

CALIFORNIA STATE BOARD OF OPTOMETRY BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM As of December 1, 2020

Section 1 – Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

The California State Board of Optometry (Board) is one of the forty regulatory entities within the Department of Consumer Affairs (DCA). The Board licenses and regulates the professions of optometry and opticianry in California. The Board is funded solely by applicants' fees, licenses, certifications, registrations, business licenses, and other related fees. Current law provides for eleven board members: six licensees (including one registered optician) and five public members. The Governor appoints nine members; the Speaker of the Assembly appoints one public member; the Senate Rules Committee appoints one public member.

The Board's mission is to protect the health and safety of California consumers through licensing, education, and regulation of Optometry and Opticianry. The Board accomplishes its mission through the following responsibilities:

- Promulgating regulations governing Board procedures, examination for optometric licensure, minimum standards of optometric and dispensing services offered and performed, statements of licensure and fictitious name permits, and the equipment in all registered locations;
- Investigating consumer complaints and criminal convictions including, but not limited to substance abuse, unprofessional conduct, incompetence, fraudulent action, and unlawful activity;
- Taking disciplinary action for violations of laws and regulations governing Optometry and Opticianry when warranted;
- Accrediting schools and colleges of optometry¹;
- Establishing educational and examination requirements to ensure the competence of candidates for licensure/registration;
- Setting and enforcing standards for continued competency of existing licensees; communicating with licensees, registrants, and Californians to aid in the understanding of laws and regulations related to the delivery of high-quality vision care in the state.

¹ The term "board" in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

On March 20, 1903, California became the third state to pass a law recognizing the profession of Optometry and regulating its practice (Optometry Act of 1903 (California Statutes of 1903, Chapter CCXXXIV) later repealed by Statutes of 1913, Chapter 598). In 1913, a new Optometry Practice Act (Statutes of 1913, Chapter 598, derived from the 1903 Act as amended by enactments of 1907 and 1908) was enacted, creating the Board, defining its duties and powers, and prescribing a penalty for a violation of the Act. Later, the Legislature incorporated The Act of 1913 in the Business and Professions Code (BPC) (Chapter 7, Division 2, healing arts). Empowered with rulemaking authority (BPC Sections 3025 and 3025.5), the Board promulgated the first rule for optometry practice in 1923. In the same year, the legislature passed a law (Chapter 164, Statutes of 1923) requiring all applicants for licensure to meet specific educational requirements, i.e., graduate from an accredited school or college of optometry. BPC Code charged the Board with accrediting these schools. Before this time, individuals desiring to practice were not required to have any specific formal education.

In the last four years, the Board's authority and scope have dramatically increased. [Assembly Bill 684](#) (Alejo, Chapter 405, Statutes of 2015), signed into law in 2015 and effective January 1, 2016, transferred the oversight of opticianry from the Medical Board of California (MBC) to the Optometry Board. The bill created a Dispensing Optician Committee of two public members, two opticians, and one board member to advise the Board on optician related issues. In this change of authority, the Board's regulatory population suddenly grew by 50% - expanding its regulatory oversight from 8,000 licensees to roughly 12,000 licensees and registrants as of 2016. [Assembly Bill 443](#) (Salas, Chapter 549, Statutes of 2017), signed into law in 2017, revised the scope of practice to allow additional procedures, including the administration of immunizations by optometrists certified to use therapeutic pharmaceutical agents. Additionally, [Assembly Bill 458](#) (Nazarian, Chapter 425, Statutes of 2019) was signed into law in 2019, allowing optometrists to perform in-home optometric care after obtaining a board permit. Finally, Assembly Bill 896 (Low, Chapter 121, Statutes of 2020) was signed into law in September 2020 and called for a registry of mobile optometric offices operated by charity care organizations within California.

As of August 2020, the Board is responsible for the regulatory oversight of approximately 31,937 optometrists, opticians, and optical businesses - the largest state population of optometric and optician professionals in the United States. The Board is responsible for issuing certifications for optometrists to use Diagnostic Pharmaceutical Agents (DPA); Therapeutic Pharmaceutical Agents (TPA); TPA with Lacrimal Irrigation and Dilation (TPL); and TPA with Glaucoma Certification (TPG); and TPA with Lacrimal Irrigation and Dilation and Glaucoma Certification (TLG). The Board also issues statements of licensure and fictitious name permits. Within the practice of opticianry, the Board issues spectacle lens dispenser (SLD) registrations; contact lens dispenser (CLD) registrations; non-resident contact lens seller registrations (NCLS), and registered dispensing optician business (RDO) registrations.

1. Describe the make-up and functions of each of the board's committees.

The Board's committees and workgroups meet on an "as needed" basis according to the Board Member's Handbook (*Section 13, Attachment A1*), effectively once or more per fiscal year quarter. The current committee and workgroup structure (*Section 13, Attachment B1*) provides multiple opportunities for consumers, licensees, professional organizations, and educational institutions to participate actively and comment on topics before the Board. Committee meeting dates, agendas,

and materials are posted online and open to the public. Additionally, all committee and workgroup recommendations are presented to the Board for consideration during a publicly noticed Board meeting.

Currently, the Board has the following committees:

Dispensing Optician Committee

The committee, established under [BPC §3020](#), is responsible for recommending registration standards and criteria for registering dispensing opticians, nonresident contact lens sellers, spectacle lens dispensers, and contact lens dispensers; and reviewing the disciplinary guidelines relating to opticianry. The committee also recommends board changes or additions to regulations relating to opticianry. According to this chapter, it carries out all responsibilities and duties imposed upon it or as delegated to it by the board.

Legislation and Regulation

Responsible for recommending legislative and regulatory priorities to the Board and assisting staff with drafting language for Board-sponsored legislation and recommending official positions on current legislation. The committee also recommends regulatory additions and amendments.

Practice and Education

Advises Board staff on matters relating to optometric practice, including standards of practice and scope of practice issues, and reviews staff responses to proposed regulatory changes that may affect optometric practice. Also approves continuing education courses and offers guidance to Board staff regarding continuing education issues.

Consumer Protection

Oversees the development and administration of legally defensible licensing examinations and consulting on enhancements to licensing and enforcement policies and procedures.

Public Relations – Outreach

Assists with the development of educational materials and outreach to the Board's Stakeholders.

The Board has the following active workgroups for specific areas:

Telemedicine Workgroup

As telemedicine is an emerging delivery model for optometry, especially in light of the COVID-19 pandemic, the Board has been at the forefront of discussing these issues by creating a telemedicine workgroup. In fall 2019, throughout two public meetings and multiple workgroup meetings in 2020, Board staff presented research on various telemedicine scenarios, technologies, and best practices within the optometry profession. The Board has provided direction to staff for further research to develop a comprehensive telemedicine policy in 2021-22.

Strategic Plan Workgroup

In conjunction with Board staff, this workgroup is responsible for refining and finalizing the Board's 2021-2025 Strategic Plan.

Sunset Review Workgroup

In conjunction with Board staff, this workgroup is responsible for refining and finalizing the Board's 2021 Sunset Review.

Several workgroups are no longer active:

AB 896

The Board initially sponsored AB 896 to merge the optometry and optician funds. In 2019, Assemblymember Low chose to include statutory provisions that codify Vision to Learn's (VTL's) ability to provide mobile vision services without an agreement with an optometric academic institution. The Board has made increasing children's access to comprehensive vision care a priority and welcomed the Chair's invitation to discuss the inclusion with his office, legislative policy committees, and stakeholders. In January 2019, the board formed a workgroup that met regularly to craft text which protects the public, provides opportunities for on-campus optometric care for students, and allows charity care providers to register their clinics with the Board. The bill was signed into law as an urgency measure on September 24, 2020.

Mobile Clinics

To protect families' access to convenient, quality eye care and provide support to optometrists as they continue providing the vision care services Californians need and deserve in a variety of environments—the Board created the Mobile Clinic Workgroup in 2016. The workgroup met numerous times throughout 2016 and 2017. During its June 29, 2018 meeting, the Legislation and Regulations Committee discussed statutory constraints to the authorization of mobile units and determined that comprehensively addressing mobile services would take more time than would be available to move forward in the 2019 legislative session. Accordingly, the Legislation and Regulations Committee voted in August 2018 to recommend to the full board to pursue legislation dealing solely with homebound care. With the authorship of the Chair of the Assembly Aging and Long-Term Care Committee, Assembly Bill 458 (Nazarian) was passed and signed into law in 2019, paving the way for optometrists to perform in-home optometric care after obtaining a board permit.

Children's Vision

In 2015, SB 402 (Mitchell) was proposed to address the need for comprehensive eye examinations for school-age children. Due to the failure of SB 402 to pass out of the Senate Appropriations Committee, the Board created this workgroup, comprised of two members, tasked with meeting with stakeholders on these issues and providing legislation recommendations to the Board.

Throughout 2017 and 2018, the Board held 20 public meetings comprised of Board, committee, and workgroup meetings. The Children's Vision Workgroup — dedicated to AB 1110, which highlighted the importance of comprehensive eye examinations in school-age children—held many of these meetings. The Children's Vision Workgroup worked with Assembly Member Autumn Burke's office and held a press conference at the State Capitol to create awareness of the associated bill. The Board also held mobile optometric clinic meetings, discussing ways to increase student access while maintaining the expected standard of care for examinations conducted in brick and mortar medical offices. Unfortunately, AB 1110 did not proceed in the 2017-2018 legislative session, and the workgroup has not met regularly since then.

However, the children's vision issue has remained at the forefront of Board legislative activity, culminating in AB 896 (Low, Chapter 121, Statutes of 2020), which will significantly expand access

1 for children to vision care via charity mobile clinics. The Board has begun staff work on the
2 regulatory implementation of the bill.
3
4

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Board Member Roster / Attendance

Set out below is the Board Member roster as of November 2020. *For a detailed list of attendance at Board and committee meetings, please refer to Section 13, Attachment A2.*

Board Member Roster as of November 2020					
Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Brandvein, Cyd	October 25, 2013	September 14, 2017	June 1, 2021	Governor	Public
Garcia, Jeffery (O.D.)	August 10, 2020		June 1, 2023	Governor	Professional
Kawaguchi, Glenn (O.D.)	August 9, 2012	May 5, 2015	June 1, 2022	Governor	Professional
Mcintyre, Debra (O.D.)	March 15, 2016	September 14, 2017	June 1, 2021	Governor	Professional
Morodomi, Mark	April 7, 2015	July 31, 2018	June 1, 2022	Governor	Public
Turetsky, David (O.D.)	December 18, 2013	September 14, 2017	June 1, 2021	Governor	Professional
Wang, Lillian (O.D.)	March 27, 2015	July 27, 2018	June 1, 2022	Governor	Professional
Vacant (Since June 2020)				Speaker of the Assembly	Public
Vacant (Since December 2017)				Senate President Pro Tempore	Public
Vacant (Since June 2020)				Governor	Public
Vacant (Since June 2020)				Governor	Professional (Licensed Optician)

[Assembly Bill 684](#) (Alejo, Chapter 405, Statutes of 2015) created the Dispensing Optician Committee in 2016 under [BPC §3020](#). The Dispensing Optician Committee reviews and makes

recommendations to the full Board. The committee's scope is the practice of opticianry in California. Except for one regular Board member, the Dispensing Optician Committee members are separate from the Board. The Board appointed initial members in 2017, but the Governor will determine membership beyond the initial terms of service. Set out below is the DOC member roster as of November 2020. *For a detailed list of attendance at DOC meetings, please refer to Section 13, Attachment A3.*

Dispensing Optician Committee Roster as of November 2020

Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Bentley, Adam	January 26, 2018		January 26, 2022	Board	Professional
Kawaguchi, Glenn (O.D.)	August 14, 2020		August 14, 2021	Board	Professional
Kysella, William	April 21, 2017		April 21, 2021	Board	Public
Watts, Anna	April 21, 2017		April 21, 2021	Board	Professional
Vacant (Since June 1, 2020)				Governor	Public

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

In the last four years, the Board has not canceled any meetings due to a lack of quorum. However, the Board has had several vacancies in 2020, which significantly increase the challenges of obtaining a quorum.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**

Since the last sunset review in 2016, several Board members have termed out, and vacancies have resulted in June 2020. The previous Board President, Cyd Brandvein (public appointee), was replaced in 2019 by current Board President Mark Morodomi (public appointee).

Within Board staff, several changes in leadership and personnel have taken place:

- The incumbent Executive Officer left the Board in Spring 2018, and a new Executive Officer (Shara Perkins Murphy) joined the Board in November 2018;
- The incumbent Assistant Executive Officer left the Board in Spring 2018. The current Assistant Executive Officer was appointed in November 2019.
- Staff turnover has occurred in every unit, with some key positions turning over multiple times. With a reduced staff and an increasing licensee population, the team has struggled to maintain licensing and enforcement processing times and dedicate staff time to organizational efficiencies, such as desk audits, process mapping, and process documentation.

The Board remains in its current location at 2450 Del Paso Road, Sacramento, CA 95834. However, in late 2019, Board staff moved twice to facilitate the remodel of the Board's office. The remodel reduced the total square footage of the office, allowing for a reduction in the Board's rent.

The Board approved a 2017-2020 Strategic Plan in 2017 and has implemented most of the proposals. Proposals that were not completed were carried over into the Board's new 2021 strategic plan.

The Board held a two-day strategic plan meeting on August 13 and 14, 2020. With extensive input from board staff and stakeholders, a draft 2021-2025 strategic plan was completed and given to a Board workgroup for final refinement. The Board adopted a 2021-2025 strategic plan in November 2020.

- **All legislation sponsored by the board and affecting the board since the last sunset review.**

Since the last Sunset Review in 2016, the Board has sponsored the following legislation, listed in chronological order from most recent to oldest:

AB 896 (Low, Chapter 121, Statutes of 2020) Registered Dispensing Opticians: Dispensing Opticians Fund: Optometry Fund: mobile optometric offices.

Status: Signed into law on September 24, 2020, as an urgency measure.

This bill abolishes the Dispensing Opticians Fund on July 1, 2022, and requires any amounts of money in that fund to be transferred to the Optometry Fund before July 1, 2022. This bill also defines "mobile optometric office" to mean a trailer, van, or other means of transportation in which the practice of optometry is performed, and which is not affiliated with an approved optometry school in California. The bill limits ownership of a mobile optometric office to a tax-exempt nonprofit or charitable organization that provides optometric services to patients regardless of the patient's ability to pay. The bill requires the owner and operator of a mobile optometric office to register with the board and provide specified information on registering. The bill prohibits the owner and operator of a mobile optometric office from accepting payment for services other than those provided on behalf of Medi-Cal beneficiaries. The bill requires the owner and operator of a mobile optometric office to file a quarterly report with the board and provide a consumer notice prescribed by the board to patients. The bill requires the board, by January 1, 2022, to adopt regulations

1 establishing a registry for mobile optometric offices and to set a registration fee at an amount not to
2 exceed the costs of administration. The bill authorizes the board to adopt regulations to conduct
3 quality assurance reviews for optometrists engaging in the practice of optometry at a mobile
4 optometric office. The bill prohibits the board from bringing an enforcement action against an
5 owner and operator of a mobile optometric office based solely on its affiliation status with an
6 approved optometry school in California for remotely providing optometric service before January
7 1, 2022. The bill requires the owner and operator of a mobile optometric office to maintain records,
8 as prescribed, to be made available to the board upon request for inspection. The bill requires a
9 licensed optometrist who provides patient care in conjunction with a mobile optometric office to
10 obtain a statement of licensure with the mobile optometric office's address as registered with the
11 board. The bill requires, if the licensee is not practicing optometry at a location other than with the
12 owner and operator of the mobile optometric office, that the licensee list as their primary address of
13 record the owner and operator of the mobile optometric office's address as registered with the
14 board.

15
16 AB 458 (Nazarian, Chapter 425, Statutes of 2019) Optometrists: home residence permit

17 Status: Signed into law on October 2, 2019.
18

19 This bill requires an optometrist to obtain a home residence permit to engage in the practice of
20 optometry at a home residence, as defined, except for a person engaging in the temporary practice
21 of optometry. The bill authorizes an optometrist who is certified as a therapeutic pharmaceutical
22 agent to obtain a home residence permit by submitting an application to the board and paying
23 applicable fees and would establish a process for the issuance and renewal of home residence
24 permits, including prescribing application, renewal, and delinquency fees. The bill requires an
25 optometrist engaging in the practice of optometry at any health facility or residential care facility, or
26 home residence to provide each patient with a consumer notice, as specified, prescribed by the
27 board. The bill requires a certified home residence optometrist, before engaging in the practice of
28 optometry at a home residence, to provide the patient with a board-prescribed consumer notice
29 and an authorization to release the patient's medical information related to the optometrist's
30 provision of optometry services to the board for specified purposes, including investigating
31 complaints and conducting the board's enforcement duties.
32

33 AB 443 (Salas, Chapter 549, Statutes of 2017) Optometry: Scope of practice.

34 Status: Signed into law on October 7, 2017.
35

36 This bill revises the scope of the practice of optometry by, among other things, providing that the
37 practice of optometry includes the provision of habilitative optometric services. This bill additionally
38 authorizes an optometrist who is certified to use therapeutic pharmaceutical agents, among other
39 things, to perform skin testing to diagnose ocular allergies, to perform intravenous injection for the
40 purpose of performing ocular angiography under specified circumstances, and to treat and
41 diagnose hypotrichosis and blepharitis. The bill authorizes an optometrist certified to use
42 therapeutic pharmaceutical agents to administer immunizations if the optometrist meets certain
43 requirements, including that the optometrist is certified in basic life support.
44

45 **Since the last Sunset Review in 2016, the Board has tracked the following bills which affect**
46 **the Optometric Practice Act (BPC §§ 3000 – 3167) or the Registered Dispensing Optician**
47 **statutes (BPC §§ 2540–2545; §§ 2546–2546.10; §§ 2550–2569). Additionally, other bills which**

the Board tracked and took a position on are also listed. Bills are listed in chronological order from newest to oldest with the Board position, if applicable.

2020

AB 613 (Low, 2020) Healing Arts

Status: Held in committee

Board Position: Support (as introduced February 14, 2019)

As introduced, this bill would authorize each board within the department to increase every four years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding four years, subject to specified conditions. The bill would require the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances. By authorizing an increase in the amount of fees deposited into a continuously appropriated fund, this bill would make an appropriation. Amendments dated June 29, 2020, changed the subject to dentists: clinical laboratories; therefore, the board no longer tracked this bill.

AB 1616 (Low, 2020) Department of Consumer Affairs: boards: expunged convictions.

Status: Held in Committee

Board Position: Support

This bill would require professional licensing boards, under the Department of Consumer Affairs, that post information on their internet website about a revoked license due to a criminal conviction to update or remove information about the revoked license should the board receive an expungement order related to the conviction, as specified.

SB 53 (Wilk, 2020) Open meetings.

Status: Held in committee

Board Position: Oppose

This bill would specify that the definition of “state body” includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed. Exceptions include a board, commission, committee, or similar multimember body on which a member of a body serves in their official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

2019

AB 156 (Voepel) Optometrists: endorsement fee

Status: Held in committee

This bill would amend Section 3152 of the Business and Professions Code to expressly authorize the CBO to charge a fee of \$50, increasable up to \$100, in exchange for endorsing licenses for licensees seeking to become licensed in other states.

1 AB 1467 (Salas and Low) Optometrists: scope of practice: delegation of services agreement.

2 Status: Held in committee

3 Board Position: Watch

4
5 The Optometry Practice Act provides for the licensure and regulation of the practice of optometry
6 by the State Board of Optometry in the Department of Consumer Affairs. Existing law provides that
7 the practice of optometry includes various functions relating to the visual system, including
8 performing certain functions under the direction of, or after consultation with, an ophthalmologist. A
9 violation of the act is a misdemeanor. This bill would authorize an optometrist to provide services
10 outlined in a delegation-of-services agreement, as defined, between an optometrist and an
11 ophthalmologist.

12
13 **2018**

14
15 AB 1802 (Salas, 2018): State Board of Optometry: optometrists: dispensing opticians

16 Status: Held in Committee.

17
18 This bill would prohibit an optometrist from having certain specified arrangements with a
19 dispensing optician or optical company, except as specified, and would define “dispensing
20 optician” as an individual, corporation, or firm engaged in the business of filling prescriptions of
21 physicians and surgeons licensed by the Medical Board of California or optometrists licensed by
22 the State Board of Optometry for prescription lenses and kindred products and, as incidental to the
23 filling of those prescriptions, doing any or all of the following acts, either singly or in combination
24 with others, such as taking facial measurements, fitting and adjusting lenses, and fitting and
25 adjusting spectacle frames, regardless of whether the individual, corporation or firm is registered
26 by the State Board of Optometry.

27
28 AB 2138 (Chiu, Chapter 995, Statutes of 2018) Licensing boards: denial of application: criminal
29 conviction

30 Status: Signed into law on September 30, 2018.

31 Board Position: Oppose

32
33 This bill increases access to professional licensure for applicants who have a conviction history.
34 This bill also adds reporting and record retention requirements regarding applicants with conviction
35 histories and mandates that the Board develops criteria for determining whether a particular
36 conviction “is directly and adversely related to the qualifications, functions, or duties” of the
37 regulated profession.

38
39 AB 2444 (Burke, 2018) Pupil Health: eye and vision health

40 Status: Held in Committee

41
42 Existing law requires a school nurse or other authorized person to appraise the vision of a pupil
43 during kindergarten, or upon first enrollment or entry of that pupil in a California school district at an
44 elementary school, and in grades 2, 5, and 8, as specified. Existing law requires the State
45 Department of Education to adopt guidelines to implement the provisions relating to these pupil
46 vision appraisals, including training requirements and a method of testing for near vision. This bill
47 would apply these provisions to elementary schools under county offices of education and to
48 charter schools that serve elementary school pupils, in addition to elementary schools under

1 school districts, thereby imposing a state-mandated local program. The bill would require the
2 department to adopt regulations, instead of guidelines, to implement these provisions, and would
3 require the regulations to include follow-up procedures for a pupil who fails a vision appraisal.
4

5 The bill would require the department, in coordination with specified persons and entities, to
6 develop an information sheet regarding pediatric vision and eye health that includes specified
7 information. The bill would require a school district, county office of education, or charter school to
8 make the information sheet available annually to teachers at every school site that serves
9 elementary school pupils, thereby imposing a state-mandated local program. The bill would
10 authorize a school district, county office of education, or charter school to provide the information
11 sheet to parents and guardians of pupils, as specified. The bill would require the department, in
12 cooperation with the State Board of Optometry, to establish a pilot program to improve early
13 detection of eye and vision problems to help pupils achieve better educational outcomes. The bill
14 would require the pilot program to take place in participating school districts during the 2020–23
15 school years.
16

17 AB 2461 (Flora and Obernolte) Criminal history information: subsequent arrest notification: State
18 Department of Social Services.

19 Status: Signed in to law on September 7, 2018.

20 Board Position: Support if Amended
21

22 This bill requires the Department of Justice to provide subsequent arrest notifications to Boards
23 whose licensees are fingerprinted as a condition of licensure.
24

25 AB 3184 (Rubio, 2018):

26 Status: Held in Committee
27

28 This bill would rename the State Board of Optometry as the California State Board of Optometry.
29 The bill would make various conforming changes in this regard.
30

31 SB 1109 (Bates, Chapter 693, Statutes of 2018) Controlled substances: Schedule II drugs: opioids.

32 Status: Signed into law September 22, 2018
33

34 The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by
35 the California State Board of Optometry. The act requires an optometrist certified to use therapeutic
36 pharmaceutical agents to complete a total of 50 hours of continuing education every two years to
37 renew his or her certificate. Previous law required 35 of the 50 hours of continuing education to be
38 on the diagnosis, treatment, and management of ocular disease in any combination of specified
39 areas, including pain medication. This bill expanded the areas of continuing education to include
40 risks of addiction associated with the use of Schedule II drugs.
41

42 SB 1386 (McGuire, Chapter 334, Statutes of 2018) Professions and Vocations

43 Status: Signed into law on September 18, 2018

44 Board Position: Support
45

46 This bill removed the exemption provided to a licensed optometrist who holds a branch office
47 license from the requirement to obtain a statement of licensure to practice at that branch office.

Previous law prohibits a person, singly or in combination with others, from having an office or other place for the practice of optometry, unless he or she is licensed to practice optometry. Previous law authorized an optometrist, or two or more optometrists jointly, to have one office without obtaining a branch office license from the board. However, an optometrist, and two or more optometrists jointly, are prohibited from having more than one office unless he, she, or they comply with specified licensure provisions as to the additional office, which constitutes a branch office. This bill removed those provisions relating to licensure of branch offices and prohibited an optometrist, or two or more optometrists jointly, from having more than 11 offices.

SB 1480 (Hill, Chapter 571, Statutes of 2018) Professions and Vocations

Status: Signed into law on September 19, 2018.

These committee bills were intended to consolidate non-controversial provisions related to various health-related regulatory programs, including the Board of Optometry. They include creating a more straightforward way for the Board to allow the renewal or restoration of all expired license types.

SB 1491 (Committee on Business, Professions and Economic Development, Chapter 703, Statutes of 2018) Healing Arts

Status: Signed into law on September 22, 2018.

These committee bills were intended to consolidate non-controversial provisions related to various health-related regulatory programs, including the Board of Optometry. They include consistent naming of the Board throughout the practice act and modification of the renewal date of a license based on the date of issuance rather than the licensee's birth month.

2017

AB 1110 (Burke, 2017) Pupil health: eye and vision examinations

Status: Died in Assembly Appropriations

Board Position: Support

This bill would have required parents to provide results of an eye and vision examination upon a pupil's first enrollment in elementary school, prohibits a school district from denying admission to a pupil if the parent fails to provide the examination results, and authorizes vision screening by the school nurse or other authorized individual for those pupils who have not received such an examination. This bill also required appraisal of pupil's vision, by the school nurse or other authorized personnel, in grades 2, 5, and 8 unless the parent provides a certificate setting out the results of a determination of the pupil's vision, including visual acuity and color vision. In addition, CDE would have been required to develop implementing regulations, including training and notification requirements.

AB 1708 (Low, Chapter 564, Statutes of 2017)

Status: Signed into law on October 7, 2017

Board Position: Support

Extended the sunset for the California State Board of Optometry and its authority to appoint an executive officer from January 1, 2018, to January 1, 2022; redefined the term "advertise" to

1 include the Internet for purposes of the Optometry Practice Act; and made various changes to the
2 statute to improve the state's oversight of the optometry profession and related eye health
3 professions. This bill enabled the Board to look up a licensing applicant in the National Practitioner
4 Data Bank (NPDB) before issuing a license and deleted the authority to award letters of
5 sponsorship to foreign graduates. This bill expressly declared that the Board has the discretion to
6 approve or deny an applicant with prior disciplinary issues. This bill provided the Board with
7 express inspection authority for optician businesses.

8
9 SB 798 (Hill, Chapter 775, Statutes of 2017) Healing arts: Boards

10 Status: Signed into law on October 13, 2017

11
12 This bill was an omnibus bill that made various non-substantive changes to sections affecting the
13 practice of optometry and opticianry.

- 14
15
 - **All regulation changes approved by the board since the last sunset review. Include**

16 **the status of each regulatory change approved by the board.**

17
18 The following regulatory changes to Title 16 of Divisions 13.5 and 15 of the California Code of
19 Regulations have been approved by the Board since the last Sunset Review in 2016. Proposed
20 changes are listed by sections affected.

21
22 RDO Applications for Registration; Denial of Applications; Renewal Applications (Amend CCR §§
23 1399.220, 1399.221, 1399.222

24 Subject: This proposal would update various RDO applications and clarify existing application
25 requirements.

26
27 Status: Approved by the Board at the November 7, 2017, public meeting; staff work was
28 completed, but the package was not submitted to OAL. Due to discussion and approval by the
29 Board in 2019 and 2020 of an omnibus optician regulatory package, this proposal has been
30 integrated into the 2020 omnibus package.

31
32 Implementation of AB 2138 (Amend §§1399.270, 1399.271, 1399.272, 1516, 1517)

33 Subject: This proposal would implement AB 2138, relating to the denial of applications based on
34 the applicant's conviction history.

35
36 Status: Submitted to OAL for final approval in October 2020; expected approval by January 2021.
37 The Board reviewed comments and approved amended text at the May 15, 2020, public meeting.
38 A 15-day public comment period for the amended text ended June 9, 2020, with no comments
39 received.

40
41 Dispensing Optician Disciplinary Guidelines (Amend §1399.273)

42 Status: Approved by the Board at the August 14, 2020, public meeting; the rulemaking package is
43 undergoing staff preparation for submission to DCA and Agency for pre-file approval with OAL by
44 spring 2021.

45
46 Subject: The proposed Optician Disciplinary Guidelines are used in disciplinary action against
47 applicants and registrants by protecting the consumers of opticianry services from unsafe,
48 incompetent, and/or negligent opticians. The Optician Guidelines set standards for discipline,

including conditions of probation for licensees that address the violations charged and are modeled after the Optometry Disciplinary Guidelines but are modified to meet the needs of the Optician Program.

Optician Program Omnibus Regulatory Changes (Amend §§ 1399.200 – 1399.285)

Subject: This proposal makes minor changes to the existing optician program regulations. It would be limited to placing current initial registration and renewal forms within the BreEZe system), aligning current fees with the statute, and making other non-substantive changes. These changes would not affect any existing operations or modify any current processes.

Status: Approved by the Board at the August 14, 2020, public meeting; the rulemaking package is undergoing staff preparation for submission to DCA and Agency for pre-file approval with OAL by summer 2021.

Implementation of AB 443 (Amend §1524; Adopt §1527)

Subject: This proposal would implement AB 443, which allows a TPA-licensed optometrist to administer immunizations provided the applicant meets certain conditions and training.

Status: DCA Legal returned minor changes to the text, which the Board approved at the May 15, 2020, public meeting. The rulemaking package is currently with DCA Legal and Agency for pre-file approval before OAL submission for a 45-day public comment period, likely in early 2021.

Optometry Disciplinary Guidelines (Amend §1575)

Subject: 2019 Update of existing Optometry Board Disciplinary Guidelines. The Disciplinary Guidelines are used in disciplinary action against applicants and registrants by protecting the consumers of optometry services from unsafe, incompetent, and/or negligent optometrists. The Guidelines are used to impose discipline, including conditions of probation for licensees that address the violations charged. The changes include updates to enforcement processes, the terminology used, and implementation of changes made by the Substance Abuse Coordination Committee in fall 2019.

Status: The Consumer Protection Committee reviewed the guidelines at the September 13, 2019, public meeting. The full Board approved the regulatory text and Guidelines incorporated by reference at the October 25, 2019, public meeting. This rulemaking package is undergoing staff preparation for submission to DCA and Agency for pre-file approval with OAL by summer 2021.

Optometry Continuing Education Regulations (Amend §1536)

Subject: This proposal would make a series of changes to §1536, including allowing all 50 continuing education units to be taken online provided the courses meet certain conditions, an increase in self-study hours to 25, better definition of self-study hours, and additional requirements for CE providers. Changes were also made to forms incorporated by reference into the section.

Status: Approved by the Board at the August 14, 2020, public meeting; rulemaking package undergoing staff preparation for submission to DCA and Agency for pre-file approval with OAL by summer 2021.

4. Describe any major studies conducted by the board (cf. Section 13, Attachment C).

Since the last Sunset Review in 2016, the Board has completed the following major studies:

2019 Optometry Occupational Analysis (Section 13, Attachment C1)

In conjunction with the DCA Office of Professional Examination Services (OPES), the Board completed the Optometry Occupational Analysis in 2019. Optometrists from across California were involved using surveys, telephone interviews, and multiple in-person group workshops to better clarify the knowledge and skills required for the practice of optometry in California. This occupational analysis will be used by the Board to inform and make decisions on the practice of optometry.

2019 Contact Lens Dispenser Occupational Analysis (Section 13, Attachment C2)

In conjunction with OPES, the Board completed the Contact Lens Dispenser Occupational Analysis in 2019. Contact Lens Dispensers from across California were involved using surveys, telephone interviews, and multiple in-person group workshops to better clarify the knowledge and skills required for the practice of contact-lens dispensing in California. This occupational analysis will be used by the Board to inform and make decisions on the practice of contact lens dispensing.

2020 Spectacle Lens Dispenser Occupational Analysis (Section 13, Attachment C3)

In conjunction with OPES, the Board completed the Spectacle Lens Dispenser Occupational Analysis in 2020. Spectacle Lens Dispensers from across California were involved using surveys, telephone interviews, and multiple in-person group workshops to better clarify the knowledge and skills required for the practice of spectacle lens dispensing in California. This occupational analysis will be used by the Board to inform and make decisions on the practice of spectacle lens dispensing.

2020 NBEO National Review

In conjunction with OPES, the Board completed an audit of the NBEO Exam in 2020. It is the policy of DCA that “all [national] licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards” (DCA Policy OPES 18-02). This validation includes a review of the examination’s development, administration, and security procedures, as well as a review of the examination content to assess its applicability to California practice.

2020 ABO-NCLE National Review

In conjunction with OPES, the Board completed an audit of the American Board of Opticianry exam for SLDs and an audit of the National Contact Lens Exam for CLDs, both in 2020. It is the policy of DCA that “all [national] licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards” (DCA Policy OPES 18-02). This validation includes a review of the examination’s development, administration, and security procedures, as well as a review of the examination content to assess its applicability to California practice.

Optician Program Statutory Review

As part of its statutorily mandated duties under BPC §3020, the Dispensing Optician Committee is charged with recommending registration standards and criteria for the registration of dispensing opticians, nonresident contact lens sellers, spectacle lens dispensers, and contact lens dispensers. Throughout four public meetings beginning in summer 2019, board staff and Dispensing Optician Committee members completed a comprehensive review of the Optician Program Statutes

(Division 2, Chapters 5.4, 5.45, 5.5). The Board then reviewed the proposed changes at several meetings in 2020 and is expected to finalize proposed changes for a potential Legislative bill in 2021. Substantial public and stakeholder input has been received and considered as part of the review. These changes are intended to improve public protection, clarify and enhance registrant reporting requirements, update definitions and terminology, and re-organize the statutes for clarity.

5. List the status of all national associations to which the board belongs.

- Does the board's membership include voting privileges? List committees, workshops, working groups, task forces, etc., on which board participates. How many meetings did board representative(s) attend? When and where?**

Association of Regulatory Boards of Optometry (ARBO)

ARBO is an international association, providing resources to regulatory boards of optometry since 1919. ARBO's membership consists of 66 regulatory boards throughout the United States, Canada, Australia and New Zealand. ARBO provides programs to accredit optometric continuing education courses, to track and audit the continuing education attendance of licensed optometrists, and to assist with license mobility. ARBO's goal is also to be a conduit for sharing information among licensing boards to increase efficiency and decrease costs.

The Board's Executive Officer attended the June 2019 ARBO meeting in St. Louis, Missouri. Although budgetary pressures and COVID-19 changed the meeting structure in 2020, the Board has still been attending and fully participating in the ARBO meetings online in 2020. The Board membership does include voting privileges. Beginning in August 2020, Board member Dr. Lillian Wang, O.D., was appointed to ARBO's National Board Examination Review Committee, responsible for ensuring that the National Board Exams meet all requirements for testing the entry-level competency of optometrists.

- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

The Board uses separate national exams for optometry and opticianry.

Optometry License – NBEO Exam

In 2001, the Board voted to use the National Board of Examiners in Optometry (NBEO) Parts I, II, and III examinations for licensure. Usage of NBEO became effective upon the passage of CCR § 1531 on January 28, 2002. The examination is developed and administered by NBEO, located in North Carolina. The NBEO was established in 1951 and is an organization that develops, administers, and scores examinations, and reports the results that state boards utilize in licensing optometrists to practice eye care. At present, all 50 states, the District of Columbia, and Puerto Rico use this examination for licensure. Beginning in August 2020, Board member Dr. Lillian Wang, O.D., was appointed to ARBO's National Board Examination Review Committee, responsible for ensuring that the National Board Exams meet all requirements for testing the entry-level competency of optometrists.

In partnership with DCA's OPES, the board conducts regular assessments of the NBEO Exam, most recently in 2020. The purpose of the assessment is to ensure that the examination meets

1 professional guidelines and technical standards outlined in the *Standards for Educational and*
2 *Psychological Testing* and the *DCA Examination Validation Policy*. The Board's assessment
3 determined the examination meets the prevailing standards for validation and use of the
4 examination for licensure in California.

5
6 The NBEO examination is divided into three parts, and applicants must take the first two exams
7 during their second year of optometry school. Parts I and II of the NBEO are computer-based and
8 administered through the Pearson VUE third-party testing proctor. Applicants for an optometrist
9 license take these NBEO examinations before applying to the Board. Upon applying with the
10 Board, applicants must request that NBEO submit their scores to the Board. Part III is performed in
11 person in North Carolina and typically taken between August and May of the third year of
12 optometry school. The Board and NBEO have arranged for the scores to be transmitted
13 electronically for examination security purposes. The board regularly meets and consults with
14 NBEO on all aspects of the exam.
15

Registered Dispensing Optician Program Examinations

Spectacle Lens Dispenser (SLD) candidates must pass the American Board of Opticianry (ABO) examination. Contact Lens Dispenser (CLD) candidates must take and pass the National Contact Lens Examination (NCLE). Both national examinations are developed and administered by the ABO and are available in English and Spanish. The results are neither divided by language nor tracked by first time vs. retakes. Both exams are computer-based, two-hours in length, and can be taken at any of the Prometric testing sites around the country. In partnership with OPES, the board conducts regular assessments of the ABO and NCLE exams, most recently in 2020.

