tonic pupil, EOM palsies)
- x. Treatment and management options for neuro-ophthalmic and/or pupillary disorders (e.g., Bell's palsy, tonic pupil, EOM palsies)
- y. Indications for retinal imaging (e.g., OPTOS, OCT, retinal photography)
- z. Interpretation of retinal imaging (e.g., OPTOS, OCT, retinal photography)
- aa. Indications for radiologic imaging (e.g., MRI, CT) for a differential diagnosis
- ab. Interpretation of radiologic imaging (e.g., MRI, CT) for a differential diagnosis

The computer based examination will be administered at Prometric Test Centers worldwide.