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website.

Please refer to Section 13, Attachment E1 for the quarterly and annual performance measures.

7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of customer satisfaction surveys.

The Board is committed to providing superior customer service to consumers, licensees, registrants, applicants, and other stakeholders. To assist the Board in this commitment, the Board utilizes three customer satisfaction surveys (general, licensing, and enforcement). All responses are anonymous. The use of surveys was adopted by the Board in 2009. Surveys were distributed in the following ways:

- Periodically mailed to applicants, licensees, and consumers who interacted with the Board's licensing and enforcement units;
- A link on the Board's website;
- A link on staff's e-mail signature blocks;
- A link on follow-up e-mails to licensees/consumers recently assisted by staff, requesting completion of the survey; and
- A link in every e-mail sent to the Board's website subscribers.

Following FY 2018, the Board experienced significant staff turnover, including Executive Officer, Assistant Executive Officer, and Policy Analyst positions. Also, the website was revamped, and the links to the survey were no longer prominent. As a result, responses to the survey dropped off considerably.

In the first half of FY 20/21, to increase the response rate, the Board added links to the survey to different sections of its website for higher visibility. It revised its email distribution format to include survey links. Surveys are also emailed to all newly licensed optometrists and individuals who interact with the enforcement unit.

Survey respondents also have the opportunity to provide written comments regarding different aspects of the Board. These comments provide an opportunity for management to follow up with both the consumer and staff. Exceptional customer service is an essential component of the Board's mission and strategic goals.

Summaries of the comments are listed after each table and organized by fiscal year.

Board General Customer Satisfaction Survey					
Fiscal Years (FY) 16/17-19/20					
Are you a(n)?	Answer Options	Response Count			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Applicant	2	7	3	1
	Licensee	62	2	5	1
	Consumer	1	0	0	0
	Government Agency	5	0	0	0
	Optometric Association	3	0	0	0
	Other	2	2	0	0
	Total Respondents	73	11	8	2
On average, how many times do you contact the Board per month?	Answer Options	Response Count			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	0-1 times	66	9	5	0
	2-3 times	3	2	1	2
	4-5 times	3	0	1	0
	6 or more times	1	0	1	0
What was your purpose for contacting the Board? Choose all that apply.	Answer Options	Response Count			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Board Meetings	7	0	0	0
	Board Member Contact	1	0	0	0
	Executive Officer	6	0	0	0
	Forms	17	4	4	0
	Laws and Regulations	31	0	2	0
	Law Exam Workshops	6	0	0	0
	Newsletter	6	0	0	0
	Public Records Act Request	1	0	0	0

	Request for Information	23	1	3	1
	Subject Matter Expert Info	4	0	0	0
	Other	16	6	2	2
Were you transferred to the appropriate individual if you were unable to get a response from your initial contact with the Board?	Yes	Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
		50%	63%	83.33%	50%
Based on your contact with the Board, please rate the following:	Answer Options	Rating Average			
		(1=Unacceptable, 5 = Excellent))			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Staff Courteous/Helpful	1.87	2.67	2.14	3
	Staff Knowledgeable	1.86	2.22	2	3.5
	Staff Accessible	1.99	2.89	2.43	3.5
	Staff Responsiveness	1.93	2.75	2.5	3.5
	Overall Satisfaction	2.07	2.89	2.29	3.5
Prior to contacting the Board, did you visit the Board's website at www.optometry.ca.gov ?	Yes	Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
		56%	81%	100%	50%
Did you receive the service you needed as a result of your contact with the Board?	Yes	Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
		57%	55%	62.50%	50%

Board General Survey Additional Comments:

2019/2020

Of the two General Survey responses received, 50% (1) provided additional written comments, reporting an inability to contact the analyst responsible for processing and issuing Optometrist licenses. Notably, the Board received no comments from its direct constituency of consumers in this fiscal year.

2018/2019

Of the eight General Survey responses received, 50% (4) provided additional written comments. Of those, 25% (1) reported difficulty renewing their license through the BreZE website and receiving

the help they needed by having staff send them a hard copy renewal form instead of navigating the Breeze website. 25% (1) reported that their optician application had been with licensing from May of 2018 to August of 2018 and suggested the BreEZe website improve its functionality. 25% reported receiving a Live Scan form via email.

2017/2018

Of the 11 General Survey responses received, 45% (5) provided additional written comments. Of those, 20% (1) expressed dissatisfaction with Boardmember Martha Garcia. Of those, 20% (1) provided positive feedback related to services received by the Board. The remaining 60% (3) experienced some level of dissatisfaction with customer service related to staff demeanor, availability, and Board processes regarding renewals, address changes, and initial licensure.

2016/2017

Of the 73 General Survey responses received, 25% (18) provided additional written comments. Of those, 22% (4) provided positive feedback related to services received by the Board. 61% (11) experienced varying levels of dissatisfaction with customer service related to staff demeanor and availability. 5% (1) related an intention to file a complaint. 11% (2) related to negative experiences involving not enforcing the law and the requirement to post-disciplinary actions under BPC § 27.

Board Licensing Customer Satisfaction Survey Fiscal Years (FY) 16/17 – 19/20					
Are you a(n)?	Answer Options	Response Sum total			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Applicant	20	7	8	0
	Licensee	82	4	6	1
	Consumer	1	1	0	0
	Total Respondents	103	12	14	1
Based on your initial contact with the Board, please rate the following:	Answer Options	Rating Average (1 = Unacceptable, 5 = Excellent)			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Staff Courteous/Helpful	1.79	2.09	2.67	4.00
	Staff Knowledgeable	1.75	2.00	2.58	4.00
	Staff Accessible	1.82	2.36	3.23	4.00
	Staff Responsiveness	1.86	2.55	3.09	4.00
	Overall Satisfaction	1.95	2.45	3.15	4.00
During your initial contact with the Board, were you transferred to	Answer Options	Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20

the appropriate individual in the Licensing Unit?	Yes	80.58%	91.67%	57.14%	0.00%
On average, how many times do you contact the Board's Licensing Unit per month?	Answer Options	Response Count			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	0-1 times	81	4	6	0
	2-3 times	14	2	5	1
	4-5 times	4	2	0	0
	6 or more times	0	2	2	0
What was your purpose for contacting the Licensing Unit? Choose all that apply.	Answer Options	Response Count			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Address Change	16	1	0	1
	Application for Licensure	25	6	6	0
	Application for Licensure (out-of-state)	11	2	4	0
	CLRE	13	0	2	0
	Business Licenses	10	0	0	0
	Laws and Regulations	15	0	0	0
	Optometry License Renewal	36	2	2	0
	Verification of Licensure	11	1	1	0
	Other	14	0	1	0
Based on your contact with the Board's Licensing Unit, please rate the following:	Answer Options	Rating Average (1 = Unacceptable, 5 = Excellent)			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Staff Courteous/Helpful	1.70	2.90	2.83	5.00
	Staff Knowledgeable	1.70	2.90	2.67	4.00
	Staff Accessible	1.74	2.70	2.85	4.00
	Staff Responsiveness	1.86	3.20	2.92	4.00
	Overall Satisfaction	1.91	3.00	3.23	4.00
Prior to contacting the Board's Licensing Unit, did you visit the Board's website at www.optometry.ca.gov ?		Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
		80.81%	90.00%	92.31%	100.00%

Did you receive the service you needed as a result of your contact with the Board Licensing Unit?		Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
		82.83%	60.00%	53.85%	0.00%

Board Licensing Customer Satisfaction Survey Additional Comments:

2019/2020

Of the one Licensing Survey response received, 100% (1) provided additional written comments. 100% experienced dissatisfaction with customer service related to staff and manager demeanor and availability.

2018/2019

Of the 14 Licensing Survey responses received, (9) provided additional written comments. Of those, 77% (7) experienced varying levels of dissatisfaction with customer service related to staff demeanor and manager availability. 11% (1) experienced some level of dissatisfaction with the user-friendliness of the BreEZe website. 11% (1) provided positive feedback related to services received by the Board.

2017/2018

Of the 12 Licensing Survey responses received, 50% (6) provided additional written comments. Of those, 50% (3) experienced varying levels of dissatisfaction with customer service related to staff demeanor and availability. 50% (3) experienced varying levels of dissatisfaction with the user-friendliness of the BreEZe website. 11% (1) provided positive feedback related to services received by the Board.

2016/2017

Of the 103 Licensing Survey responses received, 31% (32) provided additional written comments. Of those, 37.5% (12) experienced some level of dissatisfaction with customer service related to staff demeanor and availability. 50% (3) experienced some level of dissatisfaction with the user-friendliness of the BreEZe website and the Board's website. 43.75% (14) provided positive feedback related to services received by the Board.

Board Enforcement Customer Satisfaction Survey Fiscal Years (FY) 16/17 – 20/21*					
Are you a(n):	Answer Options	Response Count			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Applicant	0	1	2	1
	Licensee	18	2	2	2
	Consumer	3	1	1	1
	Total Respondents	21	4	5	4
Based on your initial contact with the Board, please rate the following:	Answer Options	Rating Average (1 = Unacceptable, 5 = Excellent)			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20

	Staff Courteous/Helpful	2.35	2.33	1.60	3.50
	Staff Knowledgeable	2.50	2.33	2.00	3.50
	Staff Accessible	2.70	3.00	1.80	3.50
	Staff Responsiveness	2.70	2.33	2.00	3.50
	Overall Satisfaction	2.68	2.67	1.80	3.50
During your initial contact with the Board, were you transferred to the appropriate individual in the Enforcement Unit?	Answer Options	Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Yes	77.78%	50%	60%	25%
On average, how many times do you contact the Board's Enforcement Unit per month?	Answer Options	Response Count			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	0-1 times	19	1	4	2
	2-3 times	0	1	1	1
	4-5 times	0	0	0	0
	6 or more times	0	1	0	0
What was your purpose for contacting the Enforcement Unit? Choose all that apply.	Answer Options	Response Count			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Disciplinary History	1	2	0	0
	Laws and Regulations	9	0	1	1
	Request to File a Complaint	3	1	0	1
	Pending Complaint	4	0	0	0
	Probation	0	0	0	0
	Other	6	1	5	2
Based on your contact with the Board's Enforcement Unit, please rate the following:	Answer Options	Rating Average (1 = Unacceptable, 5 = Excellent)			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
	Staff Courteous/Helpful	2.75	2.50	1.25	3.67
	Staff Knowledgeable	2.69	2.50	1.25	3.67
	Staff Accessible	2.94	2.00	1.50	3.67
	Staff Responsiveness	3.19	2.50	1.50	3.67
	Overall Satisfaction	3.19	2.50	1.25	3.67
Prior to contacting the Board's Enforcement Unit, did you visit the		Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20

Board's website at www.optometry.ca.gov ?		84.21%	100.00%	80.00%	66.67%
Did you receive the service you needed as a result of your contact with the Board Enforcement Unit?	Yes	Response Percent			
		FY 16/17	FY 17/18	FY 18/19	FY 19/20
		47.37%	66.67%	100.00%	33.33%

Board Enforcement Customer Satisfaction Survey Additional Comments:

2019/2020

Of the four Enforcement Survey responses received, 50% (2) provided additional written comments. Of those, 100% (2) experienced some level of dissatisfaction with customer service related to staff demeanor and availability.

2018/2019

Of the five Enforcement Survey responses received, 50% (3) provided additional written comments. Of those, 33% (1) experienced some level of dissatisfaction with customer service related to staff demeanor and availability. 66% (2) provided positive feedback related to services received by the Board.

2017/2018

Of the four Enforcement Survey responses received, 75% (3) provided additional written comments. Of those, 33% (1) experienced some level of dissatisfaction with customer service related to staff demeanor and availability. 66% (2) provided positive feedback related to services received by the Board.

2016/2017

Of the 21 Enforcement Survey responses received, 28% (6) provided additional written comments. Of those, 33% (2) experienced some level of dissatisfaction with customer service related to staff demeanor and availability. 33% (2) provided positive feedback related to services received by the Board. A non-licensee expressed interest in utilizing the Board's website to monitor disciplinary actions. 17.6% (1) experienced dissatisfaction while being investigated; the wording of the letter from the Board threatened disciplinary action if they did not meet the demands of the Board. 17.6% (1) expressed confusion regarding the criteria for removing or updating the license status of older licensees (initially licensed in 1959) whose license was delinquent, or the licensee was deceased.

Section 3 – Fiscal and Staff

Fiscal Issues

8. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

The Board is not continuously appropriated. The Board statutorily has two separate funds: the Optometry Fund (BPC § 3145) and the Dispensing Opticians Fund (BPC § 2567). However, Assembly Bill 896 (Low, Chapter 121, Statutes of 2020) was signed into law and was effective

September 23, 2020. This bill abolishes the Dispensing Opticians Fund by July 1, 2022, and requires that any amounts of money in that fund be transferred to the Optometry Fund before July 1, 2022.

(QUESTIONS 9 – 15: AWAITING APPROVED NUMBERS FROM DCA FISCAL)

Staffing Issues

16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

Staff turnover at the Board has been a long-standing issue. With a small staff size and heavy workload, any staff absence quickly affects the workload of other staff. Individual staff members are tasked with daunting workloads and tight deadlines, often mandated by law. The Board's small staff size and personnel budget mean that options for career advancement within the Board are limited, causing the Board to lose staff members with valuable skills and institutional knowledge to agencies with more room for advancement.

Since the last Sunset Review in 2016, the Board has seen significant turnover in staff and leadership, with more than half of the Board's positions having been refilled at least once. The Board's current Executive Officer joined the Board in November 2018, and the current Policy Analyst joined the Board in January 2019. The current Assistant Executive Officer served as the Board's Lead Enforcement Analyst before being appointed in November 2019. Licensing and clerical support staff have also experienced almost complete turnover since the last Sunset Review.

The challenges are exacerbated in licensing because licensure applications are at an all-time high – and continue to increase. The unmanageable and growing workload undoubtedly weighs on staff morale. While Board staff continuously looks for opportunities to develop and implement process improvements, this also adds additional workload and stressors. The Board cannot keep up with the volume of work in its charge without additional staff positions.

Further, the Board made attempts to add needed personnel since 2017 through the Budget Change Proposal (BCP) process but has been unsuccessful. As an example, the Board pursued BCP in 2019 designed to add badly needed extra positions to the licensing unit, which currently has one full-time analyst and one full-time MST. As part of the BCP, one new part-time position would address the long-documented industry shift to glaucoma certification, increased practice locations, and expanded practice setting modalities within the Optometry licensing program. This position would be combined with the existing 0.5 MST in the Optometry unit provides the Board with consistent processing of the average number of transactions within the Optometry licensing program. A second position would address a sustained increase in application activity experienced since the Board obtained the regulatory authority of the optician program in 2016. The BCP was then added to an omnibus Department of Consumer Affairs proposal for increased personnel at various boards. That BCP was denied.

Staff turnover may continue if the Board does not receive additional positions to bring individual workload down to manageable levels. Many lateral positions exist at other programs with less

workload. To address these issues, the Board has and will continue to pursue additional positions. However, with insufficient funds to support additional permanent positions, successful budget change proposals are unlikely.

Despite the turnover, the Board remains committed to retaining its exceptional staff. The Board offers a variety of flexible work schedules, encourages staff development, and focuses on a positive staff environment. Enforcement and Licensing Units meet monthly to discuss complex cases or licensing issues currently facing the team. Board management and staff work together to improve existing processes continuously, and a weekly staff meeting gives management an overview of workload and emerging issues. Also, management meets with staff regularly to assess individual job satisfaction and seek management feedback to serve Board employees better.

17. Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 13, Attachment D).

The Board's limited position allotment makes it critical that its staff is efficient and accurate, and the Board employs many methods to help ensure training and support.

The Board utilizes the Department of Consumer Affairs' SOLID Training Services division, which offers an array of training classes to support staff in learning and practicing new skills, gaining competence and confidence in their work roles, and preparing for career advancement. SOLID has conducted teambuilding classes specifically for our office staff at the request of Board management. Courses encouraged tolerance, communication, and recognizing individual skill sets.

The Board has begun cross-training of staff to build familiarity and understanding of all parts of the Board's work and allow for a more supportive distribution of workload during high-volume times.

The Board organizes regular informational sessions with industry experts and tours of optometry schools, optical manufacturing laboratories, and educational sites, and mobile optometric offices. These help staff better understand what our licensees and registrants do and how. The experiences help staff be more effective at supporting and educating licensees. The administrative, licensing, and enforcement units meet regularly to discuss current opportunities, challenges, trends, and process improvements and share knowledge and skills.

Meetings for all staff are also held regularly. Since March 2020, when the Board transitioned to primarily teleworking due to COVID-19, the staff has met weekly via videoconference. These weekly meetings have offered a space for staff to check-in and share how they're doing, what they're working on, and any challenges they may be facing.

The Assistant Executive Officer conducts quarterly one-on-one meetings with members of staff. These meetings provide the opportunity for staff to have uninterrupted time to discuss any concerns they may have, goals they may wish to achieve, projects or assignments they are working on, or any other matter of concern.

The Assistant Executive Officer conducts regular Individual Development Plan meetings with staff. In these meetings, staff reviews performance and develops performance improvements, career development, and implementation plans.

As new staff receives onboarding, cohorts and management offer extensive training in their tasks and duties, the operations of the Board, and the opportunities available to them for training and advancement.

Section 4 – Licensing Program

18. What are the board’s performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board strives to complete Optician program applications in 4 – 6 weeks and Optometry applications in 6 – 8 weeks. At the close of the fiscal year 2019-2020, the Board maintained those goals. This goal was achieved, in part, by switching exclusively to online applications through the BreZE system, which significantly reduces processing times for all application types.

The most considerable risk to increased processing times is the lack of staff resources. Before the current pandemic and budget reductions, the board relied on temporary help positions, which have since been recommended for eliminat. Optometry operates with two licensing positions; Opticianry licensing operates with one position. Without staff to cross-train, any illness leaves the program at a standstill with no one to review, process, and approve applications.

19. Describe any increase or decrease in the board’s average time to process applications, administer exams, and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board receives the majority of its applications in cycles following graduation season and the administration of national competency exams. During periods with a massive influx of new applications, processing times increase due to limited staff resources.

For Optometry applicants, in particular, processing times increase as applicants complete their examination and education requirements. Most Optometry students apply for and take the California Laws and Regulations Exam during their final year of Optometric school. Since this is the first step of the licensure application process, the applications may remain pending months before the applicant has submitted other requirements.

Process times have increased due to staff turnover, long-term absences, and limited staff resources. To address these performance issues, the Board is attempting to acquire sufficient staff resources by filling vacant positions but will need to reestablish temporary staff positions to maintain processing times consistently throughout the year.

² The term “license” in this document includes a license, certificate or registration.

20. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

On average, the Board issues almost 1,800 new licenses and registrations and renews over 7,000 licenses and registrations every year.

21. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

In the last four fiscal years, the Board has denied 24 applications for licensure or registration based on conviction history. All 24 applications were for Opticianry program registration. The chart below details the convictions each denial was based on. Please note that one of the applicants listed below applied for two registration types, but their conviction history is only listed once.

Opticianry Applications
VC 23222(b) Possession of Marijuana while driving VC 12500(a) Drive w/out License PC 261.5(c) Sex w/minor 3+ years younger
PC 459 Burglary PC 484 Theft VC 12500 Drive w/out license VC 20002(a) Hit & run property damage
PC 186.22(a) Participate in a street gang PC 484(a) Theft
VC 23152 DUI VC 12500 Drive w/out License
PC 192(a) Voluntary Manslaughter
PC 529(3) Impersonate to make other liable PC 459 Burglary VC 31 Give false information to peace officer VC 12500 Drive w/out license
PC 31 Give false information to peace officer PC 853.7 Failure to appear PC 415(2) Disturbing the peace PC 69 Resist/obstruct peace officer
VC 23152(b) DUI Wrongful use of cocaine resulting in dishonorable discharge

VC 23152(a)/(b) DUI/drugs
VC 23152(a)/(b) DUI/drugs PC 314.1 Indecent exposure
PC 381(b) Possession of nitrous oxide PC 459 Burglary PC 148.9 False ID to specific peace officers
PC 187(a) Murder: first degree PC 32 Accessory PC 211 Second degree robbery PC 211 Second degree robbery
PC 187(a) Second degree murder
VC 23152(b) DUI VC 23152(b) DUI
PC 187 Murder
PC 242 Battery VC 14601.1(A) Drive while license suspended VC 14601.1(A) Drive while license suspended VC 14601.5 Drive w/ suspended license VC 23152(a) DUI/drugs VC 23152(b) DUI VC 23152(b) DUI
HS 11377(a) Possession of controlled substance HS 11377(a) Possession of controlled substance HS 11377(a) Possession of controlled substance PC 666 Petty theft PC 666 Petty theft PC 484(a) Theft PC 12020(a)(4) Carry concealed dirk/dagger PC 237.5(a) Inflict corporal injury: spouse PC 237.5(a) Inflict corporal injury: spouse
16-6-8 Indecent Exposure (Georgia) 2C:14-4 Lewdness (New Jersey) 800.03 Exposure (Florida) Lewd and lascivious (No § Provided; Florida) BPC 480(d) Misrepresentation of Fact
VC 23102(a) Miscellaneous drunk driving on hwy PC 148 Obstruct/resist public officer VC 23152(b) DUI Federal disturbing the peace (no code cited)

VC 16028(a) Fail to provide response to request BP 25661 Possess/use false evidence of age VC 23152(a)/(b) DUI VC 23152(b)
PC 211 Robbery PC 209(b) Kidnapping PC 664/187 Attempted murder PC 245(b) Assault person w/firearm PC 664/211 Attempted robbery
PC 415 Fight/noise/offensive words HSC 11375(b)(1) Possession of controlled substance for sale PC 484(a) Theft PC 530.5(a) Obtain credit/etc. other's ID
PC 187 Murder

Table 6. Licensee Population – Optometry Program

		FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Optometrist	Active	7236	7178	7319	7486
	Current Inactive	507	479	397	303
	Delinquent	575	577	984	792
	Retired	N/A	85	100	98
	Out of State	397	408	392	381
	Out of Country	16	18	15	15
Branch Office License	Active	374	385	N/A	N/A
	Delinquent	69	75	N/A	N/A
	Retired	N/A	N/A	N/A	N/A
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
Statement of Licensure	Active	1023	1014	1365	1351
	Delinquent	264	404	501	660
	Retired	N/A	N/A	N/A	N/A
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
Fictitious Name Permit	Active	1462	1499	1469	1524
	Delinquent	93	159	227	202
	Retired	N/A	N/A	N/A	N/A
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

Table 6. Licensee Population – Optician Program

		FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Registered Dispensing Optician	Active	1119	1149	1215	1121
	Delinquent	378	330	299	374
	Retired	N/A	N/A	N/A	N/A
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
Registered Spectacle Lens Dispenser	Active	2852	2365	2653	2846
	Delinquent	1270	1224	1178	1269
	Retired	N/A	N/A	N/A	N/A
	Out of State	17	20	19	22
	Out of Country	0	0	0	0
Registered Contact Lens Dispenser	Active	1126	999	1125	1127
	Delinquent	394	393	359	393
	Retired	N/A	N/A	N/A	N/A
	Out of State	10	13	9	11
	Out of Country	0	0	0	0
Nonresident Contact Lens Seller	Active	15	13	15	15
	Delinquent	3	0	0	3
	Retired	N/A	N/A	N/A	N/A
	Out of State	15	13	15	14
	Out of Country	0	0	0	1

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

Table 7a. Optometry Licensing Data by Type

Optometrist		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control *	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	(Exam)	339	327	11	327	12	N/A	N/A			10
	(License)	350	210	4	210	140	N/A	N/A			73
	(Renewal)	3740	3740	0	3740	0	N/A	N/A			8
FY 2018/19	(Exam)	367	363	2			N/A	N/A			11
	(License)	259	294	5	294	105	N/A	N/A			86
	(Renewal)	3829	3829	0	3829	0	N/A	N/A			5
FY 2019/20	(Exam)	342	331	3	331	11	N/A	N/A			
	(License)	280	311	0	311	74	N/A	N/A			133
	(Renewal)	3491	3491	0	3491	0	N/A	N/A			

* Optional. List if tracked by the board.

1

Table 7a. Optometry Licensing Data by Type

SOL		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	(Exam)	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A
	(License)	283	245	45	245	-	N/A	N/A	N/A	N/A	-
	(Renewal)	591	355	81	355	-	N/A	N/A	N/A	N/A	-
FY 2018/19	(Exam)	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A
	(License)	558	569	24	569	-	N/A	N/A	N/A	N/A	31
	(Renewal)	313	420	155	420	-	N/A	N/A	N/A	N/A	N/A
FY 2019/20	(Exam)	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A
	(License)	328	320	20	320	-	N/A	N/A	N/A	N/A	64
	(Renewal)	451	447	225	447	-	N/A	N/A	N/A	N/A	-

* Optional. List if tracked by the board.

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Table 7a. Optometry Licensing Data by Type

Fictitious Name Permit		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	(Exam)	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A
	(License)	177	150	32	150	-	N/A	N/A	N/A	N/A	47
	(Renewal)	1522	1436	24	1436	-	N/A	N/A	N/A	N/A	-
FY 2018/19	(Exam)	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A
	(License)	187	122	55	122	-	N/A	N/A	N/A	N/A	36
	(Renewal)	1428	1410	65	1410	-	N/A	N/A	N/A	N/A	-
FY 2019/20	(Exam)	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A
	(License)	142	127	33	127	-	N/A	N/A	N/A	N/A	42
	(Renewal)	1448	1473	92	1473	-	N/A	N/A	N/A	N/A	-

* Optional. List if tracked by the board.

5

6

Table 7a. Opticianry Licensing Data by Type

RDO	Pending Applications			Cycle Times		
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		Receiv ed	Appro ved	Close d	Issue d	Total (Clos e of FY)	Outsi de Board contro l*	Within Board contro l*	Comp lete Apps	Incom plete Apps	combine d, IF unable to separate out
FY 2017/1 8	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	143	136	44	119	-	N/A	N/A	N/A	N/A	70
	(Renewal)	580	591	19	591	-	N/A	N/A	N/A	N/A	-
FY 2018/1 9	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	224	114	145	116		N/A	N/A	N/A	N/A	71
	(Renewal)	518	503	13	503		N/A	N/A	N/A	N/A	
FY 2019/2 0	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	215	110	94	112		N/A	N/A	N/A	N/A	
	(Renewal)	508	436	99	436		N/A	N/A	N/A	N/A	

* Optional. List if tracked by the board.

Table 7a. Opticianry Licensing Data by Type

SLD		Receiv ed	Appro ved	Close d	Issue d	Pending Applications			Cycle Times		
						Total (Clos e of FY)	Outsi de Board contro l*	Within Board contro l*	Comp lete Apps	Incom plete Apps	combine d, IF unable to separate out
FY 2017/1 8	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	304	342	49	301	-	N/A	N/A	N/A	N/A	67
	(Renewal)	1180	932	38	932	-	N/A	N/A	N/A	N/A	-
FY 2018/1 9	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	407	441	54	416		N/A	N/A	N/A	N/A	74
	(Renewal)	932	1261	2	1261		N/A	N/A	N/A	N/A	
FY 2019/2 0	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	509	445	17	457		N/A	N/A	N/A	N/A	60
	(Renewal)	1069	1024	164	2024		N/A	N/A	N/A	N/A	

* Optional. List if tracked by the board.

Table 7a. Opticianry Licensing Data by Type

CLD		Receiv ed	Appro ved	Close d	Issue d	Pending Applications			Cycle Times		
						Total (Clos e of FY)	Outsi de Board contro l*	Within Board contro l*	Comp lete Apps	Incom plete Apps	combine d, IF unable to separate out
FY 2017/1 8	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	135	127	18	114	-	N/A	N/A	N/A	N/A	66
	(Renewal)	482	398	10	398	-	N/A	N/A	N/A	N/A	-

FY	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2018/19	(License)	132	158	23	149		N/A	N/A	N/A	N/A	61
	(Renewal)	573	567	1	567		N/A	N/A	N/A	N/A	
FY	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2019/20	(License)	114	100	10	104		N/A	N/A	N/A	N/A	46
	(Renewal)	461	433	56	433		N/A	N/A	N/A	N/A	
* Optional. List if tracked by the board.											

Table 7a. Opticianry Licensing Data by Type

NCLS		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2017/18	(License)	4	2	2	2	-	N/A	N/A	N/A	N/A	60
	(Renewal)	4	3	1	3	-	N/A	N/A	N/A	N/A	-
FY	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2018/19	(License)	4	3	1	3		N/A	N/A	N/A	N/A	224
	(Renewal)	6	6	0	6		N/A	N/A	N/A	N/A	
FY	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2019/20	(License)	3	3	1	4		N/A	N/A	N/A	N/A	46
	(Renewal)	5	5	0	5		N/A	N/A	N/A	N/A	
* Optional. List if tracked by the board.											

Table 7b. Total Licensing Data

	FY 2017/18	FY 2018/19	FY 2019/20
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	1735	2038	1933
Initial License/Initial Exam Applications Approved	1539	2064	1747
Initial License/Initial Exam Applications Closed	205	309	178
License Issued	1539	2064	1747
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	152	107	147
Pending Applications (outside of board control)*			
Pending Applications (within the board control)*			
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)	60	75	60

Average Days to Application Approval (incomplete applications)*			
Average Days to Application Approval (complete applications)*			
License Renewal Data:			
License Renewed	7455	6735	7309
Note: The values in Table 7b are the aggregates of values contained in Table 7a.			
* Optional. List if tracked by the board.			

22. How does the board verify information provided by the applicant?

For optometry applications, school or college transcripts, examination score reports, letters of good standing (when required), and LiveScan fingerprint results are sent directly to the Board from the agency of origin. For opticianry applicants, proof of passage of the ABO and NCLE examinations and letters of good standing (when required) are also sent directly to the Board from their agency of origin. All applicants provide information on a form created by the Board and declare that, under penalty of perjury under the laws of the State of California, all the information provided is true and correct.

a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

Optometrist and optician applicants are required to submit their fingerprints to the California State Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for a conviction history check. DOJ and FBI submit all LiveScan results, including those with convictions, directly to the Board, as well as notifying the Board if the applicant is arrested or convicted subsequently.

Applicants who are licensed to practice in another state are required to have that state submit a letter of good standing regarding their license status. The Board also checks the NPDB for disciplinary actions taken against Optometrist applicants licensed in other states. For any application with conviction or disciplinary history, licensing staff reroute that application to the Enforcement Unit for investigation.

While the Board considers the failure to disclose a disciplinary or conviction history on an application an aggravating violation when considering an applicant's history, the Board has not denied an application for licensure based solely on the failure to disclose a conviction or disciplinary history.

b. Does the board fingerprint all applicants?

Yes. According to BPC § 144, applicants must submit their fingerprints to DOJ and the FBI as part of the application process. The Board will not issue a license or registration unless receiving clear results from the fingerprint query.

c. Have all current licensees been fingerprinted? If not, explain.

1
2 Yes, all current and active licensees and registrants have submitted fingerprints.

3
4 **d. Is there a national databank relating to disciplinary actions? Does the board check**
5 **the national databank prior to issuing a license? Renewing a license?**

6
7 The National Practitioners Databank (NPDB) is the national databank of disciplinary actions for
8 Optometrists and other health care practitioners. State regulatory agencies and other entities
9 required to report disciplinary information populate the database with information about their
10 licensees. In the Board's 2017-20 Strategic Plan, the Board prioritized requiring licensees to enroll
11 in continual monitoring through the NPDB. As of July 12, 2018, all Optometry applicants and
12 licensees are enrolled in the NPDB and charged a fee as authorized by Assembly Bill 1708 (Low,
13 Chapter 564, Statutes of 2017) to support the Board's subscription to continual monitoring
14 services. Board staff reviews NPDB entries at initial application and enrolls the applicant in
15 continuous monitoring. Should the NPDB be updated with disciplinary actions, judgments, or
16 settlements involving an enrolled licensee, the Board receives a notification of that update.

17
18 **e. Does the board require primary source documentation?**

19
20 Yes. As indicated above, the Board requires documentation to be received directly from the
21 initiating source.

22
23 **23. Describe the board's legal requirement and process for out-of-state and out-of-**
24 **country applicants to obtain licensure.**

25
26 Pursuant to BPC § 3057, any optometrist licensed in another state seeking California licensure
27 must satisfy all of the following requirements:

- 28
29 (1) Has a degree as a doctor of optometry issued by an accredited school or college of
30 optometry.
31 (2) Has successfully passed the licensing examination for an optometric license in another
32 state.
33 (3) Submits proof that he or she is licensed in good standing as of the date of application in
34 every state where he or she holds a license, including compliance with continuing education
35 requirements.
36 (4) Is not subject to disciplinary action as set forth in subdivision (h) of Section 3110. If the
37 person has been subject to disciplinary action, the board shall review that action to
38 determine if it presents sufficient evidence of a violation of this chapter to warrant the
39 submission of additional information from the person or the denial of the application for
40 licensure.
41 (5) Has furnished a signed release allowing the disclosure of information from the NPDB
42 and, if applicable, the verification of registration status with the federal Drug Enforcement
43 Administration. The board shall review this information to determine if it presents sufficient
44 evidence of a violation of this chapter to warrant the submission of additional information
45 from the person or the denial of the application for licensure.
46 (6) Has never had his or her license to practice optometry revoked or suspended in any
47 state where the person holds a license. This paragraph shall become inoperative on July 1,
48 2018.

(7) (A) Is not subject to denial of an application for licensure based on any of the grounds listed in Section 480.

(B) Is not currently required to register as a sex offender pursuant to Section 290 of the Penal Code.

(8) Has met the minimum continuing education requirements set forth in Section 3059 for the current and preceding year.

(9) Has met the certification requirements of Section 3041.3 to use therapeutic pharmaceutical agents under subdivision (d) of Section 3041.

(10) Submits any other information as specified by the board to the extent it is required for licensure by examination under this chapter.

(11) Files an application on a form prescribed by the board, with an acknowledgment by the person executed under penalty of perjury and automatic forfeiture of license, of the following:

(A) That the information provided by the person to the board is true and correct, to the best of his or her knowledge and belief.

(B) That the person has not been convicted of an offense involving conduct that would violate Section 810.

(12) Pays an application fee in an amount equal to the application fee prescribed pursuant to subdivision (a) of Section 3152.

(13) Has successfully passed the board's jurisprudence examination.

Other requirements, as set out in CCR § 1523, must be fulfilled in addition to those listed above.

For international optometric applicants to obtain a license to practice optometry in California, all applicants must have a degree from an accredited school or college of optometry. Additionally, applicants must meet the requirements set out in BPC § 3046. The Board no longer sponsors foreign-educated graduates to sit for the NBEO exam due to AB 1708, effective January 1, 2018.

Foreign-educated optician applicants must meet requirements set out in BPC §2559.2 or §2561.

24. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

The Board is fully compliant with BPC § 114.5 and identifies and tracks applicants for license renewal via the BreZE system. Those applicants who are veterans are given priority and expedited as quickly as possible. Applicants who provide accepted discharge or veteran paperwork receive priority when reviewing new applications. BreZE marks these applications and notifies the staff members processing the applications when they are received.

b. How many applicants offered military education, training, or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training, or experience accepted by the board?

The board has had no applicants offering military education, training, or experience towards meeting optometry or optician licensing requirements. The Board is unaware of any such programs within the US military that offer Optometry and Opticianry training. The Board does not have education or training requirements for Opticianry.

c. What regulatory changes has the board made to bring it into conformance with BPC § 35?

The Board is unaware of any U.S. military college programs specifically in optometry or opticianry, and as a result, legal counsel has determined regulatory changes are not required.

d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been onboard revenues?

Since the last Sunset Review in 2016, the Board has waived the renewal fee for one active duty optometrist for a net loss of \$441.00 in revenue. The Board only waives the renewal fee if requested before payment is made and anticipates more active-duty personnel may take advantage of this in the future. The Board has not received any requests to waive the fees for active-duty opticians.

e. How many applications has the board expedited pursuant to BPC § 115.5?

Since the last Sunset Review in 2016, the Board has expedited four optometry applications. The Board has not received any requests to expedite optician applications.

25. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

No Longer Interested notifications are sent electronically to DOJ by BreEZe on an ongoing basis.

Examinations

26. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

Optometrist applicants must pass the California Laws and Regulations Exam and the national examination developed by the National Board of Examiners in Optometry; the exams are offered in only English. Spectacle Lens Dispenser candidates must pass the American Board of Opticianry Examination and Contact Lens Dispenser candidates are required to take and pass the National Contact Lens Examination. Both national examinations are developed and administered by the American Board of Opticianry and are available in English and Spanish. Below we provide further information.

Optometry License – NBEO Exam

In 2001, the Board voted to use the National Board of Examiners in Optometry (NBEO) Parts I, II, and III examinations for licensure. NBEO develops and administers the examination, which is.

NBEO, located in North Carolina, was established in 1951 and is an organization that develops, administers, and scores examinations. NBEO reports individual results that state boards use to license optometrists. Currently, all 50 states, the District of Columbia, and Puerto Rico use this examination for licensure.

In partnership with DCA's Office of Professional Evaluation Services (OPES), the board conducts regular assessments of the NBEO Exam, most recently in 2020. The assessments' purpose is to ensure that the examination met professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* and the *DCA Examination Validation Policy*. The Board's assessments determined the examination meets the prevailing standards for validation and use of licensure examination in California.

Applicants for an optometrist license can apply to take the NBEO examination without first applying to the Board. This is permitted because the NBEO is divided into three parts, and applicants must take the first two parts while still in optometry school. Parts I and II of the NBEO are computer-based, and Part III is performed in person in North Carolina. Upon applying with the Board, applicants must ensure that the NBEO submits their scores to the Board. The Board and the NBEO have arranged for the scores to be transmitted electronically for examination security purposes. The board regularly meets and consults with the NBEO on all aspects of the exam.

Optometry License – California Laws and Regulations Exam (CLRE)

All applicants for an optometry license in California must take and pass the CLRE, which tests an applicant's knowledge and understanding of laws and regulations applicable to the practice of optometry in California. The Board works with OPES to develop the CLRE as required by BPC § 139. OPES provides examination-related services to the DCA's regulatory boards and bureaus to ensure that licensure examination programs are fair, psychometrically sound, valid, and legal. The CLRE is a computer-based exam administered through an examination vendor, PSI, Inc. The CLRE is administered every day of the year (excluding holidays). However, if a candidate fails the exam, they must wait 180 days to retake the exam.

Registered Dispensing Optician Program Examinations

Spectacle Lens Dispenser candidates must pass the American Board of Opticianry Examination and Contact Lens Dispenser candidates are required to take and pass the National Contact Lens Examination. Both national examinations are developed and administered by the American Board of Opticianry and are available in English and Spanish.

9. What are pass rates for first time vs. retakes in the past 4 fiscal years? (Refer to Table 8: Examination Data) Are pass rates collected for examinations offered in a language other than English?

Examination data is not available for languages other than English, nor is there a breakdown of first-time testers vs. repeat testers.

Table 8. Examination Data			
California Examination (include multiple languages) if any:			
License Type	Optometrist		

Exam Title		CLRE		
FY 2016/17	Pass %	89.50%		
FY 2017/18	Pass %	88.90%		
FY 2018/19	Pass %	86.30%		
FY 2019/20	Pass %	93.06%		
Date of Last OA		2019		
Name of OA Developer		OPES		

National Examination (include multiple language) if any:				
License Type		Optometrist	SLD	CLD
Exam Title		NBEO	ABO	NBEO
FY 2016/17	Pass %	91.10%	45.78%	55.31%
FY 2017/18	Pass %	92.10%	39.34%	61.13%
FY 2018/19	Pass %	92.70%	48.30%	51%
FY 2019/20	Pass %		47.20%	34.83%
Date of Last OA		2020	2020	2020
Name of OA Developer		OPES	OPES	OPES

28. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

Except for Part III of the National Board of Examiners in Optometry (NBEO) exam, all of the Board's exams are computer-based.

For optometry license applicants, Parts I and II of the NBEO are computer-based. The exams are proctored at 239 PSI Inc. testing sites around the country. Both tests are two hours each and are available to take within two specific weeks, four times a year.

For opticianry applicants, both the American Board of Opticianry and the National Contact Lens Examiners exams are computer-based testing. Prometric (third-party testing vendor) proctors the exams in sites across the country. Both tests are two hours each and are available to take continuously.

29. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

The Board has not identified any statutes that delay or impede the effective processing of Optometry or Opticianry examinations or applications.

School approvals

30. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

BPC § 3023 requires the board to accredit schools, colleges, and universities in or out of this state providing optometric education that it finds giving a sufficient program of study for the preparation of optometrists. The Board accepts accreditations from the Accreditation Council on Optometric Education (ACOE). The ACOE is the only accrediting body for professional optometric degree (O.D.) programs, optometric residency programs, and optometric technician programs in the United States and Canada. Both the U.S. Department of Education and the Council on Higher Education Accreditation recognize the ACOE as a reliable authority concerning the quality of education of the programs the Council accredits. The Bureau of Private Post-Secondary Education (BPPE) does not play a role in approving the schools/colleges of optometry; therefore, the Board does not work with the BPPE in the approval process.

The Board does not approve or accredit optician schools or programs in California.

31. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

The ACOE has accredited or pre-accredited 25 schools and colleges of optometry. California has three fully accredited schools:

- University of California, Berkeley, School of Optometry;
- Marshall B. Ketchum University, Fullerton; and
- Western University of Health Sciences, College of Optometry, Pomona.

The Board considers the didactic courses offered by the other schools/colleges of optometry accredited by the ACOE to be equivalent to those in California. Any schools/colleges of optometry that are in the pre-accreditation process are reviewed each year until the program has its first graduating class, at which time it becomes fully accredited. The ACOE conducts a formal reevaluation visit at least every eight years for professional O.D. or optometric residency programs. All accredited programs are reviewed annually through an annual reporting process, and the ACOE may visit more frequently if deemed necessary through the annual reporting process. The Board receives and reviews the copy of each report prepared by ACOE.

32. What are the board's legal requirements regarding approval of international schools?

The Board does not have statutory authority to approve or certify international schools of optometry or opticianry.

Continuing Education/Competency Requirements

33. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Continuing education (CE) requirements for Optometrists are set out in CCR §1575 and have not changed since the last Sunset Review. The Board requires its licensees to complete a minimum number of hours of continuing optometric education based upon the certifications associated with their license. Licensees with no additional certifications are required to complete 40 hours of CE within the two years immediately preceding the license expiration date. Optometrists certified in the use of therapeutic pharmaceutical agents (TPA) are required to complete 50 hours of CE, with 35 of the required 50 hours on the diagnosis, treatment, and management of ocular disease. An optometrist who has a glaucoma certification is required to complete 10 of the 50 hours specifically on glaucoma.

Optometrists are allowed to complete 20 of their required hours through alternative methods, including, but not limited to, self-study through an electronic medium. On April 29, 2020, in response to the COVID-19 pandemic, the Board disseminated a letter clarifying the types of continuing education which would be considered “live” during the pandemic, as opposed to “self-study through an electronic medium.” Additionally, in the summer of 2020, the Board approved several regulatory changes to the text of CCR §1575, which is currently undergoing the regulatory rulemaking process. These changes include:

- An increase of “self-study” hours from 20 to 25 per renewal period and further definitions of what self-study is;
- Definition of “live and interactive” course study to allow for 50 CE hours to be taken online, provided the courses meet certain conditions;
- Various changes to CE providers and reporting requirements

Registered Dispensing Opticians, Registered Spectacle Lens Dispensers, Registered Contact Lens Dispensers and Nonresident Contact Lens Sellers are not required to complete CE at this time.

a. How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department’s cloud?

The Board requires optometry licensees to certify, under penalty of perjury, meeting the CE requirements pursuant to CCR §1536 each renewal cycle. If a licensee fails to certify completion of the required CE, the license renewal is held until the licensee certifies completion of CE. A licensee may not practice with an expired or delinquent license. The Board also audits a percentage (typically 5-15%) of its license renewals by randomly selecting licensees and requiring them to prove their compliance with CE requirements. The Board has not worked with the Department to receive primary source verification of CE completion through the Department’s cloud.

b. Does the board conduct CE audits of licensees? Describe the board’s policy on CE audits.

To verify compliance, the Board conducts random CE audits. The Board audits a percentage (typically 5-15%) of its license renewals by randomly selecting licensees and requiring them to prove their compliance with CE requirements. The Board recognizes and utilizes the Association of Regulatory Boards in Optometry’s Online Optometric Education (OE) Tracker system as proof of

CE course attendance (CCR § 1536(h)). Proof of all other CE attendance must be submitted to the Board. The Board began conducting random CE audits in December 2009; however, due to staffing issues, and time constraints, CE audits have not been consistently conducted. Currently, the CE audits are conducted by an Enforcement Analyst with the assistance of an Office Technician.

c. What are consequences for failing a CE audit?

The Board treats a failed CE audit as an enforcement matter. As such, consequences include: completing the deficient hours outside of the next renewal requirement (same courses/hours cannot be used multiple times in one renewal cycle), issuance of a citation, or seeking formal discipline of the license.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

The Board has a record of conducting 321 audits over the past four fiscal years. During that time, 101 audits were resulting in a fail for either not having the required number of CE hours or being deficient in completing specific CE requirements respective to license certifications (such as TLG). The percentage of CE failure was 31%.

e. What is the board's course approval policy? Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

Pre-approved CE courses include the following:

- Officially sponsored or recognized by any accredited US school or college of optometry;
- Provided by any national or state affiliate of the American Optometric Association, the American Academy of Optometry, or the Optometric Extension Program;
- Approved by the Association of Regulatory Boards of Examiners in Optometry committee known as COPE (Council on Optometric Practitioner Education).
- Any continuing education course approved for category 1 of the American Medical Association or category 1A of the American Osteopathic Association Continued Medical Education credits that contribute to the advancement of professional skill and knowledge in the practice of optometry.

CE courses not preapproved as above are reviewed by the Board's Practice and Education Committee. Providers must apply for CE course approval on the Board approved form and pay a \$50 application fee. The application must be accompanied by any course presentation materials and the curriculum vitae of all instructors and/or lecturers involved. The courses are then approved at a public PEC meeting on an as-needed basis.

The PEC, pursuant to CCR §1536, approves additional CE courses which meet the following criteria:

- Whether the program is likely to contribute to the advancement of professional skill and knowledge in the practice of optometry,

- Whether the instructors, lecturers, and others participating in the presentation are recognized by the Board as being qualified in their field,
- Whether the proposed course is open to all optometrists licensed in this state, and
- Whether the provider of any mandatory continuing optometric education course agrees to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for at least three years from the date of course presentation.

f. How many applications for CE providers and CE courses were received? How many were approved?

Please see the table below for a yearly breakdown.

Year	Received	Approved
2017	328	316
2018	158	156
2019	214	203
2020	238	234

g. Does the board audit CE providers? If so, describe the board's policy and process.

The Board does not audit CE providers.

h. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.

The Board has not reviewed its CE policy to move toward performance-based assessments of licensees' continuing competence.

Section 5 – Enforcement Program

34. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

In 2010, as part of the Consumer Protection Enforcement Initiative (CPEI), the Board adopted the following enforcement performance targets:

	Target - average days
Intake	7

Investigations	90
Disciplinary Action	540
Probationer Intake	14
Probationer Violation	14

Since then, the Board has consistently struggled to meet the performance targets for investigations and disciplinary actions. To reduce the length of investigations and disciplinary actions, Board staff have worked to establish a standard method of prioritizing workload processing based on the anticipated processing time and the task's priority within the overall investigation process. Board staff can use this prioritization to coordinate tasks and reduce the total time spent working on an investigation.

However, the Board's ability to reduce investigation times to meet performance goals is ultimately hampered by a lack of staff resources and the inability of partner agencies to significantly reduce the time spent performing critical investigatory or disciplinary tasks.

35. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Since the Board took on the optician program from Medical Board, adding three new license types, the Board has experienced an increase in the volume of enforcement cases. Initial performance barriers included unfamiliarity with the registration type and the laws and regulations governing its practice. The Board has dedicated enforcement staff directly to the optician program to address its needs better. The optician program came to the Board without disciplinary guidelines, which the Board addressed with the establishment of the Dispensing Optician Committee and the ratification of new disciplinary guidelines specific for the registration types brought under the Board's purview with the program. The optician disciplinary guidelines are currently undergoing the regulatory rulemaking process.

Table 9a. Enforcement Statistics						
	FY 2017/18		FY 2018/19		FY 2019/20	
	OPT	OPN	OPT	OPN	OPT	OPN
COMPLAINT						
Intake						
Received	222	119	191	87	224	61
Closed	1	0	1	2	5	0
Referred to INV	221	118	190	85	216	61
Average Time to Close	1	3	1	2	2	2
Pending (close of FY)	0	1	0	1	0	1
Source of Complaint						
Public	5	5	4	7	6	1

Licensee/Professional Groups	8	31	9	15	5	10
Governmental Agencies	1	27	0	19	1	15
Other	208	56	178	46	212	35
Conviction / Arrest						
CONV Received	19	93	15	96	16	70
+CONV Closed	0	0	0	93	1	1
Average Time to Close	1	1	2	1	1	1
CONV Pending (close of FY)	0	0	0	0	0	1
LICENSE DENIAL						
License Applications Denied	0	7	0	6	0	4
SOIs Filed	0	8	0	2	0	2
SOIs Withdrawn	0	0	0	0	0	0
SOIs Dismissed	0	0	0	0	0	0
SOIs Declined	0	0	0	0	0	0
Average Days SOI	0	339	0	608	0	260
ACCUSATION						
Accusations Filed	14	5	5	5	6	4
Accusations Withdrawn	1	0	0	0	1	1
Accusations Dismissed	0	0	0	0	1	0
Accusations Declined	0	0	0	0	0	0
Average Days Accusations	704	408	295	492	443	870
Pending (close of FY)	11	1	10	2	11	3
DISCIPLINE						
Disciplinary Actions	9	7	6	8	5	4
Proposed/Default Decisions	6	3	4	8	4	4
Stipulations	3	4	2	0	1	0
Average Days to Complete	1031	755	1031	556	626	561
AG Cases Initiated	19	22	12	5	1	5
AG Cases Pending (close of FY)	17	27	26	26	23	27
Disciplinary Outcomes Decisions						
Revocation	3	3	3	4	1	3
Voluntary Surrender	2	2	1	0	0	0
Suspension	0	0	0	0	0	0
Probation with Suspension ¹	1	0	0	0	0	0
Probation ²	3	2	1	0	3	0
Probationary License Issued	0	0	0	2	0	1
Other	0	0	1	2	1	0
PROBATION						
New Probationers	4	2	1	2	3	1

Probations Successfully Completed	3	0	1	1	0	4
Probationers (close of FY)	10	6	10	7	13	4
Petitions to Revoke Probation	0	0	0	0	0	0
Probations Revoked	0	0	0	0	0	0
Probations Modified	0	0	0	0	0	0
Probations Extended	0	0	0	0	0	0
Probationers Subject to Drug Testing	1	3	2	3	3	3
Drug Tests Ordered	14	35	81	138	69	51
Positive Drug Tests	0	9	37	5	17	0
Petition for Reinstatement Granted	0	0	1	0	0	1
DIVERSION	1	1	1	1	1	1
New Participants	0	0	0	0	0	0
Successful Completions	0	0	0	0	0	0
Participants (close of FY)	0	0	0	0	0	0
Terminations	0	0	0	0	0	0
Terminations for Public Threat	0	0	0	0	0	0
Drug Tests Ordered	0	0	0	0	0	0
Positive Drug Tests	0	0	0	0	0	0

1

**Table 9b. Enforcement Statistics
(continued)**

	FY 2017/18		FY 2018/19		FY 2019/20	
	OPT	OPN	OPT	OPN	OPT	OPN
INVESTIGATION						
All Investigations						
First Assigned	238	201	233	170	140	111
Closed	240	142	249	178	170	124
Average days to close	271	173	220	121	200	93
Pending (close of FY)	189	128	170	126	126	117
Desk Investigations						
Closed	192	151	174	190	158	124
Average days to close	294	181	220	118	206	93
Pending (close of FY)	174	138	159	135	117	117
Non-Sworn Investigation						
Closed	0	0	0	0	0	0
Average days to close	0	0	0	0	0	0
Pending (close of FY)	0	0	0	0	0	0
Sworn Investigation						

Closed	31	4	14	6	9	4
Average days to close	305	906	256	224	363	313
Pending (close of FY)	15	8	11	5	9	4
COMPLIANCE ACTION						
ISO & TRO Issued	1	0	1	0	1	0
PC 23 Orders Requested	0	0	0	0	0	0
Other Suspension Orders	0	0	0	0	3	0
Public Letter of Reprimand	0	1	0	1	1	0
Cease & Desist/Warning	0	0	0	0	0	0
Referred for Diversion	0	0	0	0	0	0
Compel Examination	0	0	1	0	0	0
CITATION AND FINE						
Citations Issued	20	21	12	0	8	0
Average Days to Complete	330	540	210	0	162	0
Amount of Fines Assessed	\$2,500	\$655,000	\$41,000	0	\$17,000	0
Reduced, Withdrawn, Dismissed	0	0	1	0	1	0
Amount Collected	0	0	\$21,500	0	\$12,000	0
CRIMINAL ACTION						
Referred for Criminal Prosecution	0	1	0	1	0	1

1

Table 10. Enforcement Aging

	FY 2016/17		FY 2017/18		FY 2018/19		FY 2019/20		Cases Closed		Average %	
	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN
Attorney General Cases (Average %)												
Closed Within:												
0 - 1 Year	0	0	0	0	0	1	0	0	0	0	0%	0%
1 - 2 Years	0	1	1	1	1	4	2	2	4	8	24%	50%
2 - 3 Years	0	1	1	1	4	2	0	0	5	5	29%	31%
3 - 4 Years	1	1	1	1	2	0	1	1	5	3	29%	19%
Over 4 Years	1	0	1	0	0	0	1	1	3	0	18%	0%
Total Attorney General Cases Closed	2	3	4	3	7	7	4	4	17	16		
Investigations (Average %)												
Closed Within:												
90 Days	126	53	92	89	94	107	161	94	473	343	48%	59%
91 - 180 Days	46	19	25	15	27	40	21	21	119	95	12%	16%
181 - 1 Year	53	17	40	17	42	35	52	8	187	77	19%	13%
1 - 2 Years	47	11	44	24	41	6	28	11	160	52	16%	9%
2 - 3 Years	10	0	22	5	6	2	4	2	42	9	4%	2%
Over 3 Years	6	0	0	1	1	0	1	0	8	1	1%	1%

Total Investigation Cases Closed	288	100	223	151	211	190	267	136	989	577	100%	100%
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36. What do overall statistics show as to increases or decreases in disciplinary action since last review?

While disciplinary actions involving Optometrists remained steady at 20 actions for the three fiscal years covered in each review, disciplinary actions involving Opticians rose 55% since the last review.

37. How are cases prioritized? What is the board's complaint prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

The Board prioritizes cases per DCA's Complaint Prioritization and Enforcement Referral Guidelines (rev 12/2017). Of the allegations deemed high priority, the Board is most likely to receive cases involving actual patient harm or sexual misconduct.

Please see Section 13, Attachment E4 for the Complaint Prioritization Guidelines.

38. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

Licensees are required to report criminal convictions and/or discipline taken by another government agency on their license renewal forms. The insurer is also required to report the matter to the Board if it is over the threshold. The Board does not know issues or problems receiving such reports. The Board operates under the provisions of BPC §§ 801, 802, and 803.

a. What is the dollar threshold for settlement reports received by the board?

\$3,000.00.

b. What is the average dollar amount of settlements reported to the board?

The Board received settlement reports ranging from \$4,500 to \$500,000, with an average dollar amount of \$180,750.

39. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

The Board may enter into a settlement agreement with the Respondent to disciplinary action at any time after the pleading document (Accusation or Statement of Issues) is filed. For Accusations, a Notice of Defense is received, but before the administrative hearing is concluded.

Settlement agreements are one tool the Board uses to reduce the time and expense associated with disciplinary actions, but the Board does not seek a settlement in every case.

The following factors are considered when settlement terms are proposed:

- Nature and severity of the alleged violations
- Actual or potential harm
- Overall Discipline or conviction history
- Rehabilitation
- Mitigating evidence
- Compliance with court orders
- Cooperation with the Board's investigation
- Time elapsed since the alleged violations occurred
- Work Respondent has done to prevent recurrence of the alleged violations

Settlement terms are based on the Board's Disciplinary Guidelines, which describes the disciplinary actions and probation terms indicated for specific violations of the law. Enforcement staff work with the Executive Officer and the assigned Deputy Attorney General to draft a settlement based on the alleged violations, the Board's Disciplinary Guidelines, and factors indicated above.

Once the settlement has been accepted and signed by Respondent, the Stipulated Settlement goes to the Board members for voting. The Board may adopt or reject the Stipulated Settlement.

If adopted, the Stipulated Settlement will become the final order in the disciplinary action.

If rejected, the Board may propose different settlement terms be given to Respondent for acceptance, or the Board may remand the case to hearing in front of an Administrative Law Judge.

- a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

The Board is not statutorily authorized to settle before filing an Accusation.

- b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

In the last four fiscal years, the Board has settled 20 cases, post-accusation, and had 15 cases result in a hearing.

- c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?**

The Board settled 57% of post-accusation cases and sent 43% to hearing by Administrative Law Judge.

40. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The statute of limitations for Optometrist licenses is defined in BPC § 3137. It states that, with certain exceptions, the Board must file an Accusation within three years after the board discovers the act or omission alleged as the ground for disciplinary action, or within seven years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first. In the most recent three fiscal years, the Board has not lost any cases due to the statute of limitations.

41. Describe the board's efforts to address unlicensed activity and the underground economy.

The Board addresses unlicensed activity preemptively through outreach. The board **does** outreach to aspiring licensees by presenting information at accredited schools or colleges of optometry, including the requirements to obtain initial licensure. The Board also provides outreach at cosmetic contact lens stores and Halloween stores to educate the owners and consumers on the laws requiring a prescription to purchase contact lenses.

Beginning in 2019, Board staff initiated a project to go through online directories to locate unlicensed registered dispensing optician locations within the state. As a starting point, staff researched one county and found 113 possible unlicensed locations. Further research will require a Budget Change Proposal and staff allocation to research other counties and pursue unlicensed practices. This project verified unlicensed practice is an issue for the Board, but there are not enough staff resources to address the problem.

Further, in 2020, a decline in Spectacle Lens and Contact Lens renewals was noted. At the direction of the Dispensing Optician Committee, staff researched the reason for the decline. One of the reasons identified was that Spectacle Lens Dispensers often worked under an optometrist and other healthcare providers and did not need a license in that employment as an optometric assistant. At the direction of the Board, a budget change proposal was submitted in 2020 for an Occupational Analysis for Optometric Assistants to better understand the issue. As of December 2020, this proposal is still pending with the Department of Finance.

Cite and Fine

42. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?

Since the last review, the Board issued 54 citations with \$692,000 in associated fines for violations of the laws and regulations governing the professions under its regulatory jurisdiction. The statutory fee limit for violations of BPC §§ 655 and 2556.2 was increased by SB 836, which became effective June 27, 2016. Fines issued for said violations are not to exceed \$50,000. Fines for all other violations are not to exceed \$5,000.

Citations and fines are issued for violations that do not rise to a level warranting formal discipline when informal education of the subject who committed the violation is not determined sufficient to satisfy the Board's mandate to protect consumer health, safety, and welfare. Citations and fines may also be issued to address the unlicensed practice of optometry or opticianry.

Fines are assessed pursuant to CCR § 1579; the fine amount is based on the following classification types:

- Class A
- Range \$1,500-2,500 per violation
 - Unlicensed practice, which includes acting, performing, or controlling services defined in the optometric scope of practice (BPC § 3041)
- Class B
- Range \$500-\$2,500 per violation
 - Statute or regulation violations which would be grounds for discipline by the Board that has caused non-physical financial harm to a person, or
 - Violations falling under Class "C" when multiple Class "C" citations were issued within three prior years
- Class C
- Range \$250-\$2500 per violation
 - Statute or regulation violations which would be grounds for discipline by the Board that did not cause physical or financial harm to a person.

43. How is cite and fine used? What types of violations are the basis for citation and fine?

Citation and fines are issued per California Code of Regulations §§ 1576 and 1579. Fine amounts are determined based on the classification of the citation. Class A citations include a fine ranging from \$1500 - \$2500 per violation and involve violations of unlicensed practice. Class B citations range from \$500 - \$2500 per violation and involve violations that have caused non-physical financial harm to a person, or violations falling under Class C when multiple Class C citations were issued within three prior years. Class C citations range from \$250 - \$2500 per violation, which are statute or regulation violations that did not cause physical or financial harm to a person.

44. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

In the last four fiscal years, the Board has held 29 informal conferences for citation appeals, with 22 of those citations being appealed to Administrative Haring.

45. What are the 5 most common violations for which citations are issued?

The most common violations for which citations are issued are unlicensed practice, criminal convictions, Continuing Education Audit failure, failure to provide records, and failure to diagnose or refer.

46. What is average fine pre- and post- appeal?

Only seven of the appealed citations have been completed. Of those seven, the average fine before an appeal was \$3,000, and the average fine after an appeal was \$1,500.

47. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

When the Board is unable to collect on a fine associated with a citation through conventional means (i.e., the cited person remits payment of their own accord), the Board will send three letters to the cited person informing them of the intercept program, and notifying them that failure to remit payment by the identified date will result in the information being sent to the FTB intercept program. This is most commonly used for unlicensed practice citations where the cited individual has no professional relationship or association with the board.

Cost Recovery and Restitution

48. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

The Board seeks cost recovery of all investigative and prosecution costs in all disciplinary cases. Cost recovery can be ordered as a reinstatement condition of a surrendered or revoked license or as a condition of probation. The Board accepts payment plans; however, it requires that any outstanding balance is paid in full six months before the completion of probation.

49. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

Cost recovery is ordered for probationers who were licensed before the disciplinary action and in revocations or surrenders when ordered by an Administrative Law Judge after a hearing or when included in settlement terms. The cost recovery amount ordered is based on the amount the Board spent investigating and prosecuting the case. When the cost recovery order is due upon reinstatement of a revoked or surrendered license, the Board considers the cost recovery order unlikely to be collected.

50. Are there cases for which the board does not seek cost recovery? Why?

The Board does not seek cost recovery in cases involving the denial of an application for licensure or in cases that result in a default decision.

51. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

It is uncommon for the Board to use Franchise Tax Board intercepts to collect cost recovery. Cost recovery is ordered in cases where the license or registration(s) is put on probation, in cases where a license or registration(s) is voluntarily surrendered, or cases where a hearing has resulted in a decision revoking a license or registration. Unless a judge or settlement orders otherwise, cost recovery for surrendered or revoked license or registration(s) is only due upon reinstatement. As such, a cost recovery order rarely necessitates a Franchise Tax Board intercept.

52. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The Board does not have jurisdiction to compel restitution payments from its licensees. There have been cases in the past where the Board sought restitution if the case involved fraud. If the Board obtained evidence of substantial financial harm suffered by a consumer from a licensee, the Board may seek restitution at the hearing or in a stipulated settlement.

Table 11. Cost Recovery (list dollars in thousands)

	FY 2016/17		FY 2017/18		FY 2018/19		FY 2019/20	
	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN
Total Enforcement Expenditures					\$308,334	\$42,427	\$536,175	\$60,491
Potential Cases for Recovery *	4	3	6	4	6	0	4	0
Cases Recovery Ordered	2	2	6	1	3	0	3	0
Amount of Cost Recovery Ordered	\$7,605	\$9,997	\$36,754	\$5,950	\$30,056	\$0	\$17,206	\$0
Amount Collected	\$15,045	\$4,629	\$36,407	\$9,587	\$11,363	\$11,716	\$22,421	\$3,629

Table 12. Restitution (list dollars in thousands)

	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Amount Ordered	0	0	0	0
Amount Collected	0	0	0	0

Section 6 – Public Information Policies

53. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board's website (optometry.ca.gov) is its primary resource for disseminating information to applicants, licensees, and the public. The website features links to the Board's laws and

regulations, forms and publications, the BreEZe system, disciplinary actions against licensees, Board activities, newsletters, and links to related professions and associations. The website also offers a feature for individuals to enroll in a Subscriber List, which provides an e-mail notification to subscribers when new information is added to the website.

Since the last sunset report in 2016, the Board has vastly expanded its social media presence through Facebook, Twitter, LinkedIn, and Instagram. These outlets provide useful information to consumers and licensees and keep them apprised of the actions of the Board. In addition, the Board has recently increased its outreach to interested parties email list via the ListServ system. This system allows the Board to contact via email its over 10,000 subscribers and to inform them of regulatory hearings, meetings, surveys, etc.

Board and Committee meeting materials are posted at least five business days before the meeting. These materials remain on the Board's Website indefinitely. Board meeting minutes are posted after they are approved at a Board meeting. These minutes remain on the board's website indefinitely.

54. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

As a result of the Governor's Executive Order and COVID-19, the Board now conducts all meetings online via WebEx. Before COVID-19, all Board meetings were webcast, and Committee meetings were webcast as DCA resources allow. The webcasts are available on DCA's YouTube account, linked from the Board's website. Audio is available via the Board's website for all Board and committee meetings.

55. Does the board establish an annual meeting calendar, and post it on the board's web site?

Yes. All Board and Committee meeting dates for each calendar year are posted to the Board's website once the dates are confirmed by the Board. If additional meetings are required during a calendar year, those dates are posted as soon as they are confirmed, but no later than ten days before the meeting unless the meeting is a Special Meeting pursuant to Government Code § 11125.

56. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

Yes, the Board's complaint disclosure policy is consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure to the extent that disclosure of any complaint information will not impede or impair current or future investigations and will not discourage or deter the filing of consumer complaints. The Board posts accusations and disciplinary actions consistent with DCA's Website Posting of Accusations and Disciplinary Actions and the provisions of section 27 of the Business and Professions Code.

57. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

Under [BPC §27](#), the Board provides the following information to the public regarding its licensees and registrants:

- licensee's name;
- address of record;
- license status;
- license type;
- issue date;
- expiration date;
- certification; and
- disciplinary or enforcement actions.

The information is available via the Board's website or by calling directly.

58. What methods are used by the board to provide consumer outreach and education?

The Board's website (optometry.ca.gov) is the Board's primary resource for disseminating information to applicants, licensees, and the public. The website features links to the Board's laws and regulations, forms and publications, the BreEZe system, disciplinary actions against licensees, Board activities, newsletters, and links to related professions and associations. The website also offers a feature for individuals to enroll in a Subscriber List, which provides an e-mail notification to subscribers when new information is added to the website. Further, in 2019, the Board made sweeping changes to its website to ease navigation for consumers and licensees. Staff also worked with the DCA Office of Information Services to ensure website accessibility under AB 434 (Baker, Chapter 780, Statutes of 2017) for individuals with disabilities.

Via the 'Consumers' tab prominently displayed on the website, the Board has posted information and brochures on the following essential topics:

- Children's Vision Screenings
- Cosmetic Contact Lens
- Children's Eye Health
- The Importance of Eye Exams

The Board has also worked closely with DCA's Public Affairs Office and the Publications, Design, and Editing to disseminate information via the DCA WordPress page and the Consumer Connections Magazine. Additionally, the Board President's message, produced quarterly, contains essential consumer information and is sent out regularly via all channels.

Additionally, since the last sunset report in 2016, the Board has dramatically expanded its social media presence through Facebook, Twitter, LinkedIn, and Instagram. All posts made to the Board's website are also made to social media, along with specialized content and messages exclusively for social media accounts. Upcoming meetings, regulations, consumer notices, and information are posted regularly. Compared to other consumer protection boards, the Board enjoys

a decent number of followers on our social media platforms - about 800 Twitter followers and 410 Facebook followers. Most followers on Instagram are not active; most views are via Twitter or Facebook.

These efforts are gaining traction. As an example, a post made on October 2nd, with the hashtag #youractionssave lives, reached 215 people on Twitter and 90 people on Facebook. On October 6th, the Board President's message on increasing diversity reached 140 people on Facebook but over 444 people on Twitter. A series of Halloween Contact Lens posts reached an average of 80-90 people on Facebook and approximately 120 people on Twitter.

Section 7 – Online Practice Issues

59. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

There are a variety of Opticianry services offered online. The most common of these are the delivery of prescription contact lenses, the fabrication of prescription spectacle lenses, and the delivery of prescription spectacles. While contact lens sellers must register with the Board (no matter where they are based), spectacle lens sellers are only required to be registered with the Board if based in California.

While Optometry is not a field that traditionally lends itself to telemedicine, there has been an increased presence of online retailers providing automated vision refractions using app-based technology. These apps use some of the same autorefraction tests employed by optometrists and assistants. Once completed, the results are transmitted to a doctor who is licensed to write corrective lens prescriptions in California. Most often, this doctor is an ophthalmologist who is licensed by the Medical Board of California. These online refractions can provide a reasonably accurate corrective lens prescription, but cannot assess the health of the patient's eye, monitor for potential vision problems, evaluate the functioning of the patient's eyes and vision, diagnose or treat eye disease, or provide consultation on the patient's eye and vision health.

In the last four years, the Board has also seen an increase in cases involving a licensed optometrist hiring an unlicensed person to work as an optometrist. In some cases, the unlicensed person is in the process of obtaining their license to practice optometry. In other cases, the unlicensed person does not appear to have any formal qualifications for practicing optometry. In most cases, the licensee did not attempt to verify the unlicensed person's licensure before allowing them to practice Optometry.

Currently, the Board is working on extending the licensure requirement to include online spectacle sellers based outside of California. The board has no other plans currently to increase the regulation of the online market.

Section 8 – Workforce Development and Job Creation

60. What actions has the board taken in terms of workforce development?

The board plays a key role in developing the California workforce. It is the only gateway to those seeking to enter the optometric profession or use the title of optician in California. To develop the workforce, the Board focuses on verifying applicants who may possess the required skills and knowledge to provide services to the diverse population of Californians who seek primary eye care services. These efforts include processing applications quickly, working with the schools to identify and resolve student concerns when possible, and annual outreach to the schools and colleges of optometry.

In addition, through BreEZe, the Board has developed reports to identify licensing cycle times and deficiencies concerning the schools. Based on these results, the Board will provide more specific outreach to schools that may have specific deficiency trends (e.g., untimely transcript submittals, test scores, fingerprint data, etc.). Through increased communication upfront, the Board seeks to improve its licensing cycle times and decrease delays for applicants to enter the workforce.

61. Describe any assessment the board has conducted on the impact of licensing delays.

The Board has not conducted a formal assessment of the impact of licensing delays. However, it is understood that delays in licensing result in lost wages and a decrease in overall earnings for the applicant.

62. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board has robust communication with schools of optometry. Before the COVID-19 pandemic, the Board would visit and present to California schools and colleges of optometry annually. The Board executive officer, lead licensing analyst, or lead enforcement analyst educates third-year students about licensing requirements, processes, and the Board in general.

Beginning in 2019, the Board increased outreach to existing and potential optician registrants. The Board presented to the California Association of Dispensing Opticians and the California State Society for Opticians in 2019 and further engaged optician and optical career technical programs in California. Further, active optician programs and schools presented to the Dispensing Optician Committee at the September 17, 2020, public meeting.

63. Describe any barriers to licensure and/or employment the board believes exist.

The two biggest barriers the Board believes exist are cost and accessibility.

In California, there are three schools accredited to issue a Doctor of Optometry, and only a handful of programs statewide offer Opticianry certifications. Students who wish to study in these programs frequently have to relocate. Relocation presents a barrier to many potential students who may be unable to relocate due to cost or familial responsibilities.

While costs vary by school, most Optometry students will pay over \$125,000 to become licensed in California. This expense presents a barrier to many potential students who would be unable to pay the fees or obtain the scholarships, grants, or loans necessary to pay the fees.

While Opticians aren't required to complete an educational program to apply for licensure, they incur costs associated with taking and passing competency exams, completing LiveScan fingerprinting, and applying for registration. For many, these costs are incurred before any offer of employment and are not covered by student loans. These expenses present a barrier to potential applicants who are unable to pay these fees.

64. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

b. Successful training programs.

As reported in the 2016 Sunset Review, the Board does not collect workforce development data and does not have the resources to do independent studies on workforce shortages and training programs. Although the Board is unaware of associations who do so, some professional optometry or opticianry associations may compile workforce shortage information and training programs.

Officials from active and newly-formed optician programs presented to the Dispensing Optician Committee at the September 17, 2020, public meeting. Anecdotally, graduates of these programs are achieving higher passage rates on the ABO/NCLE Examinations. Those officials present committed to presenting at quarterly committee meetings to begin sharing and tracking this data.

Section 9 – Current Issues

65. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The Board has fully implemented the Uniform Standards for Substance Abusing Licensees into the Optometry Disciplinary Guidelines. In 2019, the Substance Abuse Coordination Committee made minor changes to certain testing aspects contained within the Uniform Standards. The Board approved these minor changes, along with other process updates, to the Optometry Disciplinary Guidelines at the August 2019 public meeting, and staff is currently preparing the rulemaking package for submittal of OAL.

Separately, at the August 14, 2020, public meeting, the Board approved the Optician Disciplinary Guidelines, which also fully incorporate the Uniform Standards for Substance Abusing Licensees. This rulemaking package is currently undergoing staff development.

66. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The board has fully implemented the CPEI requirements into regulation.

67. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

a. Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

The board fully utilized BreEZe for both optometry and optician programs and was included as part of release two in 2016. Staff now reports a few issues with the BreEZe program. Several minor change requests are pending with the Office of Information Services.

b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

Not applicable.

**Section 10 –
Board Actions and Responses to COVID-19.**

68. In response to COVID-19, has the board implemented teleworking policies for employees and staff?

The Board transitioned to teleworking for all staff in March 2020 before the Shelter in Place order went into effect. Board staff is still primarily teleworking. However, as the Board's office must remain open to the public, staff work in the office in shifts to make that possible.

a. How have those measures impacted board operations? If so, how?

Transitioning to telework has increased staff productivity, reduced absenteeism, and encouraged more collaboration among staff.

69. In response to COVID-19, has the board utilized any existing state of emergency statutes?

a. If so, which ones, and why?

The Board does not have an existing state-of-emergency statute.

70. Pursuant to the Governor's Executive Orders N-40-20 and N-75-20, has the board worked on any waiver requests with the Department?

- On April 16, 2020, the DCA Executive Office asked the board to respond to an Optometry Licensing Coalition requesting a waiver of the following section(s) of law/regulations: BPC; Division 2. Healing Arts [500 - 4999.129]; Chapter 7. Optometry [3000 - 3167]; Article 3. Admission to Practice [3040 - 3060] and 2. 16 CCR § 1523. Licensure and Examination Requirements. The coalition requested a temporary waiver of clinical examination, jurisprudence examination, and finger-printing requirements for students graduating from an accredited California optometry program in 2020.

- Beginning in April 2020 through September 24, 2020, the board worked with Marshall B. Ketchum University, Southern California College of Optometry to submit a waiver for its Glaucoma Grand Rounds Certification Program. The waiver removed the requirement, “Patients must be evaluated in person” within 16 CCR § 1571 -- Requirements for Glaucoma Certification.
- The Board has been working on implementing Assembly Bill 443 (Salas, Chapter 549, Statutes of 2018), which would allow optometrists certified to use therapeutic pharmaceutical agents to administer immunizations if the optometrist meets certain requirements. There were some delays early in the process due to vacancies at the Board and internal changes at DCA, which have since been addressed. Currently, the implementation regulations are working their way through the Department of Consumer Affairs’ (DCA) regulatory approval process. Once approved, it will be filed with the office of administrative law (OAL) for the 45-day public notice period. The Board is hopeful that we will have this comment period by early 2021, and if there are no changes to the text, it will be immediately filed with DCA for final approval followed by final OAL review. OAL determines the final status of the regulation.

For the purposes of the bill, “immunization” means the administration of immunizations for influenza, herpes zoster virus (shingles), and pneumococcus in compliance with individual Advisory Committee on Immunization Practices (ACIP) vaccine recommendations published by the CDC for persons 18 years of age or older. It does not address vaccinations for COVID-19. That inclusion would require negotiations between COA and CMA with the Legislature or Governor (for quickest remedy).

a. Of the above requests, how many were approved?

DCA Executive approved the board-sponsored Marshal B. Ketchum waiver for Glaucoma Grand Rounds.

b. How many are pending?

One is pending.

c. How many were denied?

One was denied.

d. What was the reason for the outcome of each request?

(Please see Section 13, Attachment F for responses released by DCA Director Kirchmeyer.)

71. In response to COVID-19, has the board taken any other steps or implemented any other policies regarding licensees or consumers?

No.

72. Has the board recognized any necessary statutory revisions, updates or changes to address COVID-19 or any future State of Emergency Declarations?

The Board would benefit from a state-of-emergency statute, providing greater flexibility for temporary licensure in the event of another travel ban and inaccessibility to the in-person clinical examination of the National Board of Examiners in Optometry.

Section 11 – Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committees during prior sunset review.
3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

ISSUE #1: Long term fund condition — optometry fund.

Background: The Board reports that it ended FY 2015/16 with approximately 12 months in reserve (optometry fund), and the Board estimates ending FY 2016/17 with approximately 17.4 months in reserve. The increase in reserve funds for FY 2016/17, as reported by the Board, is a result of staff vacancies and the repayment of the \$1 million GF loan. Although the reserves are projected to increase in the next FY, the Board reports that the reserve will dip to 16.4 months in FY 2017/18 as the Board anticipates a structural deficit in future FYs with higher expenditures than revenues. It is unclear from the Board's projections what the reasons may be for higher expenditures and if the incorporation of the RDO program impacts current budget operations of the Board. The Board reports that the last fee increase for optometry licenses was effective April 29, 2009. All of the optometry license fees, excluding the glaucoma certification fee and the optometrist renewal fee are at the statutory maximum authorization.

Optometry Fund Condition						
(Dollars in Thousands)	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Beginning Balance	\$961	\$1,270	\$1,438	\$1,517	\$1,902	\$2,823
Revenues and Transfers	\$1,737	\$1,834	\$1,844	\$1,896	\$2,831	\$1,834
Total Revenue	\$1,737	\$1,834	\$1,844	\$1,896	\$1,831	\$1,834
Budget Authority	\$1,694	\$1,895	\$1,851	\$1,835	\$1,889	-
Expenditures	\$1,432	\$1,668	\$1,753	\$1,469	\$1,907	\$1,945
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0

Loans Repaid From General Fund	\$0	\$0	\$0	\$0	\$1,000	\$0
Fund Balance	\$1,270	\$1,438	\$1,518	\$ 1,902	\$ 2,823	\$2,712
Months in Reserve	9.1	9.8	12.4	11.9	17.4	16.4

*Note: This table was taken from the Board's Sunset Review Report 2016.

Staff Recommendation: The Board should advise the Committees on its projected Optometry Fund structural deficit projections, including when the structural deficit will occur, and how it plans to address the projected deficit given that license fees are at the statutory maximum.

2017 Board Response: A structural deficit is occurring now; the Board's current expenditures are exceeding its revenue. However, the Board anticipates the 16.4 months in reserve sustaining the fund until FY 2022/2023. At that time, fees will need to be increased. With 88% of the Board's revenue coming from renewal fees, the Board believes raising the renewal fee to the statutory cap would sustain the fund through FY 2023/2024. The Board and DCA's Budget Office will continue to monitor the fund status carefully over the next several fiscal years.

2020 Board Update: The Board has been closely monitoring its fund condition and receiving quarterly briefings on the Optometry and Optician Fund conditions at public Board meetings. In addition, staff continues to work closely with DCA Budget Office.

ISSUE #2: Should the RDO and Optometry funds be merged? Should the RDO program be merged into the Optometry Practice Act?

Background: AB 684 (Alejo and Bonilla), Chapter 405, Statutes of 2015 directed the transfer of all funds, duties, powers, purposes, responsibilities, and records from the Medical Board of California to the Board to regulate the RDO practice act and its fund. As a result, the Board now operates separate funds (the Optometry Fund and the Registered Dispensing Opticians Fund) for licensing and administrative purposes. Currently, the Board absorbs all enforcement-related costs for the RDO program. AB 684 did not provide for the combination of funds and yet, the Board is responsible for enforcement, licensing, regulations, and has regulatory authority over all of the licensees of the RDO program. Licensing fees, citations, and other administrative costs are collected and deposited into the appropriate fund based in accordance with current statute.

Although the Board reports that it attempts to capture and separate the appropriate expenditures and revenues based on the fund, there may be times when the administration may overlap in auditing, licensing, and enforcement. Because the Board administers two separate funds, there may be duplicate administrative work, such as reviewing two separate fund expenditure and revenue reports, and separating each application, audit report, or fine to make sure it was charged to the appropriate fund.

Currently, the Board reports that no enforcement-related costs for the RDO program are charged to that program, meaning any enforcement-related costs for RDOs are attributed to the Optometry Fund.

Merging the funds of DCA regulated entities would not be unique to this Board. In 2011, SB 933 (Runner), Chapter 449, Statutes of 2011, combined the acts applicable to speech-language

1 pathologists, audiologists, and hearing aid dispensers and combined the funds from each of the
2 previous regulatory entities. AB 180 (Bonilla), Chapter 395, Statutes of 2015, combined the acts
3 applicable to the cemetery and funeral acts and merged the funds from each of the previous
4 regulated entities under the Cemetery and Funeral Bureau's jurisdiction. AB 179 (Bonilla), Chapter
5 510, Statutes of 2015 combined the funds of the vocational nurses and the psychiatric technicians
6 under the Board of Vocational Nursing and Psychiatric Technicians. AB 177, Chapter 428, Statutes
7 of 2015, consolidated the separate funds of the Board of Professional Land Surveyors, Engineers,
8 and Geologists.

9
10 Staff Recommendation: The Committees may wish to inquire of the Board if there has been any
11 discussion about consolidating the separate funds in an effort to streamline administrative
12 costs and reduce administrative burdens. The Committees may wish to inquire of the Board how
13 merging the practice acts would improve consumer protection and enhance administrative
14 efficiencies for the Board.

15
16 2017 Board Response: The Board briefly discussed merging the practice acts and funds during its
17 February 2017 meeting while reviewing the results of the RDO Fee Audit. It was also discussed
18 briefly during its February and March 2017 teleconferences. Sustaining the RDO Program fund
19 was the Board's first priority. With the RDO Fees now in effect, the Board plans to monitor the fund
20 to ensure it is performing as projected. The board believes it is prudent to continue monitoring the
21 fund since it only has two months of fiscal data. While the remaining fund condition data project
22 sustainability, the board would like a minimum of one full fiscal year (2017/18) of data to assess
23 the fiscal integrity of the RDO fund. In the interim, the board proposes to create a strategic plan so
24 that it can move forward with merging the funds no later than fiscal year 2020/21.

25
26 The Board is committed to an effective RDO Program transition. Merging the practice acts may
27 improve consumer protection and enhance administrative efficiencies by providing clarity in the
28 statutes and regulations and removing duplicative administrative work as mentioned in the above
29 background section. The board will discuss the topic at future board meetings as well as conduct
30 outreach and weigh the data. The Board is taking a cautious role to fully vet the issues surrounding
31 merging the acts. While several practice acts have successfully merged in the past, the Board is
32 not aware of any that absorbed a program that could not sustain itself. The Board is concerned
33 that a merger may result in optometrists paying for the administration and discipline of a separate
34 licensing program.

35
36 In addition, the Board acknowledges existing statutes within each practice act should be amended
37 to provide clarity for licensees prior to any potential merge. The Board plans to analyze the existing
38 statutes carefully in each act and discuss merging the funds and practice acts at future meetings
39 and will create a strategic plan to move forward no later than fiscal year July 1, 2020. The Board
40 will seek input from various stakeholders throughout this process. The Board can provide updates
41 to the Committee and its staff on the Board's discussions related to this issue.

42
43 2020 Board Update: As a result of [Assembly Bill 896](#) (Low, Chapter 121, Statutes of 2020), signed
44 into law as an urgency measure on September 23, 2020, the Department of Finance will merge the
45 Optometry and RDO funds. Specifically, the bill abolishes the Dispensing Optician Fund on July 1,
46 2022, and would require that any sums of money in that fund be transferred to the Optometry Fund
47 before July 1, 2022. Board management and the DCA Fiscal Unit believe that the merger will

without adverse impacts, as the RDO Fund has fully funded operations and maintained the mandated reserve balance.

The Board discussed a potential merger of the optometry and optician practice acts at the [August 2, 2019, public meeting](#). At that meeting, staff noted other DCA entities had completed mergers of some type in the last three years. Cemetery and Funeral Bureau (CFB) merged their practice acts and funds during its last Sunset Review and reported a streamlining of their processes and no pros (or cons) to the merger. The Board of Professional Engineers, Land Surveyors, and Geologists (BPELSG) merged their funds and reported greater efficiencies as a result; they did not merge practice acts and believed it would be confusing for consumers if they did.

Stakeholders such as the California Optometric Association provided public comment to ensure that merging the practice acts does not unintentionally remove enforcement authority/applicability from other code sections. They cautioned that the overall process must remain transparent.

Shortly after, the Board staff began a detailed review of opticianry statutes and endeavored to create a cohesive practice act for the program's four license types. The review seeks to clarify and better organize statute and regulations for consumers and licensees. The staff has communicated with stakeholders during multiple DOC, Legislation and Regulation Committee, and board meetings. The Board approved clarifying regulatory changes and continues to discuss the cohesive practice act. With the completion of the Spectacle Lens and Contact lens Dispenser Occupational Analysis, staff used the data collected to make further additions to the statutory review. Further development of the Optician Practice Act will be informed by the coming Occupational Analysis of unregulated assistants to optometrists. After revision to existing statutes, it may be determined that a single practice act will reduce confusion for consumers and licensees. The statutory review is projected to be complete in 2021 before the fund merger completion date in 2022.

ISSUE #3: Should NPDB queries be a part of the process for renewal and initial licenses?

Background: Under current law (BPC section 144), all applicants for licensure are required to submit fingerprints, a criminal background check, and to disclose prior convictions, pending convictions, and disciplinary actions taken by any healing arts licensing authority (in or outside of California) on the application for licensure. The Board also requires license verification from all boards that issued a license or certificate to the applicant as one of the verification requirements to identify prior disciplinary actions. Information contained in the NPDB is provided by state regulatory agencies and other entities that are required to report disciplinary information about specified professionals.

The Board reports that it began querying the NPDB in June 2016 for all out-of-state applicants only. Part of this check includes enrolling the applicants into the continuous query feature. Therefore, the Board is notified whenever discipline or any other reportable action is reported to the NPDB – similar to subsequent arrest notifications through DOJ. Currently, the Board does not require individuals residing in California or optometrists renewing their license to query the NPDB to check for any outstanding practice violations which may have occurred in other states. There is a cost to query the NPDB of \$2. Currently, the Board is not collecting the fee from out-of-state applicants, but is instead absorbing the cost. Since initial optometrist license fees are at the statutory maximum, the Board would need statutory authority to collect any additional fees.

1
2 The Board reports that it is currently researching the feasibility of enrolling all applicants and
3 licensees into the NPDB to further its consumer protection mandate. The Board notes that this is "a
4 necessary fix, as it eliminates the possibility of the Board having no knowledge of another state's
5 discipline by way of an applicant's failure to disclose that they have been licensed in another
6 state."

7
8 Staff Recommendation: The Board should advise the Committees as to what it needs in order to
9 fully utilize the resources offered by the NPBD to help protect consumers and more thoroughly
10 examine a potential licensee's professional background and criminal history.

11
12 2017 Board Response: The Board appreciates the Committee's interest and assistance in this
13 matter. The Board needs legislative authority to enroll applicants and licensees into NPDB's
14 continuous query service. In addition, the Board will need authority to charge licensees for the cost
15 of such services. The current cost is \$2 per applicant/licensee per year. Please see the attached
16 proposed language needed in order to fully utilize NPDB resources to help protect consumers
17 (Attachment 1, "Authority for NPDB").

18
19 2020 Board Update: Improving access to the NPDB was a priority issue for the Board in 2016, and
20 the Board's 2017-20 Strategic Plan included a goal of requiring licensees to enroll in the national
21 practitioner's databank. As of July 12, 2018, all applicants and registrants are enrolled in the NPDB
22 and are charged a fee as authorized by Assembly Bill 1708 (Low, Chapter 564, Statutes of 2017).
23 A check of the NBDB is performed upon initial application. Part of this check includes enrolling the
24 applicant into the continuous monitoring feature. The Board is then notified if discipline or another
25 reportable action is reported to the NPDB – similar to subsequent arrest notifications through the
26 Department of Justice..

27
28 **ISSUE #4 Examination Passage Rates – Are there any concerns about the perceived low**
29 **passage rates for the National Spectacle Examination and the National Contact Lens**
30 **Examination?**

31
32 Background: In order to be registered with the Board as a Spectacle Lens Dispenser or a Contact
33 Lens Dispenser, an applicant must have taken and passed a national examination. Spectacle Lens
34 Dispenser candidates are required to pass the American Board of Opticianry (ABO) examination,
35 and Contact Lens Dispenser candidates are required to take and pass the National Contact Lens
36 Examination (NCLE). Both national examinations are developed and administered by the ABO and
37 are available in English and Spanish. The results are neither divided by language nor tracked by
38 first-time test takers versus re-takers. Both examinations are available through computer-based
39 testing and can be taken at PSI testing sites around the country. Both tests are two hours each
40 and are available to take during a two week period, four times a year.

41
42 Although the Board is not responsible for administering or creating the examinations for these two
43 registrant categories, and the passage rates reflect the national average, the low passage rates for
44 these examinations may be of concern.

45
National Spectacle Examination

Developed and Administered By: American Board of Opticianry		
2012	# of Candidates	4343
	Pass %	58.3%
2013	# of Candidates	3935
	Pass %	62.5%
2014	# of Candidates	3473
	Pass %	62.7%
2015	# of Candidates	3249
	Pass %	55.0%
Date of Last OA		2013
Name of OA Developer		American Board of Opticianry
Target OA Date		-

National Contact Lens Examination		
Developed and Administered By: National Contact Lens Examiners		
2012	# of Candidates	1496
	Pass %	66.9 %
2013	# of Candidates	1414
	Pass %	53.5%
2014	# of Candidates	1320
	Pass %	56.0%
2015	# of Candidates	1439
	Pass %	56%

Date of Last OA	2013
Name of OA Developer	National Contact Lens Examiners

Target OA Date	-
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*Note: These tables were taken from the Board's Sunset Review Report 2016.

Staff Recommendation: The Board should advise the Committees if it has any concerns with the perceived low passage rate. Additionally, the Board should advise the Committees of when the next OA of these national examinations may occur.

2017 Board Response: While the pass rates appear low, the Board believes this is due to the lack of educational requirements to become registered in California. Other states that have educational requirements for registration/licensure tend to see higher passing rates, because those candidates appear better prepared for the examination than California candidates.

In addition, the Board contacted the Executive Director of the ABO/NCLE regarding the apparent low test scores. He stated:

"The national pass rate is not "low," inasmuch as it is in keeping with proper testing protocols. The variance, from state to state, is largely based upon educational standards within the state. For example, in Florida, Massachusetts, and Georgia, where the prerequisites to test are much higher, the pass rates are, likewise, much higher. In states or areas where there is no pre-requisite, the pass rate reflects the lack of pre-requisites, and is much lower. However, the overall pass rates, on a national basis, are exactly what they should be, according to the health checks that are periodically conducted on the exams by the independent Psychometric organization that screens our exams. As such, there is no concern on our part with regard to the pass rates. Any higher pass rate would result in concern because if you have too many people pass the examination, questions arise as to whether you are adequately testing what you are intending to screen out. We constantly check the scores against the benchmarks for examinations, and have been advised, repeatedly, that the exam is within standards with regard to every facet, including the pass rate. If we do have an instance where the pass rate for any given examination does not match the standards, we have the ability, prior to announcing scores, to adjust the cut score, based upon recommendations from the Psychometric Experts, and have done so on a few occasions – both increasing the score and decreasing the score."

Thus, the Board, with the assistance of the Dispensing Optician Committee, is committed to analyzing the registration requirements to determine whether requirements need to be improved so that consumers and the profession continue to be protected. According to the ABO and NCLE, the next occupational analyses/audit is scheduled to occur in 2018/2019. It takes approximately six months to complete.

2020 Board Response: The Board continues to note low test scores with the ABO and NCLE exams. At the December 13, 2019 public meeting, the Dispensing Optician Committee continued discussion on the pass rates and subsequently directed staff to inquire with the ABO and NCLE regarding what state pass rates are compared to national pass rates to determine if the increased education is contributing to increased pass rates. The issue was further discussed at January 30, 2020, Dispensing Optician Committee meeting, with staff noting the California pass rate for the ABO Exam is 50%, which is lower than the 63% national average. The NCLE pass rate is around 48% which is lower than the national average of 62%.

1
2 The Board noted several trends in looking at the data. California has the highest testing population
3 in the country followed by Florida, Ohio, and New York. Additionally, on average, states providing
4 licenses, as opposed to registrations, had better pass rates overall. For example, Texas has a high
5 pass rate and does issue a state license. States which have both education and apprenticeship
6 requirements generally had high pass rates overall; those states also require passage of a state-
7 specific exam which includes additional questions beyond the basic ABO or NCLE exam.

8
9 California is the only state in the country that does not require education or apprenticeship before
10 being issued a registration. The Board, in conjunction with the Dispensing Optician Committee, will
11 be scrutinizing the application requirements in 2021 as part of the Board's new strategic plan.

12
13 Separately, in conjunction with DCA's Office of Professional Examination Services, the Board
14 completed an audit of the ABO exam for and the NCLE in 2020. This validation included a review
15 of each examination's development, administration, and security procedures, as well as a review of
16 examination content to assess its applicability to California practice. The audit determined the ABO
17 and NCLE exams were valid and sufficient to determine competency for issuance of an opticianry
18 registration in California.

19
20 The DOC continues to advocate for education requirements at licensure. Following the completion
21 of three Occupational Analyses (Contact Lens Dispenser, Spectacle Lens Dispenser and
22 unregulated assistants to optometrists) in 2022, the committee will further discuss passage rates
23 and potential education requirements for the Board's consideration.

24
25 **ISSUE #5: Pathways to Licensure: Graduates of a Foreign University & Out-of-State**
26 **Licensees.**

27
28 Background - Foreign Graduates: Optometrists must complete a four year Doctor of Optometry
29 degree program meeting California educational requirements and pass the NBEO examination to
30 be eligible for California licensure. The Board also has pathways for individuals who are licensed in
31 other states. However, both foreign graduates and out-of-state licensees face challenges in
32 California with obtaining a license to practice in California.

33
34 Pursuant to BPC Section 3057.5 and 16 CCR Section 1530.1, the Board is authorized to sponsor
35 "foreign graduates" or individuals who obtained their education from institutions outside of the
36 United States to sit for the NBEO examination. As noted by the Board, these individuals request
37 the board to issue a Letter of Sponsorship (LOS) to allow the foreign graduate to take the NBEO.
38 In order for the Board to issue a LOS, Board staff must determine if the applicant's education
39 obtained through the foreign university is equivalent to the education earned at a U.S. school of
40 optometry. This is done by requesting the applicant have his or her transcripts evaluated by an
41 evaluation service. If the education is deemed equivalent, Board staff will issue the LOS. If the
42 education does not meet the equivalency, the Board provides the applicant with a list of the U.S.
43 schools of optometry that provide courses to obtain the education needed to qualify for the
44 examination. While California offers a means for foreign graduates to sit for the NBEO, there is no
45 real pathway for a license to practice as they have not met the educational requirements as
46 specified in BPC Section 3046.

Currently there is no fee charged by the Board to foreign applicants seeking an LOS. As noted by the Board in its Sunset Review Report 2016, one of the challenges of this program is that foreign graduates may be issued a sponsorship to take the NBEO, but they cannot obtain licensure in California, as they do not meet the educational requirements specified in California law. While the Board expends staff resources on verifying qualifications to sit for the NBEO, the Board is not compensated, and these graduates cannot obtain licensure in California as there is no current pathway other than acquiring new education.

Foreign graduates are able to remediate missing education for purposes of sitting for the national examination as there are institutions that provide an "accelerated course" to meet the educational requirements. This is referred to as an "Advanced Standing Program" which customizes a curriculum based on a foreign graduate's transcripts. As noted by the Board, these programs can take between two-to-four years to complete and they are only offered at three institutions which are not located in California.

To address this problem the Board sponsored SB 496 (Nguyen) of 2015 to create a pathway for foreign graduates to become licensed in California. The bill was ultimately held in the Senate Business, Professions and Economic Development Committee. In response, the Board created the foreign education workgroup and tasked it to meet with stakeholders, including the accredited schools and colleges of optometry, to provide recommendations to the Board for consideration in 2017. The Board discussed this issue at its January 27, 2017, meeting. The agenda noted that offering the LOS has proven to create confusion among foreign applicants because they believe the process will lead to licensure in California, but until they obtain a degree from an accredited college of optometry, the time-consuming review process will not benefit California or the foreign graduate. The Board-staff's recommendation was to remove the Board's statutory authority to conduct the LOS.

Background - Out-of-State: Coupling with the challenge for foreign graduates seeking licensure in California, out-of-state licensees face similar obstacles to obtaining licensure in California as a result of the strict requirements with respect to disciplinary actions which may have occurred in another state. BPC section 3057(a)(6) specifically prohibits the Board from considering any applicant from out-of-state who has ever "had his or her license to practice optometry revoked or suspended in any state where the person holds a license." Currently, subdivision (h) of section 3110, provides the Board with the discretion to suspend or deny a license if the person has been subject to disciplinary action, whereby the Board is required to review that action to determine if it presents sufficient evidence of a violation of the practice act to warrant the submission of additional information from the person or the denial of the application for licensure. In addition, BPC section 3057(h)(5) per a signed release, allows the Board to review information with the NPDB, and the Drug Enforcement Administration to determine if there is evidence to warrant the submission of additional information from the person or the denial of the application for licensure.

The two above mentioned sections provide the Board with the authority to review any disciplinary activity of an out-of-state licensee to determine if the action would warrant a licensure denial in California; however, BPC Section 3057(a)(6) challenges the Board's authority to review out-of-state applicant's disciplinary actions and instead strictly prohibits anyone who has ever had his or her license to practice optometry revoked or suspended in any state. Therefore, any disciplinary action taken outside of California is grounds for automatic denial according to that subparagraph, while the subparagraph above provides the Board with discretion to review disciplinary actions to

determine if they would warrant licensure denial. In the Board's 2016 Sunset Review Report, the Board identified this as a new issue and stated it is seeking consideration to "assess and remove unnecessary license barriers, such as BPC Section 3057(a) (6), while still adequately protecting the health and safety of California consumers."

The Board staff's recommendation was to remove the strict prohibition on out-of-state licensees as referenced in BPC Section 3057(a)(6) and allow the Board to use its current authority to determine if the disciplinary action(s) warrants licensure denial.

Staff Recommendation: The Board should advise the Committees on the progress of the foreign graduate workgroup and any recommendations for changes to the acceptance of foreign graduates for licensure purposes. In addition, the Board should inform the Committee on the time and resources that are expended to sponsor foreign graduates and whether or not there should be a fee charged for such services. In addition, the Board should explain how revising the disciplinary review procedures for out-of-state licensees would expand the pool of eligible licensees in California and if there are any concerns that changing BPC Section 3057(a)(6) would decrease consumer protection in California.

2017 Board Response: At the foreign graduate workgroup's recommendation, the Board voted to repeal BPC § 3057.5. The Board agrees with the foreign graduate workgroup that the best way to protect California patients is to have consistent educational requirements for all applicants. The Board has consulted the three accredited schools in California about creating an Advanced Standing Program on the West Coast. Two of three are interested in creating a program for foreign graduates. The Advanced Standing Program provides the opportunity for foreign graduates to obtain an accredited degree and become licensed in California. The Board plans to continue monitoring this issue and assist the schools with anything they may need to create the program.

2020 Board Response: As a result of AB 1708 (Low, Chapter 564, Statutes of 2017), the Board no longer offers sponsorships for foreign graduates to optometry schools. The Board's authority to award Letters of Sponsorship to "foreign graduates" from educational institutions outside the United States had proven problematic because many sponsored foreign graduates are unable to obtain licensure by the Board because they have not met minimum educational requirements. However, the Board continues to receive periodic inquiries from foreign graduates looking to obtain licensure in California. To accommodate foreign-trained optometrists and medical doctors, a pathway has been created. Out-of-country applicants are referred to three colleges, on the east coast, that offer an accelerated two-year program, so foreign graduates can obtain certification to practice in the United States, and the Board can ensure the quality of education and consumer protection.

Additionally, as a result of AB 1708, the previously identified ambiguity regarding the Board's discretion to approve applicants from other states who have prior disciplinary issues has been fixed. AB 1708 expressly stated that the Board has the discretion to approve or deny an applicant with prior disciplinary issues. Staff reports no additional problems or barriers to licensure as a result of this change.

ISSUE #6: Continuing Education

Background: The Board requires licensees to certify, under penalty of perjury that they meet the CE requirements, as specified in existing law, and if a licensee fails to certify completion of the

required CE, the license renewal is held until the licensee certifies completion of the required CE. A licensee may not practice with an expired or delinquent license; therefore, all CE must be completed and submitted in order to renew a license to continue to legally practicing optometry. In order to verify completion of CE requirements, because an applicant for licensure renewal only has to self-certify that they have completed the required CE, the Board conducts random CE audits. As part of that process, the Board recognizes and utilizes the Association of Regulatory Boards in Optometry's Online Optometric Education (OE) Tracker system as proof of CE course attendance (16 CCR section 1536(h)) for those courses taken through the national association. Proof of all other CE attendance must be submitted to the Board.

The Board began conducting random CE audits in December 2009; however, the Board notes that due to staffing issues, and time constraints, CE audits have not been consistently conducted. In the past four FYs, the Board reports conducting a total of 375 CE audits (FY 2012/13: 81; FY 2013/14: 150; FY 2014/15: 144; and FY 2015/16: 0) with a failure rate of less than 10%. Licensees that fail a CE audit are subject to fines of up to \$2,500 (16 CCR section 1579). If a licensee fails to remediate the deficiencies and/or pay the determined fine, an enforcement hold is placed on the license, making the license ineligible for renewal until all conditions are met.

The issue of CE audits was raised during a November 2016 board meeting in which, the Board discussed requiring licensees to utilize the "CE tracking system" currently used by the national association. The Board accepts OE TRACKER certificates for audit verification purposes, (16 CCR 1536(a)(8)), and Board staff has determined that the OE TRACKER would be the most efficient way to audit licensees. However, until optometrist licensees are mandated to take CE units as provided by the national association, staff must still verify each licensee's reported CEs through the audit process.

The Board stated in its Sunset Review Report 2016, that "as a result of the Board restructuring, additional resources are now available to conduct more audits. The Board is also researching more efficient ways to increase the number of CE audits, strengthening consumer protection." Currently, RDOs, Registered Spectacle Lens Dispensers, Registered Contact Lens Dispensers, and Nonresident Contact Lens Sellers are not required to complete CE.

Staff Recommendation: The Board should update the Committees on its plan and timeline to increase the number of CE audits conducted annually. In addition, the Board should advise the Committees on any plans to transition to an electronic tracking system and any potential impact on licensees.

2017 Board Response: The Board plans to increase its CE audits, beginning April 2017. The plan includes working with DCA legal to revise audit notifications to emphasize the existing electronic tracking system (OE Tracker) already accepted by the Board. In addition, over the next several months the Board will work closely with DCA's Office of Information Services to determine what enhancements can be made to the BreZE system to further automate the CE audit process.

2020 Board Update: The Board continued conducting CE audits into 2018 and has a record of conducting 321 audits over the past four fiscal years. During that time, 101 audits were resulting in a fail for not having the required number of CE hours or being deficient in completing specific CE requirements respective to license certifications (such as TLG). The percentage of CE failure was 31%.

ISSUE #7: Different License Types

Background: Current law authorizes an optometrist to own one optometric office without being required to obtain a separate license to operate that facility. However, BPC section 3077 requires optometrists who have ownership interest in more than one office to obtain a separate "branch office license" from the Board. The law specifies that an optometrist may own or operate more than one branch office if he or she is in personal attendance at each of his or her offices 50 percent of the time the offices are open for professional practice. In an effect, this limits the optometrists to only one additional office (one branch office).

An initial application for a branch office license is \$75 and the renewal fee is \$75 and both license fees are at their statutory maximum. Branch office licenses are required to be renewed annually, as opposed to an optometrist license which is renewed biannually. The establishment of the branch office license took effect in 1959. Presumably, the intent of the branch office license was to provide consumer protection by ensuring that a licensed optometrist was present at his or her optometric practice. However, it is unclear if the concerns of 1959 are the same today. It may be prudent for the Board to review the branch office license to determine if any changes are warranted, or if there are any risks to consumer protection if the license requirements change.

Staff Recommendation: The Board should advise the Committees on the continued usefulness of the branch office license. In addition, the Board should advise the Committees if other states have a similar branch office license or other practice location restrictions.

2017 Board Response: The Board included an objective to analyze all license types during its January 2017 Strategic Planning session, including the branch office license, for continued usefulness and impact on consumer protection. The branch office license was initially created to ensure optometrists owning practices were able to adequately control the quality of care provided to his/her patients. Through careful and deliberate review over the next four years, the Board will determine if any changes are warranted to each of its license types and whether there are any risks to consumer protection if the requirements change.

2020 Board Update: The Board felt previous law restricting the number of offices an optometrist may own to two locations with the Branch Office License was restrictive and was impeding the ability to provide access to quality eye care to all Californians. As a result of SB 1386 (McGuire, Chapter 334, Statutes of 2018), optometrists may now have up to 11 offices with ownership status in the practice. Beginning in 2019, licensees who previously held a Branch Office License(s) were required to obtain a Statement of Licensure for any practice location beyond their principal place of practice. The Board provided outreach and educational resources on the Board's website during this transition, and staff reports no issues with licensee compliance as of 2020.

ISSUE #8: Regulations

Background: BPC section 3025 authorizes the Board to make and promulgate rules and regulations governing procedures of the Board, the admission of the applicants for examination for a license as an optometrist, and the practice of optometry as specified in the practice act. In order to prepare a rulemaking action, the Board is required to: (1) express terms of proposed regulation (the proposed text), (2) determine fiscal impact, (3) create a statement of reasons for that regulation, and (4) post notice of proposed rulemaking.

In the Board's Sunset Review Report 2016, the Board reported that since the Board's last sunset review in 2013, only two regulatory changes were made, one related to out-of-state licensees providing free health care and the other to implementing the Uniform Standards for Substance Abuse and Disciplinary Guidelines. Currently, the Board reports that it has eight outstanding regulation changes in the process, either approved by the Board and in the DCA review phase or pending at the Office of Administrative Law. These regulation packages pertain to the important oversight authority of the Board, including regulations aimed at reducing enforcement timeframe to codifying the Board's accreditation process. The timely submission and implementation of regulation packages help to ensure the smooth administrative operations by providing the Board with the appropriate authority to implement the provisions of the Optometry Act. Delaying the regulation process can amplify administrative hurdles for the Board and potentially derail legislative mandates.

Although all of the Board's pending regulations are important, the Board reports that regulations are still outstanding to implement BPC section 2556.1, which requires optometrists who are co-located in settings with RDOs to report that business relationship to the Board.

Staff Recommendation: The Board should advise the Committees on the current status of its outstanding regulations and when it anticipates the regulations to take effect. In addition, the Board should update the Committees on how these regulations will improve Board operations.

2017 Board Response: Please see the attached chart for detailed status updates on all outstanding regulations and the anticipated operational improvements each will bring (Attachment 2). In addition, please refer to the 2017 Rulemaking Calendar (Attachment 3). This is an estimate of when each regulation will take effect. This Rulemaking Calendar was created prior to losing the Board's Policy Analyst (February 2017). The Board is working closely with DCA's human resource department to quickly fill the vacant position, but this may cause a slight delay in the rulemaking process.

2020 Board Update: The Board has progressed a multitude of outstanding rulemaking packages and prioritizes issues as directed by the Board. In 2019 and 2020, paramount has been the implementation of Assembly Bill 2138, implementation of Assembly Bill 443, proposed disciplinary guidelines for both the optometry and optician programs, and changes to the board's continuing educations policies as a result of COVID-19.

ISSUE #9: Enforcement Timeframes

Background: In 2010, the DCA launched the Consumer Protection Enforcement Initiative (CPEI) to overhaul the enforcement process at the healing arts boards. The CPEI is a systematic approach designed to address three specific areas: 1) Administrative Improvements; 2) Staffing and IT Resources; and, 3) Legislative Changes. Upon implementation, it was anticipated that healing arts boards would be able to reduce the average enforcement completion timeline from 36 months to between 12 and 18 months.

The Board reports in its 2016 Sunset Review Report, that it is meeting all of its internal timeframes with the exception of intake and investigation and cases resulting in formal discipline. For intake and investigations, the Board established an internal target date of 90 days, but it is taking over

200 days for the optometry program and over 150 days for the RDO program. This trend has been consistent for the last four FYs for both programs, with the exception of the RDO program in FY 2013/14 when it was under the jurisdiction of the Medical Board of California where intake and investigation was completed within 80 days. For those cases that have been referred to formal discipline, the Board's internal timeframe is 540 days; however the Board reports that in FY 2015/16 formal discipline took 1200 days for the optometry program and 638 days for the RDO program.

The Board reports in its Sunset Review Report 2016 that when the RDO program transitioned under the Board's jurisdiction, 92 additional cases were added to the Board's workload without sufficient staffing resources. A BCP was approved to add a 0.6 enforcement staff position, but the RDO program's budget was unable to sustain the position and as a result the RDO cases that would be investigated by the RDO enforcement personnel are being absorbed by the optometry program, as there is currently no enforcement budget for the RDO program. In addition, the Board reports that enforcement staff spent a significant amount of time in 2015 participating in the design, development, and testing of the BreZE system, which reportedly impacted the pending caseload and average cycle times to case closure.

The Board notes that it has established an improvement plan to address the enforcement timeframes starting with restructuring the enforcement unit, instructing the enforcement unit to work more closely with the DOJ, and revising the enforcement procedure manuals.

Staff Recommendation: The Board should advise the Committees about where it believes the bottlenecks are in its investigation processes and disciplinary actions. In the Board's opinion are the proposed solutions referenced in the Board's Sunset Report 2016 working to reduce the exceptionally high delays relative to intake and investigation and formal discipline? Would merging the Optometry and the RDO practice acts and the funds help address the enforcement backlog?

2017 Board Response: While some bottlenecks may occur outside of the Board's control the Board believes the recently high cycle times were mainly attributed to staff vacancies and the critical time needed to invest in BreZE development. Cases were prioritized and addressed accordingly when one analyst in enforcement. Consequently, several less urgent cases (e.g., advertising complaints), remained open for longer than normal – which directly impacted the intake and investigation cycle times. Enforcement is now fully staffed. In addition, job duties were restructured and additional oversight and streamlined processes have been implemented. The Board fully anticipates lower cycle times in all performance measures going forward.

There will inherently be some bottlenecks that remain outside the Board's control. For example, in cases involving criminal convictions, the Board may open a case when it receives a subsequent arrest notification from the Department of Justice. The Board requests arrest and court records, which may take significant time. In addition, the District Attorney has up to one year to file charges. This may delay a conviction.

Settlement cases also can take significant time. The Board often receives minimal information regarding malpractice settlements, and devotes significant time contacting the involved parties – many of which are not clearly indicated on the settlement report. If the harmed party is identified, the Board has found that many do not wish to participate, because they have benefitted from the

1 settlement and do not wish to cooperate with the Board. The Board will not close settlement cases
2 until it exhausts all available resources- which adds to the cycle times.

3
4 2020 Board Response: The Board continues work to reduce timeframes of enforcement cases.
5 The amount of work required has increased steadily over the last few years, but the number of
6 positions has remained the same. Additionally, staff turnover decreased the staff resources
7 available during this time.

8
9 **ISSUE #10: What is the status of the Board's inspection program?**

10
11 Background: In the 2014 staff background paper for the Board, the issue of authorizing the Board
12 to inspect optometric practices was raised. At that time, the Committee staff's recommendation
13 was to allow the Board to administer an inspection program. As noted in the 2014 staff background
14 paper, "...the Committee agrees that the Board's enforcement unit should be granted the authority
15 to inspect an optometrist's practice location. However, the Committee also notes the Board's
16 inability to carry out its current enforcement duties due to budget constraints and a lack of staff."
17 Ultimately, the staff recommendation requested the Board to provide a plan for increasing the
18 workload of its enforcement officers considering the existing budget and staffing constraints.

19
20 At that time, the Board responded "in order for the Board to successfully implement inspections in
21 a way that would benefit public safety, the Board would need to seek statutory authority. That
22 proposal would also need to include a request for a new position ...if current staff were to attempt
23 to take on this increased workload, it would cause a negative ripple effect on all enforcement
24 activities because current duties would be neglected."

25
26 In the Board's Sunset Review Report 2016 it was noted that from the time of the Board's last
27 sunset review, it was provided with inspection authority to inspect locations where an optometrist
28 and a RDO are co-located as a result of AB 684 (Alejo and Bonilla), Chapter 405, Statutes of 2015,
29 SB 836 (Committee on Budget and Fiscal Review), Chapter 31, Statutes of 2016, and SB 1039
30 (Hill), Chapter 799, Statutes of 2016. These bills constructed the Board's authority and mandate to
31 inspect an optometric practice wherever optometry is being practiced.

32
33 The inspection process is an important element of AB 684, as it requires the Board to inspect co-
34 located practices to ensure they are meeting the prohibitions in existing law including the authority
35 to inspect leases and premise locations for compliance with BPC section 655 (dealing with the
36 concerns pertaining to kick-back arrangements). However, neither the MBC nor the Board
37 collected data on how many locations are co-located, so there is no concrete data on how many
38 registrants are subject to inspection and what the Board's inspection program will look like. The
39 Board reports that it is currently researching inspection programs within the DCA to determine the
40 best way to implement an inspection program, given the Board's current resources, and how to
41 incorporate a new inspection program into the current process.

42
43 At the Board's January 2017 meeting, the issue of the Board's inspection authority was discussed
44 by the Board as one of the recent bills, SB 1039 (Hill) specifically permitted the board "at any time
45 inspect the premises in which optometry is being practiced or in which spectacle or contact lenses
46 are fitted or dispensed. The board's inspection authority does not extend to premises that are not
47 registered with the board. Nothing in this section shall be construed to affect the board's ability to

investigate alleged unlicensed activity or to inspect premises for which registration has lapsed or is delinquent.”

As noted by the Board, the intent of the language was to give the Board inspection authority for all locations optometry is being practiced and where dispensing is taking place. However, the Board notes that "the current language appears to unintentionally limit the inspection authority and, at least, causes confusion as to what exactly the Board's authority is." As a result, Board staff recommended "that the Board support a legislative proposal to amend the statute to the following: The board, or its designated agent, may at any time inspect the any premises in which optometry is being practiced or in which spectacle or contact lenses are fitted or dispensed". The Board agreed with the staff's proposal, and currently the outcome of the legislative proposal is pending.

Staff Recommendation: The Board should advise the Committees on its plans to implement an inspection program and if the Board can begin inspections prior to any proposed legislation as recommended at the Board's January 26-27, 2017 meeting.

2017 Board Response: The Board plans to implement its inspection program by the end of 2017. An enforcement position was recently restructured to devote significant time in researching and developing an adequate inspection program. This includes meeting with each inspection program currently existing in the various DCA entities and the Department of Managed Health Care's inspection team. As the inspection program is developed, the Board will continue to identify any improvements to the process and existing authority to remove any unintended loopholes that may exist. In addition, the Board is requesting technical changes to BPC § 3030 to clarify the Board's inspection authority (Attachment 1, "Inspection Authority"). The Board can begin inspections prior to any additional legislative changes.

2020 Board Update: The Board's inspection program was implemented into law as a result of SB 1386 (McGuire, Chapter 334, Statutes of 2018). The Board's Consumer Protection Committee (CPC) met three times throughout 2018 and discussed the inspection program. During those meetings, the CPC discussed and compared the Board's population, staff size, and funding in comparison with other DCA boards and bureaus, and the possible benefits of a proactive inspection program instead of a reactive/complaint-driven process. Ultimately, the CPC brought the matter back to the full Board for discussion on the merits of the two types of inspection programs: a reactive, complaint-driven program or a proactive program based on random inspections.

At the April 20, 2018 meeting, the Board deferred the adoption of random inspections for one year and to revisit the issue after the Board staff had compiled a report regarding the effectiveness of a proactive approach to inspections. Currently, Board enforcement staff meets once per month to discuss current cases and investigation strategies and to weigh the potential usefulness of an inspection program for individual enforcement cases. A report of their findings will be presented to the CPC in Spring 2021.

ISSUE #11: What is the status of BreEZe implementation by the Board?

Background: In 2009, the DCA began an IT project to replace multiple antiquated standalone information technology systems used by the boards, bureaus, and committees within its jurisdiction, with one fully integrated system. The Board was part of the Release 2 plan for BreEZe

rollout which went live on January 19, 2016. Because of the recent transition of the RDO program, it is not currently accessible through the Board's BreEZe system.

The Board notes that it has made a successful transition into the BreEZe system. The Board attributes this to its active participation in design, configuration, and testing of the BreEZe system. The Board currently has 54 pending system enhancement requests. The Board will continue to help improve the BreEZe system by soliciting feedback and suggestions from consumers, applicants, licensees, and staff. This will ensure that the system will continue to improve over time.

In addition, the Board is currently processing RDO applications in the BreEZe system under the MBC's domain. The DCA's Office of Information Services team is working with the Board to move the RDO Program to the Board's domain. The effort can best be summarized as a mini- BreEZe Project for DCA and the Board as it involves creating four new licenses types within the Board – effectively doubling the Board's BreEZe footprint. The project is scheduled to complete in April of 2017; however, BreEZe resources are extremely taxed which makes the RDO effort susceptible to delay should critical emergencies arise that divert resources. Once implemented, all applicants will be able to apply and renew online. Cycle times are also expected to decrease significantly.

The chart below identifies what the Board and RDO Program has paid for the system (through FY 2015/16) and what the anticipated costs of the system are through FY 2018/19.

BreEZe Funding Needs

PROJECT (FY)								MAINTENANCE (FY)	
2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Actual	Actual	Actual	Actual	Actual	Actual	Actual	Budget	Budget	Budget
427,051	1,495,409	5,349,979	6,753,287	14,825,159	16,657,910	27,468,154	23,497,000	22,456,000	21,530,000
427,051	1,495,409	3,198,486	4,818,002	5,806,881	7,405,427	7,430,456	2,080,000	2,080,000	2,080,000
-	-	2,151,493	1,935,285	9,018,278	9,252,483	20,037,698	21,417,000	20,376,000	19,451,000

2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Actual	Actual	Actual	Actual	Actual	Actual	Actual	Budget	Budget	Budget
1,482	5,092	19,772	16,661	33,349	64,652	138,369	134,349	135,000	131,000
527	-	7,053	10,869	22,226	24,089	50,866	49,226	50,000	47,000

Note: This table was taken from the Board's 2016 Sunset Review Report.

Staff Recommendation: The Board should update the Committee about when it estimates that the RDO program will be accessible through the BreEZe program. In addition, the Board should advise the Committees on the implementation of the Board's BreEZe program and whether or not it has provided administrative efficiencies for the Board.

2017 Board Response: The Board estimates the RDO Program to be accessible online through BreEZe in May 2017. As noted in the background above, the Board's BreEZe implementation has been an overall success. With 58% of optometry initial and renewal applications being submitted online, the Board's overall licensing cycle times have decreased. In addition, licensees renewing online experience significantly quicker timeframes than those submitting paper applications, with many renewing in one day or less vs. a six to eight week cycle time for paper applications.

2020 Board Response: The Board is fully integrated on BreEZe, but continues to work with DCA's Office of Information Services to increase usability and improve the functioning of the BreEZe program for Board stakeholders.

ISSUE #12: Newsletters and Consumer Information

Background: The Board's website is a tool for disseminating important resources to applicants, licensees, and the general public on board-related issues and general subjects related to the practice of eye care and eye health. The website features links to the Board's laws and regulations, forms and publications, the BreEZe system, disciplinary actions against licensees, Board activities, newsletters, and links related to the various professions and associations. The website also offers a feature for individuals to enroll in a Subscriber List which provides an e-mail notification to subscribers when new information is added on the website, including board meeting updates. The Board reports that since the last sunset report, the Board has grown its social media presence through Facebook, Twitter, LinkedIn, Snapchat, Instagram, and Google+.

Public outreach and education through the use of the Board's website is an important resource to keep consumers updated on issues relevant to the practice of eye care and consumer protection and for keeping licensees informed about important changes to the laws regulating the practice of Optometry. Although much of the information provided on the Board's website is current and up-to-date, there are important resource areas that have not been updated during the last four FYs. Below is a summary of the Board's latest "board publications" relevant to consumers and the "newsletters" (accessible on the Board's Internet website) which are beneficial to professionals and consumers which have not been updated (with the exception of the strategic plan) within the last four FYs:

Board Publications:

Optometry Laws and Regulations Book Posted: July 8, 2013

California State Board of Optometry Sunset Review Report 2012 Posted: November 5, 2012

California State Board of Optometry - Focus on Consumer Protection Posted: March 27, 2012

Cosmetic Contact Lenses - Change the Look of Your Eyes Safely and Legally Posted: March 27, 2012

Focus on Your Eyes - What to Expect at an Eye Examination Posted: March 27, 2012 Board

Member Handbook 2016 Posted: December 13, 2016

Strategic Plan 2014-2018

1 Newsletters:

2 Summer 2013 Newsletter Posted: September 13, 2013

3 Winter 2012 Newsletter Posted: February 6, 2013

4 Spring 2012 Newsletter Posted: May 15, 2012

5 Fall 2011 Board of Optometry Newsletter Posted: October 10, 2011

6 Winter 2011 Board of Optometry Newsletter Posted: February 9, 2011

7 Spring 2010 Board of Optometry Newsletter Posted: April 19, 2010

8 Summer 2009 Board of Optometry Newsletter Posted: July 31, 2009

9
10 With the recent transition of the RDO program to the Board and the consumer protection issues
11 surrounding non-prescription contact lenses and emerging online eye-care technologies, it is vital
12 that the Board maintain an up-to-date website that focuses on providing timely and informative
13 information to both consumers and licensees. As noted in its Sunset Review Report 2016, the
14 Board anticipates being able to devote more resources to consumer outreach, including reinstating
15 the Board's newsletter.

16
17 Staff Recommendation: The Board should advise the Committee on its current plan to update its
18 website with more current consumer information and when it anticipates reinstating a newsletter.

19
20 2016 Board Response: During the Board's January 2017 Strategic Planning session, the Board
21 recognized the need to improve its consumer outreach. Beginning in April 2017, The Public
22 Relations and Outreach Committee will meet on a quarterly basis, at minimum, and develop more
23 current consumer information, including the Board's newsletter. In addition, the Board will work
24 with DCA's human resources to restructure the Retired Annuitant (RA) job duties to serve as the
25 Board's Outreach Coordinator. The RA will work closely with the Public Relations and Outreach
26 Committee to audit the Board's website and update information for consumers, licensees, and
27 registrants.

28
29 2020 Board Update: The Board was unsuccessful in obtaining the authority to hire an RA to serve
30 as the Board's outreach coordinator. Due to a lack of funding and staff resources, outreach duties
31 continue to be split between the policy analyst and an office technician. The Public Relations and
32 Outreach Committee has not been meeting regularly due to Board vacancies.

33
34 Despite these limitations, the Board's consumer outreach remains robust. In 2019, Board staff
35 completed a minor revamp of the Board's website, removing outdated information, consolidating
36 related pages, and updating links. Comprehensive Frequently Asked Questions (FAQs) for the
37 optometry and optician program have also been added to the website. Additionally, since the last
38 sunset report in 2016, the Board has vastly expanded its social media presence through
39 Facebook, Twitter, LinkedIn, and Instagram, averaging three posts a week on each platform with a
40 high level of engagement. These outlets are used to provide useful information to consumers and
41 licensees as well as to keep stakeholders apprised of the actions of the Board. The Board has
42 recently increased its outreach to interested parties via the ListServ email system. This system
43 allows the Board to contact its subscribers via email to inform them of regulatory hearings,
44 meetings, surveys, etc. The Board currently has over 10,000 subscribers to its ListServ.

45
46 **ISSUE #13: What is the status of the RDO Committee?**

Background: As a result of AB 684 (Alejo and Bonilla), Chapter 405, Statutes of 2015, the Board is required to establish an RDO Committee to advise and make recommendations regarding the regulation of RDOs (BPC section 3020). The committee is to consist of five members, two RDOs, two public members, and one member of the Board. Initial appointments are made by the Board, and after that the Governor will appoint the RDO and public members. Effective January 1, 2016, the oversight of the RDO Committee began under the Board's operation, however, to date, the Board has not appointed an RDO Committee and no meeting has taken place. The Board created a "DOC Appointments Committee", comprised of two Board members, to vet potential candidates and make recommendations to the full Board. According to the Board's Sunset Review Report 2016, it anticipates the DOC will begin meeting in 2017. This issue was not on the Board's meeting agenda for the January 26-27 Board meeting and the next Board meeting is currently scheduled for April 21, 2017.

Staff Recommendation: The Board should advise the Committees on its proposed timeframe for formally appointing the RDO Committee membership and when it anticipates the first RDO Committee meeting.

2017 Board Response: The Board is committed to appointing members to the Dispensing Optician Committee (DOC) with qualified individuals who are interested in serving California Consumers. The Board anticipates appointing committee members to the DOC during its April 2017 Board meeting.

February 2016:

The Board discussed a proposed appointment process, vacancy notice, interest form, and creating a DOC Appointments Committee (Committee) to assist with the process and vet applications. The Board approved creating the Committee and directed staff to work with Committee to revise the RDO interest form to mirror the Governor's online application.

May 2016:

The Committee provided an update to the Board at the May 2016 meeting. Realizing that the power vested to the Governor by the California Constitution exceeds the power of any state agency, the Board recognized that it would not be able to ask many of the questions on the Governor's application.

Thus with guidance from legal counsel, the committee provided a list of information and appropriate questions to be included on the application. During this meeting, the Board provided additional input on the DOC interest form, process and distribution methods.

June-August 2016:

The approved form was emailed to interested parties encouraging highly qualified candidates to apply. Board Members also used their various public outreach networks to distribute the form and solicit interest. Board staff hand delivered the form, accompanied with a letter from the Board President, to members of the legislature and the Governor's Appointments Office. In addition, the letter and form was mailed to all registered dispensing opticians, spectacle lens dispensers, and contact lens dispensers in order to generate interest.

The application deadline was August 12, 2016. The Board received 30 applications from dispensers. However, no applications were received from the public. Therefore, the application deadline was extended to October 19, 2016 to allow more time for public member recruitment.

1
2 The Board received one application from a public member in September 2016. October –
3 November 2016. The Committee developed a public outreach strategy to recruit business
4 professionals interested in serving state government. The Committee re-focused the messaging to
5 appeal to public professionals. The new strategy included working more closely with the
6 Governor's Appointments Office to identify individuals who are interested in public service, teaming
7 with the DCA Publication Office to create a publicly enticing flyer to accompany the application and
8 broadening the public outreach to numerous community organizations.

9
10 At the November 2016 meeting, the Board provided additional edits to the DOC interest form and
11 recommendations to the public flyer.

12
13 The flyer and revised form was distributed to the above groups, posted on the Board's website,
14 and sent to various Board Member networks.

15
16 December 2016:

17 The Board did not receive any additional public member applications.

18
19 January 2017:

20 Determined to move the DOC forward, the Committee held interviews with qualified dispensing
21 candidates immediately following the Board's January 26, 2017 meeting. The Committee approved
22 three candidates to move forward to the Board during the April 2017 meeting.

23
24 The Board received one additional application from a public member and plans to interview the
25 candidate shortly and if approved invite them to the April 2017 meeting.

26
27 2020 Board Update: After reviewing additional applications in 2017 for the Dispensing Optician
28 Committee, the Board seated the five statutorily required members and began meeting regularly.
29 Dispensing Optician Committee meetings are held quarterly or as needed. One member, originally
30 appointed by the Board in 2017 for a two-year term, has termed out. As of November 2020, their
31 seat remains vacant.

32 33 **ISSUE #14:**

34
35 Background: As a result of the North Carolina case, in October of 2015 the Committees held a joint
36 informational hearing titled North Carolina State Board of Dental Examiners v. Federal Trade
37 Commission: Implications for Department of Consumer Affairs (DCA) Boards. The intent of the
38 hearing was to explore the Court's decision, apply its holding to the operations of DCA boards, and
39 consider recommendations. Some of the questions which guided the presentations at the
40 information hearing included: 1) what constitutes a "controlling number" of active market
41 participants? 2) To what extent do California's existing oversight mechanisms satisfy "active state
42 supervision"? 3) What laws or processes must be changed to guard against anticompetitive
43 behavior? 4) How can the state ensure that Board members are indemnified?

44
45 Subsequent to the hearing, Senator Hill introduced SB 1195 of 2016 which, among other
46 provisions, would have authorized the Director of DCA to review, veto, or modify actions and
47 decisions of DCA boards to ensure such actions or decisions conform with public policy; and
48 prohibit any board EO from being an actively licensed member of the profession the board

regulates. While that bill was held on the Senate Inactive File, SB 1194 (Hill) of 2016 was later amended to revise the director's authority to review specified board decisions, rules and regulations to ensure that a mechanism exists for independent state review of regulatory board actions is available. Ultimately, SB 1194 was held in the Assembly Committee on Business and Professions with no resolution to the concern over anti-trust issues. In the Board's Sunset Review Report 2016, it noted the North Carolina case as a new issue and stated that it "acknowledge the governance implications of United States Supreme Court's North Carolina decision and work with the Legislature to develop an operational framework that honors its consumer protection obligation while retaining a level of technical expertise."

Staff Recommendation: The Board should advise the Committees on any concerns it has relative to the recent North Carolina decision and operations of the Board. Does the Board believe there are proactive actions that it should take to prevent anti-competitive behavior?

2017 Board Response: The Board suggested that perhaps it should take the lead in addressing the North Carolina issue but recognizes that other regulatory boards in the Department of Consumer Affairs and in fact California may be similarly situated and that perhaps a more global and measured response is necessary. The Board appreciates that all its members are dedicated to consumer protection but acknowledges that its licensee members bring invaluable technical expertise. This is invaluable when making licensing, disciplinary, and regulatory decisions. For these reasons, the Board looks forward to working with all interested parties to resolve this matter.

2020 Board Update: The Board tracked AB 2483 (Voepel) in 2018 which would remove a public entity's discretion and require it to pay any judgment or settlement for treble damage antitrust awards against a member of a regulatory board within the Department of Consumer Affairs for an act or omission occurring within the scope of the member's official capacity as a member of that regulatory board. As the bill did not pass out of the committee, Board staff continues to monitor the issue closely and work with DCA staff to determine any next steps.

ISSUE #15: New and Emerging Technologies

Background: Currently, the traditional business model for a consumer to receive optometric services is by visiting an optometric practice at a brick and mortar establishment. At a traditional site, a comprehensive eye examination is typically provided. Recent technological advances are beginning to reshape consumers' access to eye care services. An online refractive test is a service provided through a website. It is a vision test which can be used as a tool by eye care practitioners to determine an individual's needs for an eyeglass or contact lens prescription.

Consumers take the test online, pay a fee for services and can then receive a prescription for eyeglasses or contact lenses from a licensed eye care practitioner (either and Optometrist or an Ophthalmologist). These online examinations require consumers to utilize a computer or a smartphone and the examination can be conducted in the privacy of an individual's home. A quick Google search demonstrates a variety of options for persons interested in acquiring a prescription through online service providers. According to one company's website (Opternative), the way it works is that a consumer registers online and answers questions to ensure eligibility, once approved, the consumer then utilizes a smartphone and a computer for the test (for free), after the examination, the consumer pays a \$40 fee for an Ophthalmologist to review and approve a prescription, which then a consumer can take and fill accordingly.² This type of service is not

considered to be a "comprehensive examination" as it only measures the need for a person's prescription for eyeglasses or contact lenses. As noted by Opternative on its website,

"Opternative is not a replacement for a comprehensive eye health examination. Our licensed Ophthalmologists use Opternative online technology to evaluate a patient's visual acuity and a portion of the ocular health profile, diagnose refractive error, and issue a prescription for corrective eyewear, where clinically appropriate. Our services are limited to patients between the ages of 18 and 50 who are in good health. All tests are conducted and all prescriptions are issued based on the independent clinical judgement of an ophthalmologist. Because our services are not a replacement for an eye health examination, we encourage everyone to obtain a comprehensive eye health exam at least once every 2 years. We prohibit patients from taking an Opternative test more than 4 consecutive years without certifying that they have received a comprehensive eye health exam first. If you need help finding an eye care professional near you, please contact us at info@opternative.com."

According to the Optometric Association, "vision screening programs can't substitute for regular professional vision care. Children or adults who pass a vision screening could still have an eye health or vision problem."

While these services are not purported to offer a full service eye health screening to detect more serious eye conditions, there is concern that consumers may not be aware and mistake a vision screening on-line program as a replacement for a more comprehensive service. It may be beneficial for the Board to ensure consumers are aware of the differences in services offered including information about where and to whom consumers can raise concerns with quality of care issues.

Staff Recommendation: The Board should advise the Committees on whether or not there is a method to verify that the online examinations are valid for what they purport to be. Further the Board should advise the Committees on what, if anything, the Board is doing to provide consumers with information regarding online vision service providers. Lastly, the Board should advise about the current relationship between online examinations and Optometric telehealth.

2017 Board Response: The Board welcomes emerging technologies that better serve California consumers. The Board will continue to take the necessary steps to ensure the same standard of care is followed regardless of practice setting. The Board is taking a two-pronged approach to the issue of online refractions and refractions performed in kiosks within mercantile settings. First, it is refining its outreach message to specifically target consumers (and potential consumers) of online services to provide them with the most accurate information as to what these services can provide and what they can't – most notably, the inability to effectively and appropriately examine the overall health of the eye as well as the inability to determine whether a change in a patient's prescription is due to a normal refractive shift or if the change was caused by an ocular health issue.

The Board will increase its social media presence and utilize available technology to reach the technologically savvy consumer. Second, the Board is investigating complaints filed regarding online services. Using a variety of methods, and during these investigations, Board staff will work closely with the Division of Investigation and the Office of the Attorney General to verify that the

applicable laws and regulations are being followed. The Board is also reviewing how these services mesh with existing telehealth statutes.

2020 Board Response: As telemedicine is an emerging delivery model for optometry, especially in light of the COVID-19 pandemic, the Board has been at the forefront of the discussion of these issues by creating a telemedicine workgroup. Beginning in fall 2019, throughout two public meetings and multiple workgroup meetings in 2020, Board staff presented research on various telemedicine scenarios, technologies, and best practices within the optometry profession. The Board has provided direction to staff for further research to develop a comprehensive telemedicine policy in 2021-22.

ISSUE #16: Technical Cleanup

Background: There may be a number of non-substantive and technical changes to the Board's practice acts as it may be prudent to strikeout outdated references and obsolete code sections. The Board should recommend cleanup amendments for this section.

Staff Recommendation: The Board should recommend cleanup amendments to the Committees.

2017 Board Response: Please see the attached recommended cleanup language approved by the Board during its January 2017 Board meeting (Attachment 1). During its January 2017 Strategic Planning session, the Board recognized the need to review and update the Optometry Practice Act. It will spend the next four years analyzing each statute and update where necessary through various omnibus bills.

2020 Board Response: The Board appreciates the Legislature's efforts in collaboration on SB 1386, which addressed many of the clean-up suggestions set out by the Board in 2017. The Board continues to review existing optometry statutes and looks forward to working with the Legislature in 2021 on the optician statutory review, currently underway.

ISSUE #17: Should the licensing and regulation of optometrists and RDOs be continued and be regulated by the Board?

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory Board with oversight over those professionals in the optometric field, including RDO's.

Although the Board faces numerous challenges in the next four years including updating outdated regulations, establishing a new RDO committee focused on the regulation of a new licensure category for the Board, instituting a robust inspection program, establishing the appropriate pathway to licensure for out-of-state licensees, auditing CEs to ensure a compliant and well-informed licensee population, enhancing enforcement timeframes and adjusting to the changing practice of optometric care through online or other practices. The Board should be continued with a 4-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.

Staff Recommendation: Recommend that the in order to protect the interests of the public and be reviewed once again in four years, and that the Board update the appropriate policy committees of the Legislature in four years on the issues raised earlier in this report.

2017 Board Response: The Board agrees with the Staff Recommendation to continue protecting the public by extending the Board's Sunset date to 2022. The Board will update the appropriate policy committees of the Legislature in four years on the issues raised earlier in this report.

2020 Board Update: The Board strongly believes it should continue its mandate to protect the public and is pleased to work with the Committees as the Board approaches its Sunset Date of 2022.

Section 12 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.

Section 11, Issue #16 provided an opportunity for the Board to propose any non-substantive and technical changes to the Board's practice acts. The Board appreciates the Legislature's efforts in collaboration on SB 1386, which addressed many of the clean-up suggestions set out by the Board in 2017 for the optometry program. However, due to the optician program being transferred to the Board by 2017, a thorough review of the optician statutes was not possible as part of the last sunset review. The Board is currently completing a review of the optician statutes and looks forward to working with the Legislature and stakeholders in 2021 to complete this review.

2. New issues that are identified by the board in this report.

3. New issues not previously discussed in this report.

Clarification of Enforcement Authority as a result of AB 684

Effective January 1, 2016, [AB 684](#) amended certain laws related to the business relationships between optometrists and Registered Dispensing Opticians. As these changes directly affected the way that Stanton Optical does business, Board staff began communicating with Stanton Optical through its attorneys to attempt to bring them into compliance with the new laws. Despite repeated requests to reach compliance, Stanton Optical remained in violation of the above-referenced laws.

The Board has issued a total of 21 citations to individual locations of Stanton Optical in the state of California for various violations of the law, including failure to obtain or maintain a registration to

practice as a Registered Dispensing Optician and advertising violations specifically related to Business and Professions Code (BPC) § 655. Violations alleged in the citations include BPC §§ 651(a), (b), (c), and (e), 655(d)(6), 2551, 2556(a), 3040, and California Code of Regulations (CCR) §§ 1399.251 and 1399.222. Fine amounts for individual citations are \$5,000 or \$55,000 with a total for all citations of \$655,000.

The citations themselves stem from ongoing issues with Stanton Optical and their refusal to come into compliance with the law. Stanton Optical repeatedly opened new locations without first obtaining proper registration, despite being repeatedly advised that they were required to do so.

To date, the Board has spent almost \$250,000 on the investigation and legal defense of these citations. In two budget years, FY 18/19 and FY 19/20, the Board has had to request emergency budget augmentations to have the funds to continue the legal defense of the citations.

To date, Stanton Optical has not corrected any of the cited violations.

Allowing Stanton Optical to employ misleading advertising disadvantages the public—who believe that Stanton Optical provides eye exams and Optometric services, despite not being licensed to do so. Stanton Optical diminishes California's labor market by failing to abide by California law. This creates an unfair advantage and encourages non-compliance by other companies. Allowing a corporation to schedule and control appointments places business efficiency above patient health. The Board cannot expend more funds in this particular appeal or possible infractions by other vendors within Opticianry. The Board seeks legislative clarification to ensure the provisions of AB 684 are enforceable, stating the Board's authority to take action when an Optical business has undue control over an Optometric practice.

4. New issues raised by the Committees.

The Board is unaware of any new issues raised by the Committees at this time.

Section 13– Attachments

The following attachments may be found as part of Section 13:

A1. Board's administrative manual.

A2. Board Member attendance

A3. Dispensing Optician Committee attendance

B1. Current organizational chart showing the relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

C1. Major studies, if any (cf., Section 1, Question 4).

- 2019 Optometry Occupational Analysis
- Contact Lens Dispenser Occupational Analysis

1 • Spectacle Lens Dispenser Occupational Analysis

2
3 D1. Year-end organization charts for last four fiscal years. Each chart should include number of
4 staff by classifications assigned to each major program area (licensing, enforcement,
5 administration, etc.) (cf., Section 3, Question 15).
6

7 E1 – E3. Annual and quarterly enforcement performance measures; Processing Times for
8 Applications.

9 E4. Department of Consumers Affairs Complaint Prioritization Guidelines

10
11 F1 – F4. DCA Waiver Requests
12

DRAFT

Section 13 – Attachments

A1 – Board Administrative Manual

State of California
Business, Consumer Services, and Housing Agency
Department of Consumer Affairs



Board Member Handbook



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2019 Edition

Table of Contents

1. INTRODUCTION.....	3
OVERVIEW.....	3
MISSION STATEMENT.....	5
VISION STATEMENT.....	5
VALUES STATEMENT.....	5
BOARD RESPONSIBILITIES	5
DEFINITIONS.....	6
LICENSES AND CERTIFICATION ISSUED BY THE BOARD.....	8
GENERAL RULES OF CONDUCT	9
2. BOARD MEETING PROCEDURES	10
OPEN MEETINGS	10
CLOSED SESSION	10
SPECIAL MEETINGS	11
EMERGENCY MEETINGS	11
COMMITTEE MEETING REQUIREMENTS.....	11
MAKING A MOTION AT MEETINGS	12
MEETING FREQUENCY.....	13
BOARD MEMBER ATTENDANCE AT BOARD MEETINGS.....	13
QUORUM	13
AGENDA ITEMS.....	14
NOTICE OF MEETING.....	14
NOTICE OF MEETINGS TO BE POSTED ON THE INTERNET	15
RECORD OF MEETINGS	15
TAPE RECORDING.....	15
MEETING BY TELECONFERENCE	15
USE OF ELECTRONIC DEVICES DURING MEETINGS	16
3. TRAVEL & SALARY POLICIES & PROCEDURES	17
TRAVEL APPROVAL	17
TRAVEL ARRANGEMENTS.....	17
OUT-OF-STATE TRAVEL.....	17
TRAVEL CLAIMS	17
SALARY PER DIEM.....	17
4. SELECTION OF OFFICERS AND COMMITTEES	20
OFFICERS OF THE BOARD	20
ROLES AND RESPONSIBILITIES OF BOARD OFFICERS	20
PRESIDENT.....	20
VICE PRESIDENT.....	21
SECRETARY	21
ELECTION OF OFFICERS.....	21
OFFICER VACANCIES	21
COMMITTEE APPOINTMENTS.....	22
ATTENDANCE OF COMMITTEE MEETINGS	22
5. BOARD ADMINISTRATION AND STAFF	24
BOARD ADMINISTRATION	24
BOARD STAFF	24
APPOINTMENT OF EXECUTIVE OFFICER.....	25
EXECUTIVE OFFICER EVALUATION.....	25
LEGAL COUNSEL	25
STRATEGIC PLANNING	25

BOARD BUDGET	25
PRESS RELEASES.....	26
LEGISLATION	26
6. OTHER POLICIES AND PROCEDURES	27
BOARD MEMBER ORIENTATION AND TRAINING.....	27
BOARD MEMBER DISCIPLINARY ACTIONS	27
REMOVAL OF BOARD MEMBERS.....	28
RESIGNATION OF BOARD MEMBERS	28
CONFLICT OF INTEREST	28
CONTACT WITH CANDIDATES, APPLICANTS AND LICENSEES	28
COMMUNICATION WITH OTHER ORGANIZATIONS AND INDIVIDUALS	28
GIFTS FROM CANDIDATES	28
REQUEST FOR RECORDS ACCESS	29
EX PARTE COMMUNICATIONS	29
7. COMPLAINT AND DISCIPLINARY PROCESS.....	30
DECIDING TO ADOPT OR REJECT A PROPOSED DECISION	31
REVIEWING THE RECORD AND PREPARING TO DISCUSS AND RENDER A DECISION AFTER REJECTION	32
8. CALIFORNIA’S LEGISLATIVE PROCESS.....	34
POSITIONS ON LEGISLATION.....	35
9. REGULATIONS.....	37

1. Introduction

Overview

The [California State Board of Optometry](#) (hereafter Board) was created by the California Legislature in 1913 under the Department of Professional and Vocational Standards to safeguard the public's health, safety, and welfare. In 1923, the Board promulgated the first rules for the practice of optometry and the State Legislature first required all applicants for licensure to be graduates of an accredited school or colleges of optometry. The Board is responsible for accrediting these schools. To assure competent and ethical practitioners and protect the public from harm, no person may engage in the practice of optometry in California unless he or she possesses a valid and unrevoked license from the Board.

The Board is one of the boards, bureaus, commissions, and committees within the [Department of Consumer Affairs](#) (DCA), part of the [Business, Consumer Services and Housing Agency](#) under the aegis of the [Governor](#). DCA is responsible for consumer protection and representation through the regulation of licensed professions and the provision of consumer services. While the DCA provides administrative oversight and support services, the Board has policy autonomy and sets its own policies, procedures, and initiates its own regulations.

Protection of the public shall be the highest priority for the Board in exercising its licensing, regulatory and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (Business and Professions Code (BPC) § [3010.1](#)).

The Board consists of [11 members](#), five of whom shall be public members and one of the nonpublic members shall be an individual registered as a dispensing optician. The registered dispensing optician member shall be registered pursuant to Chapter 5.5. (commencing with Section 2550) and in good standing with the Board. The remaining five members are California licensed optometrists actually engaged in the practice of optometry at the time of appointment or faculty members of a school or college of optometry. No more than two faculty members may be on the Board at any one time and they may not serve as public members. No person except the registered dispensing optician member, including the public members, shall be eligible to membership in the board who is a stockholder in or owner of or a member of the board of trustees of any school of optometry or who shall be financially interested, directly or indirectly, in any concern manufacturing or dealing in optical supplies at wholesale. The public members shall not be licensees or registrants of the Board or of any other Healing Arts Board (BPC § 3011).

The Governor appoints three public members and the six professional members. The [Senate Rules Committee](#) and the [Speaker of the Assembly](#) each appoint one public member. Board Members may serve up to two, four-year terms (BPC § 3013). Board Members are paid \$100 for each day actually spent in the discharge of official duties and are reimbursed travel expenses.

In January 2016, the legislature established a dispensing optician committee under the Board to advise and make recommendations to the Board regarding the regulation of dispensing opticians pursuant to Chapter 5.5 (commencing with Section 2550). The committee shall consist of five members, two of whom shall be registered dispensing opticians, two of whom shall be

public members, and one of whom shall be a member of the board. Initial appointments to the committee shall be made by the board. The board shall stagger the terms of the initial members appointed. The filling of vacancies on the committee shall be made by the board upon recommendations by the committee.

After the initial appointments by the board pursuant to subdivision (a), the Governor shall appoint the registered dispensing optician members and the public members. The committee shall submit a recommendation to the board regarding which board member should be appointed to serve on the committee, and the board shall appoint the member to serve. Committee members shall serve a term of four years except for the initial staggered terms. A member may be reappointed, but no person shall serve as a member of the committee for more than two consecutive terms.

The purpose of this handbook is to provide guidance to Board and Committee Members regarding general processes and procedures involved with their position on the Board and/or Committee. It also serves as a useful source of information for new Board Members as part of the induction process. Board Members are typically asked to create and review policy and administrative changes, make disciplinary decisions, and attend regular and special meetings. This handbook is additive to the Bagley-Keene Open Meeting Act and the Administrative Procedure Act which provide public meeting laws.

Mission Statement

To protect the health and safety of California consumers through licensing, education and regulation of the practice of Optometry and Opticianry.

Vision Statement

To ensure excellent optometric care for every Californian.

Values Statement

Consumer protection – We make effective and informed decisions in the best interest and for the safety of Californians.

Integrity – We are committed to honesty, ethical conduct, and responsibility.

Transparency – We hold ourselves accountable to the people of California. We operate openly so that stakeholders can trust that we are fair and honest.

Professionalism – We ensure qualified, proficient, and skilled staff provide excellent service to the State of California.

Excellence – We have a passion for quality and strive for continuous improvement of our programs, services, and processes through employee empowerment and professional development.

Board Responsibilities

With approximately 8,800 licensed optometrists, the largest population of optometrists in the United States, 3,000 branch office licenses, statements of licensure, and fictitious name permits, 24,000 practice certifications, and 4,200 registered dispensing opticians, contact lens dispensers, spectacle lens dispensers, and non-resident contact lens sellers, the Board is charged with the following duties and responsibilities:

- Accrediting the schools and colleges providing optometric education.
- Establishing educational requirements for admission to the examination for a license to practice optometry in California.
- Establishing examination requirements to ensure the competence of individuals licensed to practice optometry in California and administering the examination.
- Setting and enforcing standards for continued competency of existing licensees.
- Establishing educational and examination requirements for licensed optometrists seeking certification to use and prescribe authorized pharmaceutical agents.
- Issuing certifications to diagnose and treat glaucoma for patients over the age of 18.
- Licensing practice locations and issuing fictitious name permits.

- Effective January 1, 2007, the Board no longer registers Optometric Corporations. However, the Board has maintained the authority to regulate those in existence.
- Promulgating regulations governing:
 - Procedures of the Board
 - Admission of applicants for examination for licensure as optometrists
 - Minimum standards governing the optometric services offered or performed, the equipment, or the sanitary conditions
- Registering dispensing opticians, contact lens and spectacle lens dispensers, and nonresident contact lens sellers
- Investigating allegations of substance and patient abuse, unprofessional conduct, incompetence, fraudulent action, or unlawful activity.
- Instituting disciplinary action for violations of laws and regulations governing the practice of optometry and dispensing optician when warranted.

This procedures manual is provided to Board Members as a ready reference of important laws, regulations, DCA policies, and Board policies in order to guide the actions of the Board Members and ensure Board effectiveness and efficiency.

Definitions

Term	Acronym	Definition
Administrative Law Judge	ALJ	A judge from the Office of Administrative Hearings (OAH) who presides over license denial and discipline cases (the trier of fact) and makes a Proposed Decision to the Board that includes findings of fact, conclusions of law, and a recommended level of discipline.
Administrative Procedure Act	APA	The law that sets out the procedure for license denial and license discipline, to meet constitutional requirements for due process of law.
Bagley-Keene Open Meeting Act	-	Provisions of the public meetings law governing state agencies
Business and Professions Code	BPC	California Law related to business and professions. The majority of DCA entities fall under this code.
Department of Consumer Affairs	DCA	The DCA protects and serves California consumers while ensuring a competent and fair marketplace. The DCA issues licenses in more than 100 business and 200 professional categories, including doctors, dentists, contractors, cosmetologists and automotive repair facilities. The DCA includes 41 regulatory entities (25 boards, nine bureaus, four committees, two programs,

and one commission). These entities establish minimum qualifications and levels of competency for licensure. They also license, register, or certify practitioners, investigate complaints and discipline violators. The committees, commission and boards are semiautonomous bodies whose members are appointed by the Governor and the Legislature. DCA provides them administrative support. DCA's operations are funded exclusively by license fees.

Executive Officer	EO	An individual who serves at the pleasure of, and receives direction from the Board in the areas of program administration, strategic planning, and coordination of meetings. He or she is responsible for the day to day operations of the Board
Office of Administrative Hearings	OAH	The state agency that provides neutral (unaffiliated with either party) judges to preside over administrative cases.
Office of Administrative Law	OAL	The state agency that reviews regulation changes for compliance with the process and standards set out in law and either approves or disapproves those regulation changes.
Regulation	-	A standard that implements, interprets, or makes specific a statute enacted by the legislature. It is enforceable the same way as a statute.
State Administrative Manual	SAM	A reference source for statewide policies, procedures, requirements and information developed and issued by authoring agencies. In order to provide a uniform approach to statewide management policy, the contents have the approval of and are published by the authority of the Department of Finance Director and the Department of General Services Director.
Statute	-	A law passed by the legislature.
Stipulation	STIP	The matter in which a disciplinary or licensing case is settled by negotiated agreement prior to a hearing. The Board's Uniform Standards Related to Substance Abuse and Disciplinary Guidelines are used to guide these negotiated settlements.

Licenses and Certification Issued by the Board

The following chart provides an overview of the various licenses, certifications, and registrations issued by the Board.

TYPE	DESCRIPTION	Authority
Optometric License (OPT)	Required to practice optometry in California.	BPC § 3040 , BPC § 3041
Statement of Licensure (SOL)	Required for each practice location other than the licensee's principal place of practice.	BPC § 3070 CCR § 1506(d) .
Immunization Certification	Certified to administer immunizations for influenza, herpes zoster virus, and pneumococcus in compliance with CDC recommendations for persons 18 years of age or older.	BPC § 3041
Fictitious Name Permit (FNP)	Required if a fictitious name is used in conjunction with the practice of optometry.	BPC § 3078 , CCR § 1518
Diagnostic Pharmaceutical Agents (DPA)	Certified to use diagnostic pharmaceutical agents for examination purposes only. Not certified to treat diseases of the eye or its appendages.	BPC § 3041.2 , CCR § 1561
Therapeutic Pharmaceutical Agents (TPA) Certification	Certified to use therapeutic pharmaceutical agents to treat certain conditions of the human eye or any of its appendages. May also perform certain procedures on the eye as listed in California Business and Professions Code Section 3041. TPA is the minimum certification required in order to obtain licensure in California.	BPC § 3041.3 , CCR § 1568
Lacrimal Irrigation and Dilation Certification	TPA certified with additional certification to perform lacrimal irrigation and dilation procedures for patients over the age of 12 years.	BPC § 3041(e)(6) , BPC § 3041.3
Glaucoma Certification	TPA certified with additional certification to diagnose and treat primary open angle glaucoma in patients over the age of 18 years.	BPC § 3041(f)(5) , CCR § 1571
Registered Dispensing Optician (RDO)	Registered Dispensing Opticians can fill prescriptions for glasses or contacts.	BPC § 2550-2559
Contact Lens Dispenser (CLD)	A person registered as a contact lens dispenser took and passed the Nation Contact Lens Examiners - Contact Lens Exam.	BPC § 2560-2564.6
Spectacle Lens Dispenser (SLD)	A person registered as a contact lens dispenser took and passed the American Board of Opticianry - Spectacle Exam exams.	BPC § 2559.1-2559.6

TYPE	DESCRIPTION	Authority
Non-Resident Contact Lens Seller (NCLS)	The NCLS certificate authorizes a business located outside of California to ship, mail, or deliver in any manner, replacement contact lenses at retail, pursuant to a valid prescription, to a patient at a California address	BPC § 2546-2546.10

General Rules of Conduct

The following rules of conduct detail expectations of Board Members. The Board is comprised of both public and professional members with the intention that, together, the Board can collectively protect the public and regulate the Optometry profession.

- Board Members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.
- Board Members shall recognize the equal role and responsibilities of all Board Members.
- Board Members shall adequately prepare for Board responsibilities.
- Board Members shall not speak or act for the Board without proper authorization.
- Board Members shall maintain the confidentiality of non-public documents and information.
- Board Members shall act fairly, be nonpartisan, impartial and unbiased in their role of protecting the public.
- Board Members shall treat all applicants and licensees in a fair and impartial manner.
- Board Members shall not use their positions on the Board for personal, familial or financial gain.

Additional Resources:

1. California State Board of Optometry: <http://www.optometry.ca.gov/>
2. Department of Consumer Affairs: <http://www.dca.ca.gov/>
3. Business, Consumer Services and Housing Agency: <http://www.bcsb.ca.gov/>
4. Office of Governor Gavin Newsome: <http://gov.ca.gov>
5. California State Assembly: <http://assembly.ca.gov/>
6. Legislation and Statutes (Business and Professions, Government, Health and Safety, etc.): http://leginfo.ca.gov/faces/codes_displaySection.xhtml
7. Senate Rules Committee: <http://srul.senate.ca.gov/>
8. Assembly Rules Committee: <http://arul.assembly.ca.gov/>
9. Speaker of the Assembly: <http://asmdc.org/speaker/>
10. California State Board Members: <http://www.optometry.ca.gov/about-us/board-memb.shtml>
11. Administrative Law Judge: <http://www.dgs.ca.gov/oah/GeneralJurisdiction/ALJbio.aspx>
12. Office of Administrative Hearings: <http://www.dgs.ca.gov/oah/Home.aspx>
13. Administrative Procedure Act: http://www.oal.ca.gov/Administrative_Procedure_Act.htm
14. Department of General Services: <http://www.dgs.ca.gov/dgs/Home.aspx>

2. Board Meeting Procedures

All Boards, Bureaus and Programs under the Department of Consumer Affairs, including the Board must meet in accordance with the provisions set forth by the [Bagley-Keene Open Meeting Act](#). The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act), as a guide when conducting the meetings.

Open Meetings

The Bagley-Keene Act of 1967, officially known as the Bagley-Keene Open Meeting Act, implements a provision of the [California Constitution](#) which declares that "the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny", and explicitly mandates open meetings for [California](#) State agencies, Boards, and commissions. The act facilitates accountability and transparency of government activities and protects the rights of citizens to participate in State government deliberations. This is similar to California's Brown Act of 1963, which provides open meeting provisions for county and local government agencies. The Bagley-Keene Act requires that the Board is to provide adequate notice of meetings to be held to the public as well as provide an opportunity for public comment. The meeting is to be conducted in an open session, except where closed session is specifically noted.

Closed Session

([GC § 11126 et seq.](#))

The Bagley-Keene Act of 1967 also contains specific exceptions from the open meeting requirements where government has a demonstrated need for confidentiality.

Should a Closed Session be authorized by law, the Board must disclose in the open meeting a general statement about the closed session items (i.e. by mentioning it on the agenda). Additionally, all closed sessions must take place at a regularly scheduled or special meeting.

All matters discussed in Closed Sessions must remain confidential.

All Closed Sessions must be held during a regular or Special Meeting (§ 11128). A staff person shall be designated to attend the closed session and record the votes taken and matters discussed.

Closed Sessions may take place in the following instances:

- Personnel matters (i.e. appointments, employment, performance evaluations, etc.) of the Executive Officer.
- Administrative disciplinary and licensing proceedings.
- Examination matters, such as when the Board administers or approves an exam.
- Pending litigation.
- Confidential audit reports.

- Protection of privacy when matters discussed would be an invasion of privacy if conducted in open session.
- Response to a threat of criminal or terrorist activity against personnel, property, buildings, facilities, or equipment.

All information discussed in the closed session is confidential and must not be disclosed to outside parties.

Special Meetings ([GC § 11125 et seq.](#))

A Special Meeting may be held where compliance with a 10-day meeting notice would impose a hardship or when an immediate action would be required to protect the public interest.

Notice for a Special Meeting must be posted on the Internet at least 48 hours prior to the meeting. Upon commencement, the Board must state the specific facts that necessitate special meeting as a finding. This finding must be adopted by a two-thirds vote; failure to adopt the finding terminates the meeting.

The purpose and instructions for Special Meetings are detailed in [GC § 11125.4](#). The notice needs to specify the time, place and purpose of the Special Meeting.

Emergency Meetings ([GC § 11125.5](#))

An Emergency Meeting may be held for an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities. An emergency situation is where work stoppage, crippling disaster, or other activity severely impairs the public health or safety. A determination of an emergency situation must be made by a majority of the board members.

Media outlets on the board's interested parties list must be given at least one hour's notice of the emergency meeting by telephone, if telephone services are functioning. The minutes of a meeting called pursuant to this section, a list of persons who the president or designee notified or attempted to notify, a copy of the roll call vote, and any action taken at the meeting shall be posted for a minimum of 10 days in a public place, and also made available on the Internet for a minimum of 10 days, as soon after the meeting as possible.

Committee Meeting Requirements

Committee Meetings consist of less than a quorum of the members of the full Board. Subcommittee and Task Force Meetings are variations of Committee Meetings.

Board Meetings have historically been required to be noticed and open to the public, except where a Closed Session is authorized. Committee and Subcommittee Meetings, where less than a quorum of the Board is present, are also required to be noticed and open to the public. The only exception is for a committee that consists of fewer than three persons and does not

exercise any authority of a state body delegated to it by that state body. (Note: It is the number of persons on the committee [not the number of Board Members] that is determinative.)

Where a committee of fewer than three persons is to meet, and the meeting is not noticed, other members of the Board should not attend the meeting, as such attendance would clearly be perceived as a Bagley-Keene Open Meeting Act violation. Board staff is not precluded from attending such a meeting.

The law allows attendance by a majority of members at an open and noticed meeting of a standing committee of the Board provided the members of the Board who are not members of the committee attend only as observers. ([GC §11122.5\(c\)\(6\)](#)) The Office of the Attorney General has addressed in a formal opinion a provision in the Brown Act relating to the attendance of "observers" at a Committee Meeting. The Attorney General concluded that "[m]embers of the legislative body of a local public agency may not ask questions or make statements while attending a meeting of a standing committee of the legislative body as observers." The opinion further concluded that such members of the legislative body may not sit in special chairs on the dais with the committee. (81 Ops.Cal.Atty.Gen. 156)

Thus, under the provisions of [GC §11122.5 \(c\)\(6\)](#), and the opinion of the California Attorney General, if a majority of members of the full Board are present at a Committee Meeting, members who are not members of the committee that is meeting may attend that meeting only as observers. The Board Members who are not Committee Members may not sit on the dais with the committee, and may not participate in the meeting by making statements or asking questions.

If a Board schedules its Committee Meetings seriatim, and other Board Members are typically present to ultimately be available for their own Committee Meeting, the notice of the Committee Meeting should contain a statement to the effect that "Members of the board who are not members of this committee may be attending the meeting only as observers."

Subcommittees may be appointed to study and report back to a committee or the board on a particular issue or issues. If the subcommittee consists of three or more persons, the same provisions apply to its meetings as apply to meetings of committees.

Board chairpersons may occasionally appoint a task force to study and report on a particular issue. One or two board members typically serve as task force members, along with a number of other non-board members. When this is the case, the same Open Meeting Act rules that apply to committee meetings apply to task force meetings. Such a formally appointed task force falls under the definition of "state body in [Section 11121\(c\)](#)."

Making a Motion at Meetings

When a decision or action is to be considered, a Board Member should make a motion to propose a decision or course of action.

Upon making a motion, Board Members must speak slowly and clearly as the motion is being voice and/or video recorded. Members who opt to second a motion must remember to repeat the motion in question. Additionally, it is important to remember that once a motion has been made and seconded, it is inappropriate to make a second motion until the initial one has been resolved.

The basic process of a motion is as follows:

- An agenda item has been thoroughly discussed and reviewed.
- The Board President opens a forum for a Member to make a motion to adopt or reject the discussed item.
- A Member makes a motion before the Board.
- Another Member seconds this motion.
- The Board President solicits additional comment from the Board and then the public.
- The Board President puts forth the motion to a vote.
- The vote of each Board Member shall be recorded via roll call vote.
- Upon completion of the voting, the President will announce the result of the vote (e.g. “the ayes have it and the motion is adopted” or “the no’s have it and the motion fails”).

Meeting Frequency

[\(BPC § 3017\)](#)

The Board shall hold regular meetings every calendar quarter. Notice of each meeting and the time and place thereof shall be given to each member in the manner provided by the [Bagley-Keene Open Meeting Act](#).

Board Member Attendance at Board Meetings

(Board Policy)

Board Members shall attend each Board Meeting. If a member is unable to attend a meeting, it is the responsibility of the Board Member to contact the President and the Executive Officer prior to the Board Meeting.

Quorum

[\(BPC § 3010.1\)](#)

Six Board Members constitute a quorum of the Board for the transaction of business. Either having members in attendance or by teleconference, with proper notice, can meet the requirement for a quorum. The concurrence of a majority of those members of the Board present and voting at a meeting duly held at which a quorum is present shall be necessary to constitute an act or decision of the Board.

Agenda Items

(Board Policy and [GC § 11125 et seq.](#))

Agenda items are to align with the Board's mandate to protect the health and safety of California consumers. Any Board Member may submit items for a Board Meeting agenda to the Board President with a copy to the Executive Officer 30 days prior to the meeting, where possible. Members may also recommend agenda items during the meeting under Suggestions for Future Agenda Items. A motion and vote may be taken but is not necessary. The Board President will confer with the Executive Officer and Legal Counsel regarding the future agenda items. It will be a standing item to review the status of future agenda items that have been recommended by Board Members that may not have made the current Board Meeting agenda. An item may be placed on the Board's agenda by the President, the Executive Officer, or by a vote of a majority of the members of the Board

Staff maintains a list of items to research and bring back to a future Board Meeting. Staff may recommend the issue be referred to a Committee first to be vetted. Prior to items being placed on the agenda, staff conducts research to determine if an item is appropriate for Board discussion. This research starts with identifying how the item meets our mandate to protect the health and safety of California consumers. In addition, staff researches potential benefits to the State, identifies the current professional trends and what other states are doing. For items requiring legislative and/or regulatory changes, staff identifies potential concerns by anticipating who would be in support of or in opposition to the bill/rulemaking.

No item shall be added to the agenda subsequent to the provision of the meeting notice. However, an agenda item may be amended and then posted on the Internet at least 10 calendar days prior to the meeting.

If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Items not included on the agenda may not be discussed.

Notice of Meeting

([GC § 11120 et seq.](#))

Regularly scheduled quarterly meeting generally occur throughout the year and address the usual business of the Board. There are no restrictions on the purposes for which a regularly scheduled meeting may be held.

Per the Bagley-Keene Open Meeting Act, the Board is required to give at least ten (10) calendar days for written notice of each Board Meeting to be held.

The meeting notice must include the agenda with a brief description of the item. No changes can be made to the agenda unless the notice is amended accordingly. If this occurs, it must be posted for ten (10) calendar days prior to the meeting.

Notice of Meetings to be posted on the Internet

([GC § 11125 et seq.](#))

Notice shall be given and also made available on the Internet at least ten (10) calendar days in advance of the meeting and shall include the name, address, and telephone number of any person who can provide information prior to the meeting. However, it need not include a list of witnesses expected to appear at the meeting.

Written notices shall include the address of the Internet site where notices required by this article are available.

Record of Meetings

(Board Policy)

Board action, public comment, and any presenters are recorded by Action Minutes unless the meeting is not audio recorded or webcast. If no recording is available, detailed summary minutes will be recorded. The minutes shall be prepared by Board staff and submitted for review by Board Members before the next Board Meeting. Board Minutes shall be approved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting.

Tape Recording

(Board Policy)

The meetings may be tape-recorded if determined necessary for staff purposes. Tape recordings will be maintained with the meeting minutes and kept according to the Board's retention schedule.

Meeting by Teleconference

([GC § 11123 et seq.](#))

Board Meetings held by a teleconference must comply with requirements applicable to all meetings.

The portion of the meeting that is open session must be made audible to the public present at the location specified in the meeting notice. Each teleconference meeting location must be identified in the meeting agenda. The authorized location must be open to the public and ADA accessible. Additionally, each Board Member participating via teleconference must post appropriate signage for the public and ensure public materials are available to the public, either printed or electronic.

Board Policy does not allow Board Members to participate in petition hearings via teleconference. Thus, Board Members would not be able to participate in the petition deliberations and voting during closed session. However, after petition proceedings are final, the Board Member should be contacted to participate in all other closed session deliberations.

Unless it is during a petition hearing, if a Board Member is participating via teleconference, and the call is disconnected, an effort should be made to reconnect the call.

All votes taken during a teleconference meeting shall be by roll call.

Use of Electronic Devices During Meetings

Use of electronic devices, including laptops, during the meetings is solely limited to Board Meeting purposes.

Additional Resources:

1. Bagley-Keene Open Meeting Act: http://ag.ca.gov/publications/bagleykeene2004_ada.pdf
2. Office of Administrative Law: <http://www.oal.ca.gov/>
3. State Board of Optometry Regulations (Title 16, Division 15)
Registered Dispensing Opticians Regulations (Title 16, Division 13.5)
[https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=(sc.Default))

3. Travel & Salary Policies & Procedures

Travel Approval

(DCA Memorandum 96-01)

Board Members shall have Board President approval for travel except for regularly scheduled Board and Committee Meetings to which the Board Member is assigned.

Travel Arrangements

(Board Policy)

Board staff will make travel arrangements for each Board Member as required.

Out-of-State Travel

(State Administrative Manual § 700 et seq.)

For out-of-state travel, Board Members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Out-of-state travel for all persons representing the State of California is controlled and must be approved by the Governor's Office.

Travel Claims

(State Administrative Manual § 700 et seq. and DCA Travel Guidelines)

Rules governing reimbursement of travel expenses for Board Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. Board Members will be provided with completed travel claim forms submitted on their behalf. The Executive Officer's Assistant maintains these forms and completes them as needed. It is advisable for Board Members to submit their travel expense forms immediately after returning from a trip and not later than two weeks following the trip.

In order for the expenses to be reimbursed, Board Members shall follow the procedures contained in DCA Departmental Memoranda which are periodically disseminated by the DCA Director and are provided to Board Members.

Salary Per Diem

([BPC § 103](#))

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board and Committee Members is regulated by BPC § 103.

In relevant part, this section provides for the payment of salary per diem for Board and Committee Members "for each day actually spent in the discharge of official duties," and provides that the Board and/or Committee Member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

The following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. Board Meetings:

Board Members shall be paid \$100 for each Board meeting attended. In addition, Board Members shall be paid \$100 for all preparation for each Board meeting; provided however, that no meeting preparation salary shall be paid unless the Board Member attends the meeting.

2. Committee Meetings:

Board Policy is to hold all committee meetings quarterly on the same day. Committee Members shall be paid \$100 total for meeting attendance, regardless of the number of meetings attended on the same day. In addition, Committee Members shall be paid \$100 for all preparation for the meeting(s), regardless of the number of meetings attended on the same day. If committee meetings are held outside of the quarterly committee schedule, or if committee meeting preparation and/or attendance is extensive, additional per diems may be approved at the discretion of the Board President.

3. No salary per diem or reimbursement for travel-related expenses shall be paid to Board Members, except for attendance and meeting preparation at official Board or Committee Meetings and unless a substantial official service is performed by the Board Member. Attendance at gatherings, events, hearings, conferences or meetings, other than official Board or Committee Meetings, in which a substantial official service is performed, shall be approved in advance by the Board President. The Executive Officer shall be notified of the event and approval shall be obtained from the Board President prior to the Board Member's attendance.
4. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board Meeting or Committee Meeting to the conclusion of that meeting. Where it is necessary for a Board Member to leave early from a meeting, the Board President shall determine if the member has provided a substantial service during the meeting and, if so, shall authorize payment of salary per diem and reimbursement for travel-related expenses.
5. Board Members will be provided with a copy of the salary per diem form submitted on their behalf.

In addition to the above per diems, for Board specified work, Board Members will be compensated for actual time spent performing work authorized by the Board President. That work includes, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences, and committee work. Board Members cannot claim salary per diem for time spent traveling to and from a Board or Committee Meeting.

Per Diem Expenses: Meals, lodging, and all appropriate incidental expenses incurred may be claimed when conducting State business while on travel status.

Additional Resources

1. State Administrative Manual: <http://sam.dgs.ca.gov/TOC.aspx>
2. Department of Finance: <http://www.dof.ca.gov/>

3. Selection of Officers and Committees

Officers of the Board

([BPC § 3014](#))

The Board shall elect from its members a President, Vice-President, and a Secretary to hold office for one year or until their successors are duly elected and qualified.

Roles and Responsibilities of Board Officers

(Board Policy)

President

- **Board Business:** Conducts the Board's business in a professional manner and with appropriate transparency, adhering to the highest ethical standards. Shall use Roberts Rules of Order as a guide and shall use the provisions of the Open Meeting Act during all Board Meetings.
- **Board Vote:** Conducts roll call vote.
- **Board Affairs:** Ensures that Board matters are handled properly, including preparation of pre-meeting materials, committee functioning and orientation of new Board Members.
- **Governance:** Ensures the prevalence of Board governance policies and practices, acting as a representative of the Board as a whole.
- **Board Meeting Agendas:** Develops agendas for meetings with the Executive Officer and Legal Counsel. Presides at Board Meetings.
- **Executive Officer:** Establishes search and selection committee for hiring an Executive Officer. The committee will work with the DCA on the search. Convenes Board discussions for evaluating Executive Officer each fiscal year.
- **Board Committees:** Seeks volunteers for committees and coordinates individual Board Member assignments. Makes sure each committee has a chairperson, and stays in touch with chairpersons to be sure that their work is carried out. Obtains debrief from each Board Committee chairperson and reports committee progress and actions to Board at the Board Meeting.
- **Yearly Elections:** Solicits nominees not less than 45 days prior to open elections at Board Meeting.
- **Community and Professional Representation:** Represents the Board in the community on behalf of the organization (as does the Executive Officer and Public Outreach Committee).

Vice President

- **Board Business:** Performs the duties and responsibilities of the President when the President is absent.
- **Board Budget:** Serves as the Board's budget liaison with staff and shall assist staff in the monitoring and reporting of the budget to the Board. Review budget change orders with staff.
- **Strategic Plan:** Serves as the Board's strategic planning liaison with staff and shall assist staff in the monitoring and reporting of the strategic plan to the Board.
- **Board Member On-Boarding:** Welcomes new members to the Board, is available to answer questions, and assist new Board Members with understanding their role and responsibilities. May participate in on-Boarding meeting with staff and new members.

Secretary

- **Attendance:** Calls roll to establish quorum
- **Board Motions:** Restates the motion prior to discussion.
- **Board Business:** Reviews draft minutes for accuracy.
- **Board Minutes:** Ensures accuracy and availability, including but not limited to date, time and location of meeting; list of those present and absent; list of items discussed; list of reports presented; and text of motions presented and description of their disposition. Reviews and provides edits to draft minutes which have been transcribed by staff following recorded webcasts, note taking and other methods to record public meetings.
- **Yearly Elections:** Reviews template for nominee statements and oversees the compilation of statements for inclusion in Board Meeting Materials.
- **Board Documents:** Maintains copies of administrative documents, e.g., Board Member Handbook, Administrative Law Book, Bagley-Keene Open Meeting Act for reference during Board Meeting.

Election of Officers

(Board Policy)

The Board elects the officers at the last meeting of the fiscal year. Officers serve a term of one-year, beginning July 1 of the next fiscal year. All officers may be elected on one motion or ballot as a slate of officers unless more than one Board Member is running per office. An officer may be re-elected and serve for more than one term.

Officer Vacancies

(Board Policy)

If an office becomes vacant during the year, an election shall be held at the next meeting. If the office of the President becomes vacant, the Vice President shall assume the office of the President until the election for President is held. Elected officers shall then serve the remainder of the term.

Committee Appointments

(Board Policy)

Notwithstanding the Dispensing Optician Committee, the President shall establish committees, whether standing or special, as necessary. The composition of the committees and the appointment of the members shall be determined by the Board President in consultation with the Vice President, Secretary and the Executive Officer. In determining the composition of each committee, the president shall solicit interest from the Board Members during a public meeting. The President shall strive to give each Board Member an opportunity to serve on at least one committee. Appointment of non-Board Members to a committee is subject to the approval of the Board.

Attendance of Committee Meetings

([GC § 11122.5](#) (c)(6))

(a) As used in this article, "meeting" includes any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains.

(b) Except as authorized pursuant to Government Code [§ 11123](#), any use of direct communication, personal intermediaries, or technological devices that is employed by a majority of the members of the state body to develop a collective concurrence as to action to be taken on an item by the members of the state body is prohibited.

(c) The prohibitions of this article do not apply to any of the following:

(1) Individual contacts or conversations between a member of a state body and any other person.

(2) The attendance of a majority of the members of a state body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the state body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the state body. This paragraph is not intended to allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance.

(3) The attendance of a majority of the members of a state body at an open and publicized meeting organized to address a topic of state concern by a person or organization other than the state body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the state body.

(4) The attendance of a majority of the members of a state body at an open and noticed meeting of another state body or of a legislative body of a local agency as defined by § 54951, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the other state body.

(5) The attendance of a majority of the members of a state body at a purely social or ceremonial occasion, provided that a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the state body.

(6) The attendance of a majority of the members of a state body at an open and noticed meeting of a standing committee of that body, provided that the members of the state body who are not members of the standing committee attend only as observers.

4. Board Administration and Staff

Board Administration

(DCA Reference Manual)

Board Members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board Members to become involved in the details of program delivery. Strategies for the day-to-day management of programs, operations and staff shall be the responsibility of the Executive Officer. Board Members shall not interfere with day-to-day operations of the Board, which is the responsibility of the Executive Officer.

Board Staff

The Board's essential functions are comprised of ensuring Optometrists, opticians, and dispensers licensed or registered in the State of California meet professional examination requirements and follow legal, legislative and regulatory mandates. The Board is also responsible for enforcement of State of California requirements and regulations as they pertain to the Optometry and Opticianry profession.

- **Licensing:** Staff is responsible for evaluating applications for initial licensure, license renewals, providing certifications, issuing Fictitious Name Permits, monitoring continuing education, and providing license verifications to consumers and customer service to licensees accordingly.
- **Examinations:** Staff assists in the development of the law exam, which is necessary to ensure optometrists understand the California laws and regulations governing their practice. Staff also develops examination procedures.
- **Legislative and Regulatory:** Administrative staff is responsible for monitoring pending legislation impacting the practice of optometry, proposing legislative and regulatory amendments/additions for Board consideration, and assisting in implementing legislative/regulatory changes.
- **Enforcement:** Staff is responsible for ensuring consumer protection predominantly by processing consumer complaints, monitoring probationers, and providing customer service to licensees and consumers by providing information related to Board law.

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, it is most appropriate that the Board delegate all authority and responsibility for management of the civil service staff to the Executive Officer. Board Members shall not intervene or become involved in specific day-to-day personnel transactions or matters.

Appointment of Executive Officer

([BPC § 3027](#))

The Board shall employ an Executive Officer and other necessary assistance in the carrying out of the provisions of the [BPC, Chapter 7](#).

The Executive Officer serves at the pleasure of the Board Members who provide policy direction to the Executive Officer in the areas of program administration, legislative and regulatory development, strategic planning, and coordination of meetings. The Executive Officer shall not be a member of the Board. With the approval of the Director of Finance, the Board shall determine the salary of the Executive Officer. The Executive Officer shall be entitled to traveling and other necessary expenses in the performance of his/her duties as approved by the Board.

Executive Officer Evaluation

(Board Policy)

Board Members shall evaluate the performance of the Executive Officer on an annual basis.

Legal Counsel

Generally, the Office of the Attorney General represents the Board for litigation and represents complainant (the Executive Officer) for licensing and discipline cases. The DCA legal counsel assigned to the Board provides “in-house” counsel, assistance on closed session discipline and licensing matters. It is the Board’s policy to have DCA counsel present in closed sessions held pursuant to government code section 11126(c)(3), including deliberations on petition hearings.

Strategic Planning

(Board Policy)

The Executive Committee shall have overall responsibility for the Board’s strategic planning process. The Vice President shall serve as the Board’s strategic planning liaison with staff and shall assist staff in the monitoring and reporting of the strategic plan to the Board. The Board will update the strategic plan every three years, with the option to use a facilitator to conduct the plan update. At the end of the fiscal year, an annual review conducted by the Board will evaluate the progress toward goal achievement as stated in the strategic plan and identify any areas that may require amending.

Board Budget

(Board Policy)

The Vice President shall serve as the Board’s budget liaison with staff and shall assist staff in the monitoring and reporting of the budget to the Board. Staff will conduct an annual budget briefing with the Board with the assistance of the Vice President.

The Executive Officer or the Executive Officer’s designee will attend and testify at legislative budget hearings and shall communicate all budget issues to the Administration and Legislation.

Press Releases

(Board Policy)

The Executive Officer, in coordination with the DCA's Public Information Office, may issue press releases with the approval of the Board President.

Legislation

(Board Policy)

In the event time constraints preclude Board action, the Board may delegate to the Executive Officer and the Board President and Vice President the authority to take action on legislation that would affect the practice of optometry, opticianry, or responsibilities of the Board. The Board shall be notified of such action as soon as possible.

6. Other Policies and Procedures

Board Member Orientation and Training

([BPC § 453](#))

Newly appointed members shall complete a training and orientation program provided by DCA within one year of assuming office. This one-day class will discuss Board Member obligations and responsibilities.

([GC § 11121.9](#), [GC § 12950.1](#))

All Board Members shall complete all required training and submit compliance documentation, including but not limited to, the documents specified below:

- [Board Member Orientation Training](#) provided by the DCA (complete within one (1) year of assuming office).
- [Ethics Orientation Training](#) (complete within first six (6) months of assuming office) and every two (2) years thereafter.
- [Conflict of Interest, Form 700](#) (submit annually), within 30 days of assuming office, and upon leaving the Board.
- [Sexual Harassment Prevention Training](#) (complete within first six (6) months of assuming office) and every two (2) years thereafter.
- [Defensive Drive Training](#) (if driving state vehicles, vehicles rented by the state or drive personal vehicles for state business) required once every four years

Upon assuming office, members will also receive a copy of the Bagley-Keene Open Meeting Act, which lists public meeting laws that provide the guidelines for Board Meetings. The current version of this Act can also be found at the following:

http://www.dca.ca.gov/publications/bagleykeene_meetingact.pdf

Additional Board Member resources can be found at <http://www.dcaboardmembers.ca.gov/>. Business cards will be provided to each Board Member with the Board's name, address, telephone and fax number, and website address. A Board Member's business address, telephone and fax number, and email address may be listed on the card at the member's request.

Board Member Disciplinary Actions

(Board Policy)

The Board may censure a member if, after a hearing before the Board, the Board determines that the member has acted in an inappropriate manner. The President of the Board shall sit as chair of the hearing unless the censure involves the President's own actions, in which case the Vice President of the Board shall sit as chair. In accordance with the Open Meeting Act, the censure hearing shall be conducted in open session.

Removal of Board Members

(BPC §§ [106](#) and [106.5](#))

The Governor has the power to remove from office at any time any member of any Board appointed by him or her for continued neglect of duties required by law or for incompetence or unprofessional or dishonorable conduct. The Governor may also remove from office a Board Member who directly or indirectly discloses examination questions to an applicant for examination for licensure.

Resignation of Board Members

([GC § 1750](#))

In the event that it becomes necessary for a Board Member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. State law requires written notification. A copy of this letter shall also be sent to the Director of DCA, the Board President, and the Executive Officer.

Conflict of Interest

([GC § 87100](#))

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any Board Member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any Board Member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Contact with Candidates, Applicants and Licensees

(Board Policy)

Board Members shall not intervene on behalf of a candidate or an applicant for licensure for any reason. Nor shall they intervene on behalf of a licensee. All inquiries regarding licenses, applications and enforcement matters should be referred to the Executive Officer.

Communication with Other Organizations and Individuals

(Board Policy)

Any and all representations made on behalf of the Board or Board Policy must be made by the Executive Officer or Board President, unless approved otherwise. All correspondence shall be issued on the Board's standard letterhead and will be created and disseminated by the Executive Officer.

Gifts from Candidates

(Board Policy)

Gifts of any kind to Board Members or the staff from candidates for licensure with the Board shall not be permitted.

Request for Records Access

(Board Policy)

No Board Member may access the file of a licensee or candidate without the Executive Officer's knowledge and approval of the conditions of access. Records or copies of records shall not be removed from the Office of the Board.

Ex Parte Communications

([GC § 11430.10 et seq.](#))

The Government Code contains provisions prohibiting *ex parte* communications. An *ex parte* communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of § 11430.10, which states:

"While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

Board Members are prohibited from an *ex parte* communication with Board enforcement staff while a proceeding is pending. Occasionally an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board Members or attend a meeting.

If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Officer.

If a Board Member receives a telephone call from an applicant or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter. If the person insists on discussing the case, he or she should be told that the Board Member will be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board Member believes that he or she has received an unlawful *ex parte* communication, he or she should contact the Executive Officer promptly.

Additional Resources:

1. Board Member Orientation Training:
<http://www.dcaboardmembers.ca.gov/training/orientation.shtml>
2. Ethics Orientation Training:
http://www.dcaboardmembers.ca.gov/training/ethics_orientation.shtml
3. Conflict of Interest, Form 700:
http://www.dcaboardmembers.ca.gov/member_info/form_700.shtml
4. Sexual Harassment Prevention Training:
http://www.dcaboardmembers.ca.gov/training/harassment_prevention.shtml
5. Defensive Driver Training: <http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>
6. DCA Board Member Resource Center: <http://www.dcaboardmembers.ca.gov/>

7. Complaint and Disciplinary Process

The Board conducts disciplinary proceedings in accordance with the Administrative Procedure Act, [GC § 11500](#), and those sections that follow. The Board conducts investigations and hearings pursuant to [Government Code §§ 11180 through 11191](#). The Board also uses its [Uniform Standards Related to Substance Abuse and Disciplinary Guidelines, in regulation](#), as a guide when determining appropriate levels of discipline.

Typically, the disciplinary process begins with a complaint. Complaints can come to the Board via consumers, optometrists, and other agencies. Under Business and Professions Code 800 et seq., civil judgments or settlement against a licensee that exceeds three thousand dollars (\$3,000) must be reported to the Board by an insurer or licensee. These will result in an enforcement investigation.

To begin an investigation, the Board's enforcement staff determines jurisdiction over a complaint case. If jurisdiction has been established, enforcement staff begins its investigation by requesting permission to review the patient's medical file (if pertinent to the complaint) and notifies the optometrist that a complaint has been made.

Enforcement staff determines if a violation of the [Optometry Practice Act](#) or other applicable statutes and regulations has occurred by verifying facts to validate a complaint allegation. This is generally accomplished by gathering statements, patient records, billings, and insurance claims, etc. The Board may also submit the case to the Division of Investigation (DOI) for further investigation as DOI investigators are given authority of peace officers by the Business and Professions Code while engaged in their duties. Therefore, these investigators are authorized more investigative privileges than Board staff.

The Board may also seek the aid of an expert witness when the enforcement team needs an expert opinion to determine if the licensee in question breached the standard of care.

If it is determined that the subject's acts constitute a violation of law, the completed investigative report is submitted to the California Office of the Attorney General. The assigned Deputy Attorney General will review the case to determine if the evidence supports filing of an accusation against the subject for a violation of the law. If it is determined appropriate, an accusation is prepared and served upon the subject and he or she is given the opportunity to request a hearing to contest the charges.

The following is a list of allegations for which the Board may take action:

- Unprofessional conduct;
- Gross negligence;
- Sexual misconduct;
- Conviction of a substantially related crime;
- Substance abuse; and
- Insurance fraud.

After the Board files an accusation, the case may be resolved by a stipulated settlement: which is a written agreement between parties to which the person is charged admits to certain violations and agrees that a particular disciplinary order may be imposed.

Stipulations are subject to adoption by the Board. If a stipulated settlement cannot be negotiated, or if a settlement is rejected, the case proceeds to a hearing before an Administrative Law Judge (ALJ) of the Office of Administrative Hearings. The hearing may last anywhere from one day to several months, depending on the complexity of the case and the defense. During the hearing, both sides may call expert witnesses to support their views. After both sides have argued their case, the judge issues a proposed decision, which is then submitted to the Board for consideration.

If the Board rejects the proposed decision, Board Members obtain a transcript of the hearing, review the decision and decide the matter based upon the administrative record. If dissatisfied with the Board's decision, the respondent may petition for reconsideration or he or she may contest it by filing a writ of mandate in the appropriate superior court.

Deciding to Adopt or Reject a Proposed Decision

Upon being presented with a proposed disciplinary or licensing decision from an ALJ, each Board Member is asked to either adopt or Reject the action. Accordingly, the following should be considered when making a decision:

- Factors for consideration when deciding to adopt an ALJ's proposed decision
 - The summary of the evidence supports the findings of fact, and the findings support the conclusions of law.
 - The law and standards of practice are interpreted correctly.
 - In those cases in which witness credibility is crucial to the decision, the findings of fact include a determination based substantially on a witness' credibility, and the determination identifies specific evidence of the observed demeanor, manner, or attitude of the witness that supports the credibility determination.
 - The penalty fits within the disciplinary guidelines or any deviation from those guidelines has been adequately explained.
 - If probation is granted, the terms and conditions of probation provide the necessary public protection.
- Factors for consideration when deciding to Reject an ALJ's proposed decision
 - The proposed decision reflects the ALJ clearly abused his/her discretion.
 - The ALJ made an error in applying the relevant standard of practice or burden of proof for the issues in controversy at the hearing.
 - The witness's credibility is crucial to the decision and the findings of fact include a determination based substantially on a witness' credibility; but the determination does not identify specific evidence of the observed demeanor, manner, or attitude, of the witness that supports the credibility determination.
 - The ALJ made an error in interpreting the licensing law and/or regulations.

- The ALJ made correct conclusions of law and properly applied the standards of practice but the level of discipline proposed is substantially less than is appropriate to protect the public.

Note: The Board may not increase a cost recovery reward.

Reviewing the Record and Preparing to Discuss and Render a Decision after Rejection

Should the Board reject a proposed decision by the ALJ must review the factual and legal findings to render a determination. The following guidance is provided to Board Members when reviewing the case record:

- Reviewing the Administrative Record
 - The Accusation
 - Make note of the code §§ charged and brief description of the §§ (e.g. B&P 3110(b) – gross negligence; B&P 3110 (d) – incompetence).
 - Read the facts that are alleged as they stand to prove or disprove the code violations. The burden to prove the violations by “clear and convincing evidence to a reasonable certainty” rests on the Board.
 - The Proposed Decision
 - Factual Findings. Review the factual findings and determine if they and/or testimony prove violations. Note that expert testimony may be necessary to prove the violations.
 - Legal conclusions (determination of issues). Determine if any proven facts constitute a violation of the code §.
 - Order. Review the order and determine if the penalty is appropriate per the violations found and if it is consistent with the Disciplinary Guidelines. If not, determine if there is a basis for which the record deviated from the guidelines.
 - The Transcript
 - Sufficiency of the Evidence. Determine if the evidence introduced is clear and convincing to a reasonable certainty to prove *each* factual allegation.
 - Lay Witnesses. Determine if the testimony provided by witnesses prove factual allegations. Refer back to the ALJ’s credibility findings.
 - Expert Witnesses. Which expert’s testimony was given the most weight by the ALJ? If a Board Member does not agree with the ALJ’s findings, the Board Member must determine which evidence in the record supports their conclusion.
 - Written Arguments received from parties after rejection of a proposed decision.
 - Is the written argument from each party persuasive?

- Do the parties cite to the administrative record/transcript? This is not required, but may bear on the persuasiveness of a party's argument.

Additional Resources

1. Uniform Standards Related to Substance Abuse and Disciplinary Guidelines:
http://www.optometry.ca.gov/formspubs/uniform_standards.pdf

8. California's Legislative Process

The California State Legislature consists of two houses: the Senate and the Assembly. The Senate has 40 members and the Assembly has 80 members.

All legislation begins as an idea or concept. Should the Board take an idea to legislation, it will act as its sponsor.

In order to move an idea or concept toward legislation the Board must attain a Senator or Assembly Member to author it as a bill. Once a legislator has been identified as an author, the legislation will proceed to the Legislative Counsel where a bill is drafted. The legislator will introduce the bill in a house (if a Senator authors a bill, it will be introduced to the Senate; if an Assembly Member authors a bill, it will be introduced to the Assembly). This house is called the House of Origin.

Once a bill is introduced on the floor of its house, it is sent to the Office of State Printing. At this time, it may not be acted upon until 30 days after the date that it was introduced. After the allotted time has lapsed, the bill moves to the Rules Committee of its house to be assigned to a corresponding Policy Committee for hearing.

During committee hearing, the author presents the bill to the committee and witnesses provide testimony in support or opposition of the bill. At this time, amendments may be proposed and/or taken. Bills can be amended multiple times. Additionally, during these hearings, a Board representative (Board Chair, Executive Officer, and/or staffer) may be called upon to testify in favor of (or in opposition to) the bill.

Following these proceedings, the committee votes to pass the bill, pass it as amended, or defeat it. The bill may also be held in the committee without a vote, if it appears likely that it will not pass. In the case of the Appropriations (or "Fiscal") Committee, the bill may be held in the "Suspense File" if the committee members determine that the bill's fiscal impact is too great, as weighed against the priorities of other bills that also impact the state's finances. A bill is passed in committee by a majority vote.

If the bill is passed by committee, it returns to the floor of its House of Origin and is read a second time. Next, the bill is placed on third reading and is eligible for consideration by the full house in a floor vote. Bill analyses are prepared prior to this reading. During the third reading, the author explains the bill and members discuss and cast their vote. Bills that raise taxes, take effect immediately or place a proposition on the ballot require a 2/3 vote, which would require 27 votes in the Senate and 54 votes (two-thirds vote) in the Assembly to be passed. Other bills require majority vote. If a bill is defeated, its author may seek reconsiderations and another vote.

Once a bill has been approved by the House of Origin, it is submitted to the second house where the aforementioned process is repeated. Here, if an agreement is not reached, the bill dies or is sent to a two-house committee where members can come to a compromise. However, if an agreement is made, the bill is returned to both houses as a conference report to be voted upon.

Should both houses approve a bill, it proceeds to the Governor who can either sign the bill to law, allow it to become law without signature, or veto it. If the legislation is passed during the course of the regular session, the Governor must act within 12 days. However, the Governor has 30 days to sign bills that are passed during the final days of the legislative year, usually in August or early September. A two-thirds vote from both houses can override the Governor's decision to veto a bill.

Bills that are passed by the legislature and approved by the Governor are assigned a chapter number by the Secretary of State. Chaptered bills typically become part of the California Codes and the Board may enforce it as statute once it becomes effective. Most bills are effective on the first day of January the following year; however, matters of urgency take effect immediately.

For a graphic overview of California's legislative process, see the attached diagram at the end of this section.

Positions on Legislation

As a regulatory body, the Board can propose its own legislative proposals or take a position on a current piece of legislation.

At Board Meetings, staff may present current legislation that is of potential interest to the Board and/or which may directly impact the Board and the practice of optometry. When the Board attains research on legislation, it can take a position on the matter.

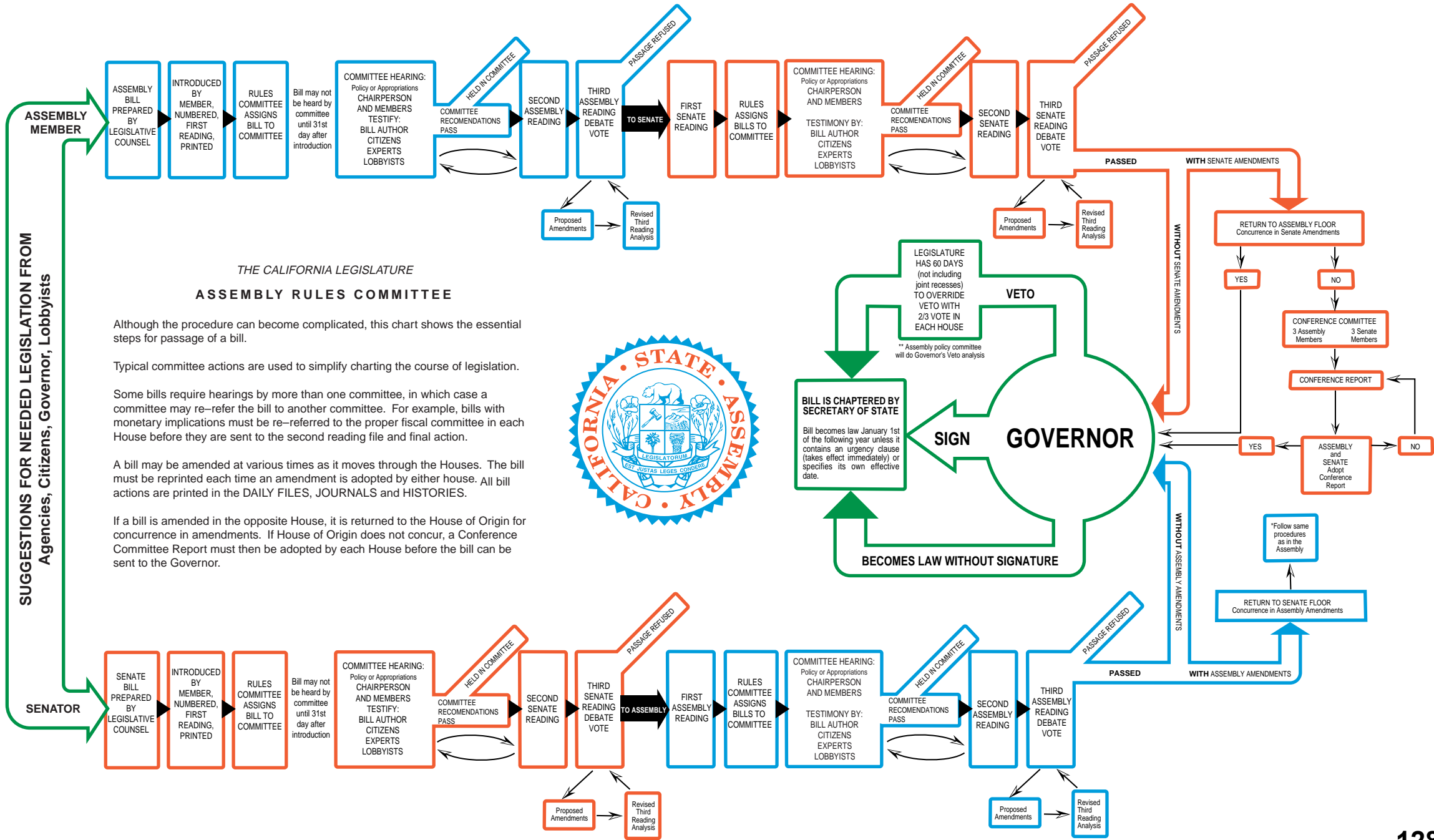
Possible positions include:

- **No Position:** The Board may decide that the bill is outside the Board's jurisdiction or that it has other reasons to not have any position on the bill. The Board would not generally testify on such a bill.
- **Neutral:** If a bill poses no problems or concerns to the Board, the Board may choose to adopt a neutral position.
- **Neutral if Amended:** The Board may take this position if there are minor problems with the bill but, providing they are amended, the intent of the legislation does not impede with Board processes.
- **Support:** This position may be taken if the Board supports the legislation and has no recommended changes.
- **Support if Amended:** This position may be taken if the Board has amendments and if accepted, the Board will support the legislation.
- **Oppose:** The Board may opt to oppose a bill if it negatively impacts consumers or is against the Board's own objectives.
- **Oppose Unless Amended:** The Board may take this position unless the objectionable language is removed. This is a more common and substantive stance than Neutral if Amended.

Board Members can access bill language, analyses, and vote history at <http://leginfo.legislature.ca.gov/> and watch all legislative hearings online at www.calchannel.com.

THE LIFE CYCLE OF LEGISLATION

From Idea into Law



9. Regulations

Regulations and statutes govern the Board. Regulations interpret or make specific laws that are enforced or administered by the Board.

In order to prepare a rulemaking action, the Board is required to: (1) express terms of proposed regulation (the proposed text), (2) determine fiscal impact, (3) create a statement of reasons for that regulation, and (4) post notice of proposed rulemaking.

The issuance of a notice of proposed regulation initiates a rule making action. To do this, the Board creates a notice to be published in the California Regulatory Notice Register and mailed to interested parties. It must also post the notice, proposed text, and statement of reasons for the rulemaking action on its website.

Once the notice has been posted, the Administrative Procedure Act (APA) requires a 45-day comment period from interested parties before the Board may proceed further with the proposed regulation. During this time the Board can also decide if it wants to hold a public hearing to discuss the proposed rulemaking action. However, if it opts against this, but an interested person requests a hearing at least 15 days prior to the end of the written comment period, the Board must offer notice of and hold a public hearing to satisfy public request.

Following the initial comment period, the Board will often decide to revise its proposal. If it chooses to do so, APA procedures require that the agency assess each change and categorize them as (a) non-substantial, (b) substantial and sufficiently related, or (c) substantial and not sufficiently related. Any change that has been categorized as substantial and sufficiently related must be available for public comment for at least 15 days before the change is adopted in the proposal. All comments must then be considered by the Board.

Additionally, if the Board cites new material that has not been available to the public while revising the proposal, these new references must be presented to the public for 15 days.

The Board is also responsible for summarizing and responding on record to public comments submitted during each allotted period. These are to be included as part of the final statement of reasons. By doing so, the agency demonstrates that it has understood and considered all relevant material presented to it before adopting, amending, or repealing a regulation.

After the Board has fulfilled this process, it must adopt a final version of the proposed rulemaking decision. Once this has been accomplished, the rulemaking action must be submitted to the Office of Administrative Law (OAL) for review within a year from the date the notice was published. OAL has 30 days to review the action.

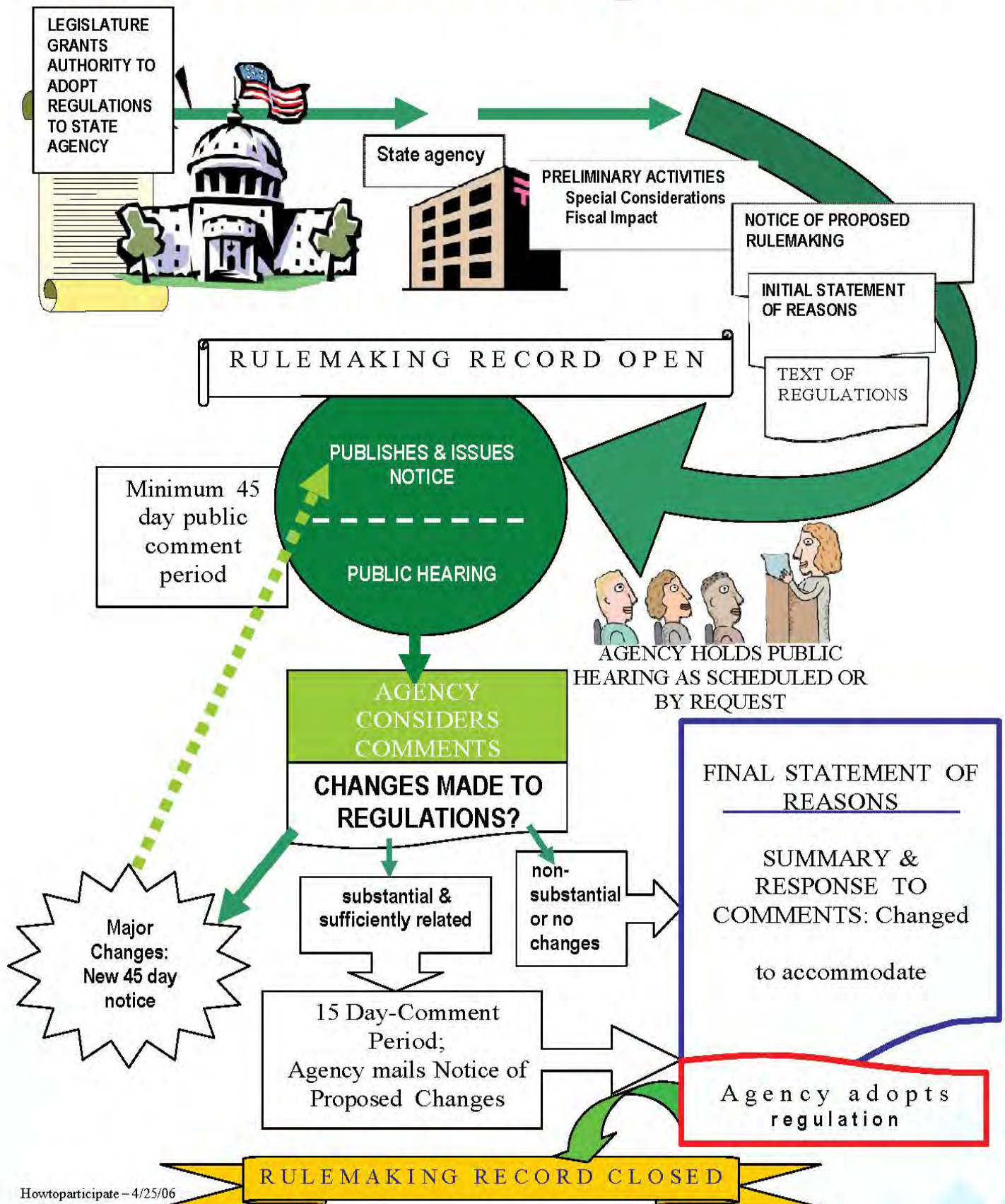
During its review, OAL must determine if the rulemaking action satisfies the standards set forth by APA. These standards are: necessity, authority, consistency, clarity, non-duplication, and reference. It must also have satisfied all procedural requirements governed by the APA.

If OAL deems that the rulemaking action satisfies the aforementioned standards, it files the regulation with the Secretary of State and it is generally effective within 30 days. The regulation is also printed in the California Code of Regulations.

If OAL, however, determines that the action does not satisfy these standards, it returns the regulation to the Board which can revise the text, post notice of change for another comment period, and, finally, resubmit the proposed regulation to OAL for review; or, the Board may appeal to the governor.

Diagrams on the next two pages provide a graphical overview of the rulemaking process.

The Rulemaking Process



Howtoparticipate - 4/25/06

Section 13 – Attachments

A2 / A3 – Board / Dispensing Optician Committee Attendance

Donna Burke				
Date Appointed:			10/12/2010	
Date Reappointed:			2/24/2016	
Term Expires:			12/1/2017	
	Meeting Type	Meeting Date	Meeting Location	Attended?
2017	Board Meeting	November 3, 2017	Ontario, CA	Y
	Quarterly Committee Meeting	September 22, 2017	Teleconferences	Y
	Board Meeting	August 3-4, 2017	Sacramento	Y
	Special Board Meeting	May 8, 2017	Sacramento and various teleconference locations	Y
	Board Meeting	April 21, 2017	San Diego	Y
	Special Board Meeting	March 23, 2017	Sacramento and various teleconference locations	Y
	Sunset Report Meeting	March 20, 2017	Sacramento and various teleconference locations	Y
	Special Board Meeting	February 22, 2017	Sacramento and various teleconference locations	Y
	Board Meeting	January 26-27, 2017	Sacramento	Y

Cyd Brandvein				
Date Appointed:				10/25/2013
Date Reappointed:				9/14/2017
Term Expires:				6/1/2021
Meeting Type		Meeting Date	Meeting Location	Attended?
2020				
	Board Meeting	October 23, 2020	WebEx Teleconference	Y
	Board Meeting	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	August 13-14, 2020	WebEx Teleconference	Y
	Consumer Protection Committee Meeting	July 17, 2020	WebEx Teleconference	Y
	Board Meeting	May 15, 2020	Webex Teleconference	Y
	Board Meeting	February 28, 2020	Teleconference Various Locations	Y
	Board Meeting	January 31, 2020	Teleconference Various Locations	Y
2019	Board Meeting	October 25, 2019	Sacramento	N
	Consumer Protection Committee Meeting	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley & Pomona	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Consumer Protection Committee Meeting	January 11, 2019	Teleconference	Y
2018	Board Meeting	February 1, 2019	Ontario	Y
	Board Meeting	November 2, 2018	Sacramento	Y
	Board Meeting	October 5, 2018	Sacramento	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	Y
	Board Meeting	June 18, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Board Meeting	January 26, 2018	Sacramento	N
2017	Board Meeting	January 11, 2018	Teleconference Various Locations	Y
	Board Meeting	November 3, 2017	Ontario	Y
	Board Meeting	August 3-4, 2017	Sacramento	Y
	Special Board Meeting	May 8, 2017	Sacramento and various teleconference locations	N
	Board Meeting	April 21, 2017	San Diego	Y
	Special Board Meeting	March 23, 2017	Sacramento and various teleconference locations	N
	Sunset Report Meeting	March 20, 2017	Sacramento and various teleconference locations	Y
	Special Board Meeting	February 22, 2017	Sacramento and various teleconference locations	Y
	Board Meeting	January 26-27, 2017	Sacramento	Y

Madhu Chawla, OD				
Date Appointed:				6/15/2012
Date Reappointed:				6/5/2015
Term Expires:				6/1/2019
Meeting Type		Meeting Date	Meeting Location	Attended?
2020				
	Board Meeting	May 15, 2020	Webex Teleconference	Y
	Board Meeting	February 28, 2020	Mountain View	N
	Practice and Education Committee	January 31, 2020	Teleconference	Y
	Public Relations and Outreach Committee	January 31, 2020	Teleconference	Y
	Board Meeting	January 31, 2020	Teleconference	Y
2019	Board Meeting	October 25, 2019	Sacramento	N
	Practice and Education Committee	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley & Pomona	Y
	Practice and Education Committee	June 14, 2019	Teleconference	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Practice and Education Committee	March 8, 2019	Teleconference	Y
	Board Meeting	February 1, 2019	Ontario	Y
	Practice and Education Committee	January 11, 2019	Teleconference	Y
2018	Board Meeting	November 2, 2018	Sacramento	N
	Board Meeting	October 5, 2018	Sacramento	N
	Practice and Education Committee	August 30, 2018	Teleconference	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	Y
	Practice and Education Committee	June 29, 2018	Teleconference	Y
	Board Meeting	June 18, 2018	Teleconference	Y
	Practice and Education Committee	May 22, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	N
	Practice and Education Committee	March 23, 2018	Teleconference	Y
	Practice and Education Committee	March 1, 2018	Teleconference	Y
	Board Meeting	January 26, 2018	Sacramento	N
	Board Meeting	January 11, 2018	Teleconference	Y
2017	Practice and Education Committee	December 14, 2017	Teleconference	Y
	Practice and Education Committee	November 13, 2017	Teleconference	Y
	Board Meeting	November 3, 2017	Teleconference	N
	Practice and Education Committee	September 28, 2017	Teleconference	Y
	Practice and Education Committee	August 28, 2017	Teleconference	Y
	Board Meeting	August 4, 2017	Sacramento	Y
	Board Meeting	August 3, 2017	Sacramento	N
	Practice and Education Committee	June 22, 2017	Teleconference	Y
	Special Board Meeting	May 8, 2017	Teleconference	Y
	Board Meeting	April 21, 2017	San Diego	N
	Special Board Meeting	March 23, 2017	Teleconference	N
	Sunset Report Meeting	March 20, 2017	Teleconference	Y
	Children's Vision Workgroup Meeting	March 16, 2017	Teleconference	Y
	Special Board Meeting	February 22, 2017	Teleconference	Y
	Board Meeting	January 26-27, 2017	Sacramento	Y
	Practice and Education Committee		January 10, 2017	Sacramento

Jeffrey Garcia, OD				
Date Appointed:				8/10/2020
Date Reappointed:				
Term Expires:				6/1/2023
	Meeting Type	Meeting Date	Meeting Location	Attended?
2020				
	Board Meeting	October 23, 2020	WebEx Teleconference	Y
	Board Meeting	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	August 13-14, 2020	WebEx Teleconference	Y

Martha Ruby Garcia, CLD, SLD				
Date Appointed:			3/4/2016	
Date Reappointed:				
Term Expires:			6/1/2019	
	Meeting Type	Meeting Date	Meeting Location	Attended?
2020	Board Meeting	May 15, 2020	Teleconference	Y
	Board Meeting	February 28, 2020	Mountain View	Y
	Practice and Education Committee	January 31, 2020	Teleconference	Y
	Board Meeting	January 30, 2020	Teleconference	Y
	Dispensing Optician Committee	January 30, 2020	Teleconference	Y
2019	Dispensing Optician Committee	December 13, 2019	Teleconference	Y
	Board Meeting	October 25, 2019	Sacramento	Y
	Dispensing Optician Committee	September 27, 2019	Teleconference	Y
	Practice and Education Committee	September 13, 2019	Teleconference	Y
	Consumer Protection Committee	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley	Y
	Practice and Education Committee	June 14, 2019	Teleconference	Y
	Dispensing Optician Committee	June 7, 2019	Teleconference	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Dispensing Optician Committee	March 15, 2019	Burbank	Y
	Practice and Education Committee	March 8, 2019	Teleconference	Y
	Board Meeting	February 1, 2019	Ontario	Y
	Practice and Education Committee	January 11, 2019	Teleconference	Y
	Dispensing Optician Committee	January 4, 2019	Sacramento	Y
2018	Board Meeting	November 2, 2018	Sacramento	Y
	Board Meeting	October 5, 2018	Sacramento	Y
	Practice and Education Committee	August 30, 2018	Teleconference	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Dispensing Optician Committee	August 2, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	Y
	Practice and Education Committee	June 29, 2018	Teleconference	Y
	Board Meeting	June 18, 2018	Teleconference	Y
	Practice and Education Committee	May 22, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Dispensing Optician Committee	April 20, 2018	San Francisco	Y
	Practice and Education Committee	March 23, 2018	Teleconference	N
	Consumer Protection Committee	March 23, 2018	Teleconference	Y
	Practice and Education Committee	March 1, 2018	Teleconference	N
	Board Meeting	January 26, 2018	Sacramento	Y
	Board Meeting	January 11, 2018	Teleconference	Y
2017	Practice and Education Committee	December 14, 2017	Teleconference	N
	Consumer Protection Committee	December 14, 2017	Teleconference	Y
	Practice and Education Committee	November 13, 2017	Teleconference	Y
	Board Meeting	November 3, 2017	Ontario	Y
	Dispensing Optician Committee	November 2, 2017	Ontario	Y
	Practice and Education Committee	September 28, 2017	Teleconference	Y
	Consumer Protection Committee	September 28, 2017	Teleconference	Y
	Dispensing Optician Committee	September 22, 2017	Ontario	Y
	Practice and Education Committee	August 28, 2017	Teleconference	Y
	Dispensing Optician Committee	August 18, 2017	Sacramento	Y
	Board Meeting	August 4, 2017	Sacramento	Y
	Board Meeting	August 3, 2017	Sacramento	Y
	Public Relations and Outreach Committee	July 27, 2017	Teleconference	Y
	Dispensing Optician Committee	July 14, 2017	Ontario	Y
	Special Board Meeting	May 8, 2017	Teleconference	Y

	Public Relations and Outreach Committee	May 4, 2017	Teleconference	Y
	Board Meeting	April 21, 2017	San Diego	Y
	Special Board Meeting	March 23, 2017	Teleconference	Y
	Sunset Report Meeting	March 20, 2017	Teleconference	Y
	Children's Vision Workgroup Meeting	March 16, 2017	Teleconference	Y
	Special Board Meeting	February 22, 2017	Teleconference	Y
	Board Meeting	January 26-27, 2017	Sacramento	Y

Glenn Kawaguchi, OD				
Date Appointed:				8/10/2012
Date Reappointed:				5/5/2015
Term Expires:				6/1/2022
Meeting Type		Meeting Date	Meeting Location	Attended?
2020				
	Board Meeting	October 23, 2020	WebEx Teleconference	Y
	Legislation and Regulation Committee	September 18, 2020	WebEx Teleconference	Y
	Dispensing Optician Committee	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	August 13-14, 2020	WebEx Teleconference	Y
	Board Meeting	May 15, 2020	Teleconference	Y
	Board Meeting	February 28, 2020	Mountain View	Y
	Public Relations and Outreach Committee	January 31, 2020	Teleconference	Y
	Legislative and Regulation Committee	January 31, 2020	Teleconference	Y
	Board Meeting	January 31, 2020	Teleconference	Y
2019	Board Meeting	October 25, 2019	Sacramento	Y
	Consumer Protection Committee	September 13, 2019	Teleconference	Y
	Legislation and Regulation Committee Meeting	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley and Pomona	Y
	Legislation and Regulation Committee Meeting	May 28, 2019	Teleconference	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Legislation and Regulation Committee Meeting	March 8, 2019	Teleconference	Y
	Board Meeting	February 1, 2019	Ontario	Y
	Consumer Protection Committee	January 11, 2019	Teleconferences	Y
2018	Board Meeting	November 2, 2018	Sacramento	Y
	Board Meeting	October 5, 2018	Sacramento	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	Y
	Legislation and Regulation Committee Meeting	June 29, 2018	Teleconferences	Y
	Board Meeting	June 18, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Consumer Protection Committee	March 23, 2018	Teleconferences	N
	Legislation and Regulation Committee Meeting	March 23, 2018	Teleconferences	N
	Board Meeting	January 26, 2018	Sacramento	Y
	Board Meeting	January 11, 2018	Sacramento and various teleconference locations	Y
	2017	Legislative and Regulation Committee	December 14, 2017	Sacramento and various teleconference locations
Consumer Protection Committee		December 14, 2017	Sacramento and various teleconference locations	Y
Board Meeting		November 3, 2017	Ontario, CA	Y
Legislation and Regulation Committee		September 28, 2017	Sacramento and various teleconference locations	Y
Consumer Protection Committee		September 28, 2017	Sacramento and various teleconference locations	Y
Board Meeting		August 3-4, 2017	Sacramento	Y
Special Board Meeting		May 8, 2017	Sacramento and various teleconference locations	Y
Public Relations and Outreach Committee Meeting		May 4, 2017	Sacramento	Y
Board Meeting		April 21, 2017	San Diego	Y
Special Board Meeting		March 23, 2017	Sacramento and various teleconference locations	Y
Sunset Report Meeting		March 20, 2017	Sacramento and various teleconference locations	Y
Children's Vision Workgroup Meeting		March 16, 2017	Teleconference Various Locations	Y
Special Board Meeting		February 22, 2017	Sacramento and various teleconference locations	N
Board Meeting		January 26-27, 2017	Sacramento	Y

Debra McIntyre, OD				
Date Appointed:			3/15/2016	
Date Reappointed:			9/14/2017	
Term Expires:			6/1/2021	
Meeting Type		Meeting Date	Meeting Location	Attended?
2020	Board Meeting	October 23, 2020	WebEx Teleconference	Y
	Board Meeting	September 18, 2020	WebEx Teleconference	Y
	Practice and Education Committee	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	August 13-14, 2020	WebEx Teleconference	Y
	Practice and Education Committee Meeting	July 31, 2020	Teleconference	Y
	Board Meeting	May 15, 2020	Teleconference	Y
	Board Meeting	February 28, 2020	Teleconference	Y
	Practice and Education Committee Meeting	January 31, 2020	Teleconference	Y
	Board Meeting	January 31, 2020	Teleconference	Y
	Board Meeting	October 25, 2019	Sacramento	Y
2019	Consumer Protection Committee Meeting	September 13, 2019	Teleconference	Y
	Practice and Education Committee Meeting	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley & Pomona	Y
	Practice and Education Committee Meeting	June 14, 2019	Teleconference	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Practice and Education Committee Meeting	March 8, 2019	Teleconference	Y
	Board Meeting	February 1, 2019	Ontario	Y
	Consumer Protection Committee Meeting	January 11, 2019	Teleconferences	Y
	Practice and Education Committee Meeting	January 11, 2019	Teleconferences	Y
	Board Meeting	November 2, 2018	Sacramento	Y
2018	Board Meeting	October 5, 2018	Sacramento	N
	Practice and Education Committee Meeting	August 30, 2018	Teleconference	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	Y
	Practice and Education Committee Meeting	June 29, 2018	Teleconferences	Y
	Board Meeting	June 18, 2018	Teleconference	Y
	Practice and Education Committee Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Consumer Protection Committee Meeting	March 23, 2018	Teleconferences	Y
	Practice and Education Committee Meeting	March 23, 2018	Teleconferences	Y
	Practice and Education Committee Meeting	March 1, 2018	Teleconferences	Y
	Board Meeting	January 26, 2018	Sacramento	N
	Board Meeting	January 11, 2018	Teleconference Various Locations	Y
	Consumer Protection Committee Meeting	December 14, 2017	Teleconferences	Y
2017	Practice and Education Committee Meeting	December 14, 2017	Teleconferences	Y
	Practice and Education Committee Meeting	November 13, 2017	Teleconference	N
	Quarterly Board Meeting	November 3, 2017	Ontario	Y
	Consumer Protection Committee Meeting	September 28, 2017	Teleconferences	Y
	Practice and Education Committee Meeting	September 28, 2017	Teleconferences	Y
	Practice and Education Committee Meeting	August 28, 2017	Teleconference	Y
	Board Meeting	August 3-4, 2017	Sacramento	Y
	Special Board Meeting	May 8, 2017	Sacramento and various teleconference locations	Y
	Quarterly Board Meeting	April 21, 2017	San Diego	Y
	Special Board Meeting	March 23, 2017	Sacramento and various teleconference locations	Y
	Sunset Report Meeting	March 20, 2017	Sacramento and various teleconference locations	Y
	Special Board Meeting	February 22, 2017	Sacramento and various teleconference locations	N
	Board Meeting	January 26-27, 2017	Sacramento	Y

Rachel Michelin				
Date Appointed:				10/13/2014
Date Reappointed:				6/5/2015
Term Expires:				6/1/2019
Meeting Type		Meeting Date	Meeting Location	Attended?
2020	Board Meeting	May 15, 2020	WebEx Teleconference	Y
	Board Meeting	February 28, 2020	Mountain View, CA	Y
	Legislative and Regulation Committee	January 31, 2020	Teleconference	Y
	Public Relations and Outreach Committee	January 31, 2020	Teleconference	Y
	Board Meeting	January 31, 2020	Teleconference	Y
2019	Board Meeting	October 25, 2019	Sacramento	N
	Legislation and Regulation Committee Meeting	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley	N
	Legislation and Regulation Committee Meeting	May 28, 2019	Teleconference	N
	Board Meeting	April 5, 2019	San Diego	Y
	Legislation and Regulation Committee Meeting	March 8, 2019	Teleconference	Y
	Board Meeting	February 1, 2019	Ontario	Y
2018	Board Meeting	November 2, 2018	Sacramento	Y
	Board Meeting	October 5, 2018	Sacramento	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	Y
	Public Relations and Outreach Committee	June 29, 2018	Teleconference	Y
	Legislation and Regulation Committee Meeting	June 29, 2019	Teleconference	Y
	Board Meeting	June 18, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Public Relations and Outreach Committee	March 23, 2019	Teleconference	Y
	Legislation and Regulation Committee Meeting	March 23, 2019	Teleconference	Y
	Children's Vision Workgroup Meeting	March 8, 2018	Teleconference	Y
	Board Meeting	January 26, 2018	Sacramento	Y
	Board Meeting	January 11, 2018	Teleconference	N
	2017	Public Relations and Outreach Committee	December 14, 2017	Teleconference
Legislation and Regulation Committee Meeting		December 14, 2017	Teleconference	N
Mobile Clinic Workgroup		December 13, 2017	Teleconference	N
Board Meeting		November 3, 2017	Ontario	Y
Public Relations and Outreach Committee		September 28, 2017	Teleconference	Y
Legislation and Regulation Committee Meeting		September 28, 2017	Teleconference	Y
Board Meeting		August 4, 2017	Sacramento	Y
Board Meeting		August 3, 2017	Sacramento	Y
Special Board Meeting		May 8, 2017	Teleconference	Y
Board Meeting		April 21, 2017	San Diego	Y
Special Board Meeting		March 23, 2017	Teleconference	Y
Sunset Report Meeting		March 20, 2017	Teleconference	Y
Children's Vision Workgroup Meeting		March 16, 2017	Teleconference	Y
Special Board Meeting		February 22, 2017	Teleconference	Y
Board Meeting		January 26-27, 2017	Sacramento	Y

Mark Morodomi				
Date Appointed:			4/7/2015	
Date Reappointed:			7/31/2018	
Term Expires:			6/1/2022	
Meeting Type		Meeting Date	Meeting Location	Attended?
2020	Board Meeting	October 23, 2020	WebEx Teleconference	Y
	Board Meeting	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	August 13-14, 2020	WebEx Teleconference	Y
	Board Meeting	May 15, 2020	Teleconference	Y
	Board Meeting	February 28, 2020	Teleconference	Y
	Legislative and Regulation Committee	January 31, 2020	Teleconference	Y
	Practice and Education Committee	January 31, 2020	Teleconference	N
	Board Meeting	January 31, 2020	Teleconference	N
2019	Board Meeting	October 25, 2019	Sacramento	Y
	Board Meeting	August 2, 2019	Berkeley & Pomona	Y
	Practice and Education Committee Meeting	June 14, 2019	Teleconference	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Practice and Education Committee Meeting	March 8, 2019	Teleconference	N
	Board Meeting	February 1, 2019	Ontario	Y
	Consumer Protection Committee	January 11, 2019	Teleconferences	Y
	Practice and Education Committee Meeting	January 11, 2019	Teleconferences	Y
2018	Board Meeting	November 2, 2018	Sacramento	Y
	Board Meeting	October 5, 2018	Sacramento	Y
	Practice and Education Committee Meeting	August 30, 2018	Teleconference	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	N
	Practice and Education Committee Meeting	June 29, 2018	Teleconferences	N
	Legislation and Regulation Committee Meeting	June 29, 2018	Teleconferences	N
	Board Meeting	June 18, 2018	Teleconference	N
	Practice and Education Committee Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Consumer Protection Committee	March 23, 2018	Teleconferences	Y
	Practice and Education Committee Meeting	March 23, 2018	Teleconferences	Y
	Legislation and Regulation Committee Meeting	March 23, 2018	Teleconferences	Y
	Practice and Education Committee Meeting	March 1, 2018	Teleconferences	Y
	Board Meeting	January 26, 2018	Sacramento	Y
	Board Meeting	January 11, 2018	Teleconference Various Locations	Y
2017	Practice and Education Committee Meeting	December 14, 2017	Teleconference Various Locations	Y
	Consumer Protection Committee	December 14, 2017	Teleconference Various Locations	Y
	Practice and Education Committee Meeting	November 13, 2017	Teleconference Various Locations	Y
	Board Meeting	November 3, 2017	Ontario	Y
	Practice and Education Committee Meeting	September 28, 2017	Teleconference Various Locations	Y
	Consumer Protection Committee	September 28, 2017	Teleconference Various Locations	Y
	Practice and Education Committee Meeting	August 28, 2017	Teleconference Various Locations	Y
	Board Meeting	August 3-4, 2017	Sacramento	Y
	Special Board Meeting	May 8, 2017	Teleconference Various Locations	Y
	Board Meeting	April 21, 2017	San Diego	Y
	Special Board Meeting	March 23, 2017	Sacramento and various teleconference locations	Y
	Sunset Report Meeting	March 20, 2017	Sacramento and various teleconference locations	Y
	Special Board Meeting	February 22, 2017	Sacramento and various teleconference locations	N
	Board Meeting	January 26-27, 2017	Sacramento	Y

Maria Salazar Sperber, JD				
Date Appointed:				3/4/2016
Date Reappointed:				
Term Expires:				6/1/2019
	Meeting Type	Meeting Date	Meeting Location	Attended?
2020	Board Meeting	May 15, 2020	WebEx Teleconference	Y
	Board Meeting	February 28, 2020	Mountain View	N
	Legislation and Regulation Committee	January 31, 2020	Teleconference	N
	Public Relations and Outreach Committee	January 31, 2020	Teleconference	N
	Board Meeting	January 31, 2020	Teleconference	N
2019	Board Meeting	October 25, 2019	Sacramento	N
	Legislation and Regulation Committee	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley	N
	Legislation and Regulation Committee	May 28, 2019	Teleconference	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Legislation and Regulation Committee	March 8, 2019	Teleconference	Y
2018	Board Meeting	February 1, 2019	Ontario	Y
	Board Meeting	November 2, 2018	Sacramento	Y
	Board Meeting	October 5, 2018	Sacramento	Y
	Board Meeting	August 3, 2018	San Diego	N
	Board Meeting	June 29, 2018	Teleconference	N
	Legislation and Regulation Committee	June 29, 2018	Teleconferences	N
	Public Relations and Outreach Committee	June 29, 2018	Teleconferences	N
	Board Meeting	June 18, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Legislation and Regulation Committee	March 23, 2018	Teleconferences	N
	Public Relations and Outreach Committee	March 23, 2018	Teleconferences	N
	Board Meeting	January 26, 2018	Sacramento	Y
	Board Meeting	January 11, 2018	Teleconference Various Locations	Y
2017	Public Relations and Outreach Committee	December 14, 2017	Teleconference	Y
	Legislation and Regulation Committee Meeting	December 14, 2017	Teleconference	Y
	Board Meeting	November 3, 2017	Ontario	Y
	Public Relations and Outreach Committee	September 28, 2017	Teleconference	Y
	Legislation and Regulation Committee Meeting	September 28, 2017	Teleconference	Y
	Board Meeting	August 3-4, 2017	Sacramento	Y
	Special Board Meeting	May 8, 2017	Teleconference Various Locations	Y
	Board Meeting	April 21, 2017	San Diego	Y
	Special Board Meeting	March 23, 2017	Sacramento and various teleconference locations	N
	Sunset Report Meeting	March 20, 2017	Sacramento and various teleconference locations	Y
	Special Board Meeting	February 22, 2017	Sacramento and various teleconference locations	Y
	Board Meeting	January 26-27, 2017	Sacramento	Y

David Turetsky, OD				
Date Appointed:			12/18/2013	
Date Reappointed:			9/14/2017	
Term Expires:			6/1/2021	
Meeting Type		Meeting Date	Meeting Location	Attended?
2020	Board Meeting	October 23, 2020	WebEx Teleconference	Y
	Legislation and Regulation Committee	September 18, 2020	WebEx Teleconference	Y
	Practice and Education Committee	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	August 13-14, 2020	WebEx Teleconference	Y
	Board Meeting	May 15, 2020	Teleconference	Y
	Board Meeting	February 28, 2020	Mountain View	Y
	Public Relations and Outreach Committee	January 31, 2020	Teleconference	Y
	Legislative and Regulation Committee	January 31, 2020	Teleconference	Y
	Practice and Education Committee	January 31, 2020	Teleconference	Y
	Board Meeting	January 31, 2020	Teleconference	Y
2019	Board Meeting	October 25, 2019	Sacramento	Y
	Consumer Protection Committee Meeting	September 13, 2019	Teleconference	Y
	Legislation and Regulation Committee	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley & Pomona	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Board Meeting	February 1, 2019	Ontario	Y
	Consumer Protection Committee Meeting	January 11, 2019	Teleconferences	Y
2018	Board Meeting	November 2, 2018	Sacramento	Y
	Board Meeting	October 5, 2018	Sacramento	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	Y
	Public Relations and Outreach Committee	June 29, 2018	Teleconferences	Y
	Board Meeting	June 18, 2018	Teleconferences	Y
	Board Meeting	May 22, 2018	Teleconferences	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Consumer Protection Committee Meeting	March 23, 2018	Teleconferences	Y
	Public Relations and Outreach Committee	March 23, 2018	Teleconferences	Y
	Board Meeting	January 26, 2018	Sacramento	Y
2017	Board Meeting	January 11, 2018	Teleconference Various Locations	Y
	Legislation and Regulation Committee	December 14, 2017	Teleconferences	Y
	Public Relations and Outreach Committee	December 14, 2017	Teleconferences	Y
	Board Meeting	November 3, 2017	Ontario	Y
	Legislation and Regulation Committee	September 28, 2017	Teleconference	Y
	Public Relations and Outreach Committee	September 28, 2017	Teleconference	Y
	Board Meeting	August 3-4, 2017	Sacramento	Y
	Special Board Meeting	May 8, 2017	Sacramento and various teleconference locations	Y
	Board Meeting	April 21, 2017	San Diego	Y
	Special Board Meeting	March 23, 2017	Sacramento and various teleconference locations	Y
	Sunset Report Meeting	March 20, 2017	Sacramento and various teleconference locations	Y
	Special Board Meeting	February 22, 2017	Sacramento and various teleconference locations	Y
	Board Meeting	January 26-27, 2017	Sacramento	Y

Lilian Wang, OD, Secretary				
Date Appointed:				3/27/2015
Date Reappointed:				6/27/2018
Term Expires:				6/1/2022
Meeting Type		Meeting Date	Meeting Location	Attended?
2020				
	Board Meeting	October 23, 2020	WebEx Teleconference	Y
	Board Meeting	September 18, 2020	WebEx Teleconference	Y
	Legislation and Regulation Committee	September 18, 2020	WebEx Teleconference	Y
	Practice and Education Committee	September 18, 2020	WebEx Teleconference	Y
	Board Meeting	August 13-14, 2020	WebEx Teleconference	Y
	Practice and Education Committee Meeting	July 31, 2020	Teleconference	Y
	Board Meeting	May 15, 2020	Teleconference	Y
	Board Meeting	February 28, 2020	Mountain View	Y
	Legislative and Regulation Committee	January 31, 2020	Teleconference	Y
	Practice and Education Committee	January 31, 2020	Teleconference	Y
	Board Meeting	January 31, 2020	Teleconference	Y
2019	Board Meeting	October 25, 2019	Sacramento	Y
	Legislation and Regulation Committee Meeting	September 13, 2019	Teleconference	Y
	Board Meeting	August 2, 2019	Berkeley & Pomona	Y
	Practice and Education Committee Meeting	June 14, 2019	Teleconference	Y
	Legislation and Regulation Committee Meeting	May 28, 2019	Teleconference	Y
	Board Meeting	April 5, 2019	San Diego	Y
	Practice and Education Committee Meeting	March 8, 2019	Teleconference	Y
	Legislation and Regulation Committee Meeting	March 8, 2019	Teleconference	Y
	Board Meeting	February 1, 2019	Ontario	Y
	Practice and Education Committee Meeting	January 11, 2019	Teleconferences	Y
2018	Board Meeting	November 2, 2018	Sacramento	Y
	Board Meeting	October 5, 2018	Sacramento	Y
	Practice and Education Committee Meeting	August 30, 2018	Teleconference	Y
	Board Meeting	August 3, 2018	San Diego	Y
	Board Meeting	June 29, 2018	Teleconference	Y
	Practice and Education Committee Meeting	June 29, 2018	Teleconferences	Y
	Legislation and Regulation Committee Meeting	June 29, 2018	Teleconferences	Y
	Board Meeting	June 18, 2018	Teleconference	Y
	Practice and Education Committee Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	May 22, 2018	Teleconference	Y
	Board Meeting	April 20, 2018	Bay Area	Y
	Practice and Education Committee Meeting	March 23, 2018	Teleconferences	Y
	Legislation and Regulation Committee Meeting	March 23, 2018	Teleconferences	Y
	Practice and Education Committee Meeting	March 1, 2018	Teleconferences	Y
	Board Meeting	January 26, 2018	Sacramento	Y
	Board Meeting	January 11, 2018	Teleconference Various Locations	N
	2017	Consumer Protection Committee Meeting	December 14, 2017	Teleconferences
Practice and Education Committee Meeting		December 14, 2017	Teleconferences	Y
Mobile Clinic Workshop Meeting		December 13, 2017	Teleconferences	Y
Practice and Education Committee Meeting		November 13, 2017	Teleconference	Y
Board Meeting		November 3, 2017	Ontario	N
Practice and Education Committee Meeting		September 28, 2017	Teleconferences	Y
Practice and Education Committee Meeting		August 28, 2017	Teleconference	Y
Board Meeting		August 3-4, 2017	Sacramento	Y
Practice and Education Committee Meeting		June 22, 2017	Sacramento and various teleconference locations	Y
Special Board Meeting		May 8, 2017	Sacramento and various teleconference locations	Y
Board Meeting		April 21, 2017	San Diego	Y
Special Board Meeting		March 23, 2017	Sacramento and various teleconference locations	Y
Sunset Report Meeting		March 20, 2017	Sacramento and various teleconference locations	Y
Practice and Education Committee Meeting		March 17, 2017	Sacramento and various teleconference locations	Y

	Special Board Meeting	February 22, 2017	Sacramento and various teleconference locations	Y
	Board Meeting	January 26-27, 2017	Sacramento	Y
	Practice and Education Committee Meeting	January 10, 2017	Sacramento and various teleconference locations	Y

Adam Bentley, SLD				
Date Appointed:			1/26/2018	
Date Reappointed:				
Term Expires:			1/26/2022	
	Meeting Type	Meeting Date	Meeting Location	Attended?
2020				
	Dispensing Optician Committee	September 17, 2020	Teleconference	Y
	Dispensing Optician Committee	July 23, 2020	Teleconference	Y
	Dispensing Optician Committee	June 18, 2020	Teleconference	Y
	Dispensing Optician Committee	January 30, 2020	Teleconference	Y
2019	Dispensing Optician Committee	December 13, 2019	Teleconference	Y
	Dispensing Optician Committee	September 27, 2019	Teleconference	N
	Dispensing Optician Committee	June 7, 2019	Teleconference	Y
	Dispensing Optician Committee	March 15, 2019	Burbank	Y
	Dispensing Optician Committee	January 4, 2019	Sacramento	Y
2018	Dispensing Optician Committee	August 2, 2018	San Diego	Y
	Dispensing Optician Committee	April 20, 2018	San Francisco	Y

William Kysella				
Date Appointed:				4/21/2017
Date Reappointed:				
Term Expires:				4/21/2021
Meeting Type		Meeting Date	Meeting Location	Attended?
2020				
	Dispensing Optician Committee	September 17, 2020	Teleconference	Y
	Dispensing Optician Committee	July 23, 2020	Teleconference	Y
	Dispensing Optician Committee	June 18, 2020	Teleconference	Y
	Dispensing Optician Committee	January 30, 2020	Teleconference	Y
2019	Dispensing Optician Committee	December 13, 2019	Teleconference	Y
	Dispensing Optician Committee	September 27, 2019	Teleconference	Y
	Dispensing Optician Committee	June 7, 2019	Teleconference	Y
	Dispensing Optician Committee	March 15, 2019	Burbank	Y
	Dispensing Optician Committee	January 4, 2019	Sacramento	Y
2018	Dispensing Optician Committee	August 2, 2018	San Diego	Y
	Dispensing Optician Committee	April 19, 2018	San Francisco	Y
2017	Dispensing Optician Committee	November 2, 2017	Ontario	Y
	Dispensing Optician Committee	September 22, 2017	Ontario	Y
	Dispensing Optician Committee	August 18, 2017	Sacramento	Y
	Dispensing Optician Committee	July 14, 2017	Ontario	Y

Kanchan Mattoo				
Date Appointed:				4/21/2017
Date Reappointed:				
Term Expires:				4/21/2019
Meeting Type		Meeting Date	Meeting Location	Attended?
2020				
	Dispensing Optician Committee	January 30, 2020	Teleconference	Y
2019	Dispensing Optician Committee	December 13, 2019	Teleconference	Y
	Dispensing Optician Committee	September 27, 2019	Teleconference	Y
	Dispensing Optician Committee	June 7, 2019	Teleconference	Y
	Dispensing Optician Committee	March 15, 2019	Burbank	Y
	Dispensing Optician Committee	January 4, 2019	Sacramento	Y
2018	Dispensing Optician Committee	August 2, 2018	San Diego	Y
	Dispensing Optician Committee	April 19, 2018	San Francisco	Y
2017	Dispensing Optician Committee	November 2, 2017	Ontario	Y
	Dispensing Optician Committee	September 22, 2017	Ontario	Y
	Dispensing Optician Committee	August 18, 2017	Sacramento	Y
	Dispensing Optician Committee	July 14, 2017	Ontario	Y

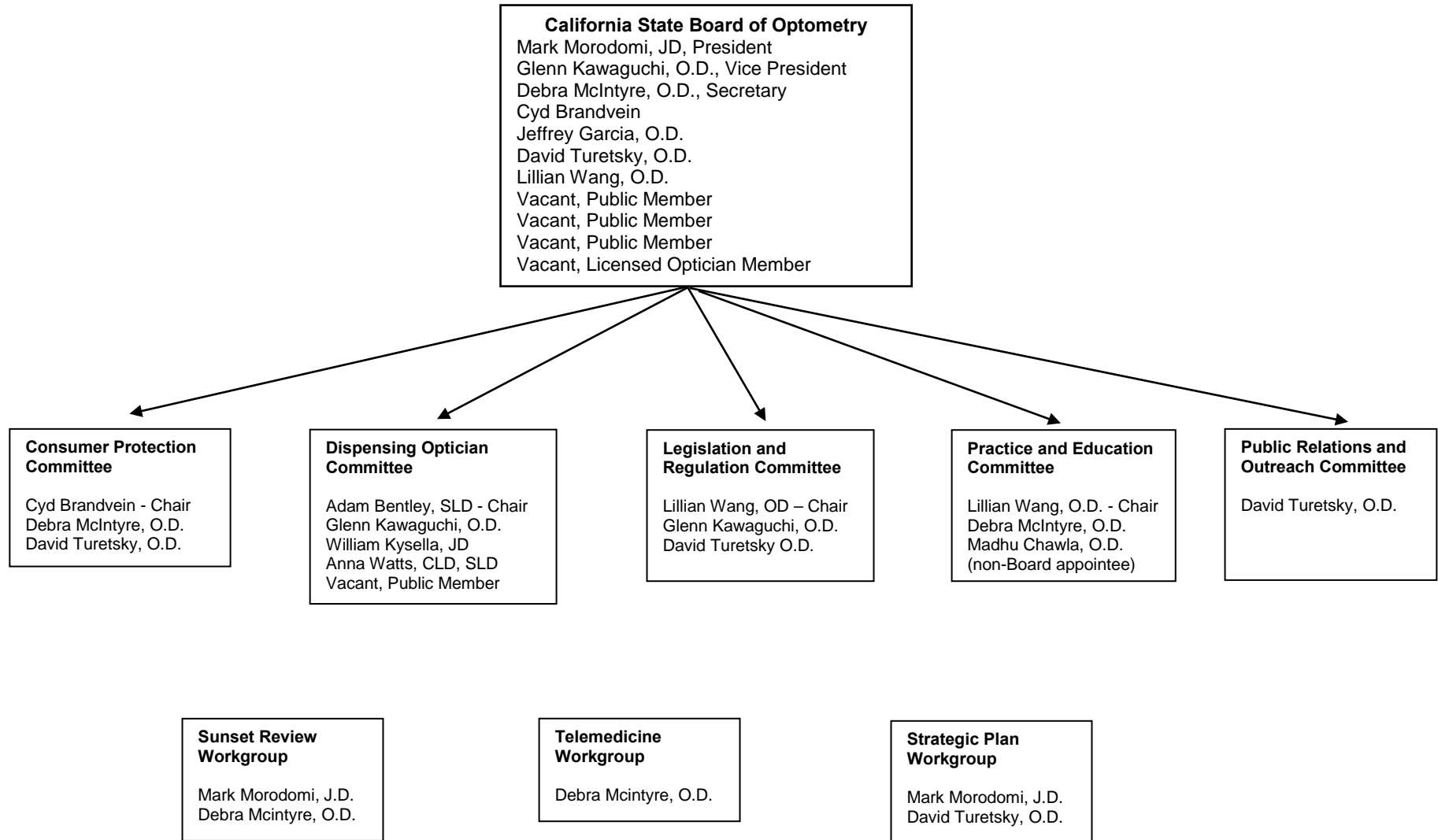
Anna Watts, SLD, CLD				
Date Appointed:				4/21/2017
Date Reappointed:				
Term Expires:				4/21/2021
Meeting Type		Meeting Date	Meeting Location	Attended?
2020				
	Dispensing Optician Committee	September 17, 2020	WebEx Teleconference	Y
	Dispensing Optician Committee	July 23, 2020	Teleconference	Y
	Dispensing Optician Committee	June 18, 2020	Teleconference	Y
	Dispensing Optician Committee	January 30, 2020	Teleconference	Y
2019	Dispensing Optician Committee	December 13, 2019	Teleconference	Y
	Dispensing Optician Committee	September 27, 2019	Teleconference	Y
	Dispensing Optician Committee	June 7, 2019	Teleconference	Y
	Dispensing Optician Committee	March 15, 2019	Burbank	Y
	Dispensing Optician Committee	January 4, 2019	Sacramento	Y
2018	Dispensing Optician Committee	August 2, 2018	San Diego	Y
	Dispensing Optician Committee	April 19, 2018	San Francisco	Y
2017	Dispensing Optician Committee	November 2, 2017	Ontario	Y
	Dispensing Optician Committee	September 22, 2017	Ontario	Y
	Dispensing Optician Committee	August 18, 2017	Sacramento	Y
	Dispensing Optician Committee	July 14, 2017	Ontario	Y

Section 13 – Attachments

B1 – Organizational Chart

Section 13 - Attachment B1

California State Board of Optometry – 2020 Committee and Workgroup Structure



Section 13 – Attachments

C1 – Major Studies

- **2019 Optometry Occupational Analysis**
- **Contact Lens Dispenser Occupational Analysis**
- **Spectacle Lens Dispenser Occupational Analysis**



OCCUPATIONAL ANALYSIS OF THE OPTOMETRIST PROFESSION



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

BOARD OF OPTOMETRY

OCCUPATIONAL ANALYSIS OF THE OPTOMETRIST PROFESSION



This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs
February 2019

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In August 2018, on behalf of the Board, OPES sent an email invitation to a large sample of actively licensed optometrists with California addresses who had email addresses on file with the Board (a total of 4,927). The invitation explained the purpose of the OA and requested that they complete the OA questionnaire online.

Approximately 25% of the optometrist population (1,237 respondents) accessed the web-based questionnaire. The final sample size included in the data analysis was 563 respondents. This final response rate reflects two adjustments. First, data were excluded from respondents who indicated that they were not currently practicing as a licensed optometrist in California. Second, questionnaires containing incomplete and unresponsive data were removed from the sample. The demographic composition of the final respondent sample is representative of the optometrist population in California.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data were analyzed, OPES conducted a workshop with a diverse sample of SMEs in October 2018. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs also established the linkage between tasks and knowledge statements, organized the task and knowledge statements into content areas, defined those content areas, and determined the relative weights of each content area on the examination outline.

The examination outline is structured into six content areas weighted by criticality relative to the other content areas. This outline provides a description of the scope of practice for optometrists, and it also identifies the tasks and knowledge critical to safe and competent optometry practice in California at the time of licensure. Additionally, this examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to optometry practice in California. In February 2019, OPES facilitated an additional workshop to finalize the content areas and weights of the California Optometry Laws and Regulations Examination Outline. The examination outline is structured into five content areas.

OVERVIEW OF THE CALIFORNIA OPTOMETRIST EXAMINATION OUTLINE

Content Area		Content Area Description	Percent Weight
1.	Patient Examinations	This area assesses the candidate's knowledge of the components of a comprehensive eye exam, including obtaining chief complaint, obtaining patient history, and performing diagnostic testing procedures.	34
2.	Diagnoses and Treatment Plans	This area assesses the candidate's ability to make diagnoses and prepare treatment plans.	10
3.	Spectacles and Protective Eyewear	This area assesses the candidate's knowledge of prescribing ophthalmic frames and lenses, including protective eyewear; addressing eyewear-related complaints; and educating patients on use and care of eyewear.	6
4.	Contact Lenses	This area assesses the candidate's knowledge of fitting and prescribing contact lenses; addressing contact lens-related complaints and complications; and educating patients on use and care of contact lenses.	18
5.	Management of Eye Disorders and Referrals	This area assesses the candidate's knowledge of managing glaucoma and other eye disorders; prescribing pharmaceutical and other therapies; referrals; and co-management with other health care providers.	12
6.	Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations related to optometric scope of practice; licensure requirements; advertising; professional conduct; staff supervision; and mandated reporting.	20
Total			100

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	i
CHAPTER 1 INTRODUCTION.....	1
PURPOSE OF THE OCCUPATIONAL ANALYSIS	1
CONTENT VALIDATION STRATEGY	1
PARTICIPATION OF SUBJECT MATTER EXPERTS	1
ADHERENCE TO LEGAL STANDARDS AND GUIDELINES	2
DESCRIPTION OF OCCUPATION.....	2
CHAPTER 2 OCCUPATIONAL ANALYSIS QUESTIONNAIRE	4
SUBJECT MATTER EXPERT INTERVIEWS.....	4
TASK AND KNOWLEDGE STATEMENTS	4
QUESTIONNAIRE DEVELOPMENT	5
PILOT STUDY	5
CHAPTER 3 RESPONSE RATE AND DEMOGRAPHICS.....	6
SAMPLING STRATEGY AND RESPONSE RATE.....	6
DEMOGRAPHIC SUMMARY	6
CHAPTER 4 DATA ANALYSIS AND RESULTS	25
RELIABILITY OF RATINGS.....	25
TASK CRITICALITY INDICES	27
KNOWLEDGE IMPORTANCE RATINGS	27
CHAPTER 5 EXAMINATION OUTLINE	28
TASK-KNOWLEDGE LINKAGE.....	28
CONTENT AREAS AND WEIGHTS.....	28
CHAPTER 6 CALIFORNIA OPTOMETRY LAWS AND REGULATIONS	
EXAMINATION OUTLINE	51
CALIFORNIA OPTOMETRY LAWS AND REGULATIONS EXAMINATION.....	51
CONTENT AREAS AND WEIGHTS.....	51
CHAPTER 7 CONCLUSION	60

LIST OF TABLES

TABLE 1 – NUMBER OF YEARS LICENSED AS AN OPTOMETRIST IN CALIFORNIA	8
TABLE 2 – NUMBER OF HOURS PER WEEK WORKED AS A LICENSED OPTOMETRIST	9
TABLE 3 – LOCATION OF EDUCATION FOR DEGREE IN OPTOMETRY	10
TABLE 4 – JOB TITLE	11
TABLE 5 – PRIMARY WORK SETTING	12
TABLE 6 – LOCATION OF PRIMARY WORK SETTING	14
TABLE 7 – PRIMARY AREA OF PRACTICE	15
TABLE 8 – CERTIFICATION HELD	17
TABLE 9 – MEAN FREQUENCY OF THE SERVICES PERFORMED IN CURRENT PRACTICE	18
TABLE 10 – MEAN FREQUENCY OF THE EXAMS PERFORMED IN CURRENT PRACTICE	20
TABLE 11 – MEAN FREQUENCY OF THE ACTIVITIES PERFORMED IN CURRENT PRACTICE	22
TABLE 12 – RESPONDENTS BY REGION	24
TABLE 13 – TASK SCALE RELIABILITY	26
TABLE 14 – KNOWLEDGE SCALE RELIABILITY	26
TABLE 15 – CONTENT AREA WEIGHTS: OPTOMETRIST	29
TABLE 16 – EXAMINATION OUTLINE FOR THE CALIFORNIA OPTOMETRIST PROFESSION	30
TABLE 17 – EXAMINATION OUTLINE FOR THE CALIFORNIA OPTOMETRY LAWS AND REGULATIONS EXAMINATION	52
TABLE 18 – RENUMBERING OF TASK STATEMENTS	57
TABLE 19 – RENUMBERING OF KNOWLEDGE STATEMENTS	58

LIST OF FIGURES

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN OPTOMETRIST IN CALIFORNIA	8
FIGURE 2 – NUMBER OF HOURS PER WEEK WORKED AS A LICENSED OPTOMETRIST	9
FIGURE 3 – LOCATION OF EDUCATION FOR DEGREE IN OPTOMETRY	10
FIGURE 4 – JOB TITLE	11
FIGURE 5 – PRIMARY WORK SETTING	13
FIGURE 6 – LOCATION OF PRIMARY WORK SETTING	14
FIGURE 7 – PRIMARY AREA OF PRACTICE	16
FIGURE 8 – CERTIFICATION HELD	17
FIGURE 9 – SERVICES PERFORMED IN CURRENT PRACTICE – RANKED IN DESCENDING ORDER	19
FIGURE 10 – EXAMS PERFORMED IN CURRENT PRACTICE – RANKED IN DESCENDING ORDER	21
FIGURE 11 – ACTIVITIES PERFORMED IN CURRENT PRACTICE – RANKED IN DESCENDING ORDER	23

LIST OF APPENDICES

APPENDIX A RESPONDENTS BY REGION.....	61
APPENDIX B CRITICALITY INDICES FOR ALL TASKS IN DESCENDING ORDER.	65
APPENDIX C KNOWLEDGE IMPORTANCE RATINGS IN DESCENDING ORDE .	73
APPENDIX D QUESTIONNAIRE INVITATION EMAIL	85
APPENDIX E QUESTIONNAIRE	87

CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Optometry (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of optometry practice in California. The purpose of the OA is to identify critical job activities performed by optometrists licensed in California. The results of this OA provide a description of practice for the optometrist profession that can then be used to review the National Board of Examiners in Optometry licensing examination and to develop the California Optometry Laws and Regulations Examination.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by licensed optometrists. OPES incorporated the technical expertise of California-licensed optometrists throughout the OA process to ensure that the identified task and knowledge statements directly reflect requirements for performance in current practice.

PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected California-licensed optometrists to participate as subject matter experts (SMEs) during the phases of the OA. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current optometry practice during the development phase of the OA. The SMEs also provided technical expertise during two workshops that were convened to evaluate and refine the content of task and knowledge statements before the administration of the OA questionnaire. After the questionnaire's administration, OPES convened a third group of SMEs to review the results and finalize the examination outline, which ultimately provides the basis of the description of practice. In addition, OPES convened a final group of SMEs to determine the content and weights for the California Optometry Laws and Regulations examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, professional guidelines, and technical standards. For the purpose of occupational analyses, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The optometry occupation is described as follows in section 3041(a) of the California Business and Professions (B&P) Code:

(a) The practice of optometry includes the prevention and diagnosis of disorders and dysfunctions of the visual system, and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of habilitative or rehabilitative optometric services, and is the doing of any or all of the following:

- (1) The examination of the human eye or eyes, or its or their appendages, and the analysis of the human vision system, either subjectively or objectively.
- (2) The determination of the powers or range of human vision and the accommodative and refractive states of the human eye or eyes, including the scope of its or their functions and general condition.
- (3) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.
- (4) The prescribing of contact and spectacle lenses for, or the fitting or adaptation of contact and spectacle lenses to, the human eye, including lenses that may be classified as drugs or devices by any law of the United States or of this state.
- (5) The use of topical pharmaceutical agents for the purpose of the examination of the human eye or eyes for any disease or pathological condition.

B&P Code section 3041 contains more detailed information on the scope of practice for optometrists. This code section may be consulted by accessing the California Legislative Information database at <http://leginfo.legislature.ca.gov/faces/codes.xhtml>.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of California-licensed optometrists to contact for telephone interviews. During the semi-structured interviews, the optometrists were asked to identify all of the activities they perform that are specific to the optometrist profession. The optometrists outlined major content areas of their practice and confirmed the tasks performed in each content area. The optometrists were also asked to identify the knowledge necessary to perform each task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES test specialists integrated information gathered from the telephone interviews and from literature reviews of the profession (e.g., previous OA reports, articles, industry publications) to develop preliminary lists of task and knowledge statements. The statements were then organized into major content areas of practice.

In March 2018, OPES facilitated a workshop with nine California-licensed optometrist SMEs from diverse backgrounds (i.e., years licensed, specialty, location of practice) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs also assigned each statement to the appropriate content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge statement and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

In July 2018, OPES facilitated a second workshop with eight California-licensed optometrist SMEs. During this workshop, the SMEs continued to refine the task and knowledge statements and finished the preliminary linkage. The SMEs also verified proposed demographic questions for the OA questionnaire.

Once the lists of task and knowledge statements and the demographic-based questions were verified, OPES used the information to develop an online questionnaire that was sent to a large sample of California-licensed optometrists.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire soliciting California-licensed optometrists' ratings of the task and knowledge statements for analysis. The surveyed optometrists were instructed to rate each task in terms of how often they perform the task in their current practice (Frequency) and in terms of how important the task is to performance in their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important that knowledge is to performance of tasks in their current practice (Importance). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents and to allow for further analyses of the respondents' ratings. The questionnaire can be found in Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the group of 15 SMEs who had participated in the interviews and the March and July 2018 workshops. Nine of the 15 SMEs reviewed the online questionnaire and provided information about the technical accuracy of the task and knowledge statements, online navigation, and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES requested from the Board a list of optometrists who were actively licensed and had a mailing address in California (a total of 6,826 licensees). Of these optometrists, OPES selected 5,232 (77%) who had provided the Board with an email address. On behalf of the Board, OPES emailed the sample of 5,232 optometrists in August 2018. The email invited them to complete the OA questionnaire online. The OA questionnaire invitation email can be found in Appendix D. Of the 5,232 sampled optometrists, 305 did not receive the survey because they had incorrect addresses or because they had previously opted out of all surveys from the software provider.

Of the 4,927 optometrists contacted, a total of 1,237 optometrists, or 25.1% of the sample of optometrists, responded by accessing the web-based questionnaire. The final sample size included in the data analysis was 563 respondents, or 11.4% of the population contacted. This response rate reflects two adjustments. First, data from respondents who indicated that they were not currently licensed and practicing as optometrists in California were excluded from analysis. Second, incomplete and partially completed questionnaires were removed from the sample. Based on a review of the demographic composition, the respondent sample is representative of the population of California optometrists.

DEMOGRAPHIC SUMMARY

Table 1 shows that 23.1% of the respondents reported that they had been practicing as a licensed optometrist for 5 years or less, 12.1% reported practicing between 6 and 10 years, 19.4% reported practicing between 11 and 20 years, and 45.5% reported practicing for more than 20 years.

Table 2 shows that 41.6% of the respondents reported spending between 40 and 49 hours per week working as a licensed optometrist, and that 31.6% reported spending between 30 and 39 hours per week. Table 3 shows that 68.2% obtained their optometry degree in California.

Table 4 shows that 40.1% of respondents reported that their job title is sole owner, while 24.9% reported having the job title of staff optometrist. Table 5 shows that 54.4% of respondents reported private practice as their primary work setting with 12.1% of respondents indicating corporation and 11.5% of respondents indicating group practice. Table 6 shows that 90.4% reported working in an urban area.

Table 7 shows that 73.7% of respondents reported that their primary area of practice is general practice. Table 8 shows that 46.9% of respondents reported holding TLG certification while 29.1% reported being TPA-certified.

Tables 9, 10, and 11 and Figures 9, 10, and 11 show the breadth of optometric services, exams, and activities performed by respondents. The services performed most often were refraction (mean frequency = 4.83 out of 5.00) and contact lens fitting/dispensing (mean frequency = 4.10 out of 5.00). The exams performed most often were routine comprehensive exam (mean frequency = 4.81 out of 5.00) and contact lens exam (mean frequency = 4.36 out of 5.00). The activities performed most often were general health screening (mean frequency = 3.34 out of 5.00) and co-management with medical specialists (mean frequency = 3.26 out of 5.00).

More detailed demographic information from respondents can be found in Tables 1–12 and Figures 1–11.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN OPTOMETRIST
IN CALIFORNIA

YEARS	NUMBER (N)	PERCENT
0 to 5 years	130	23.1
6 to 10 years	68	12.1
11 to 20 years	109	19.4
21 or more years	256	45.5
Total	563	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN OPTOMETRIST IN
CALIFORNIA

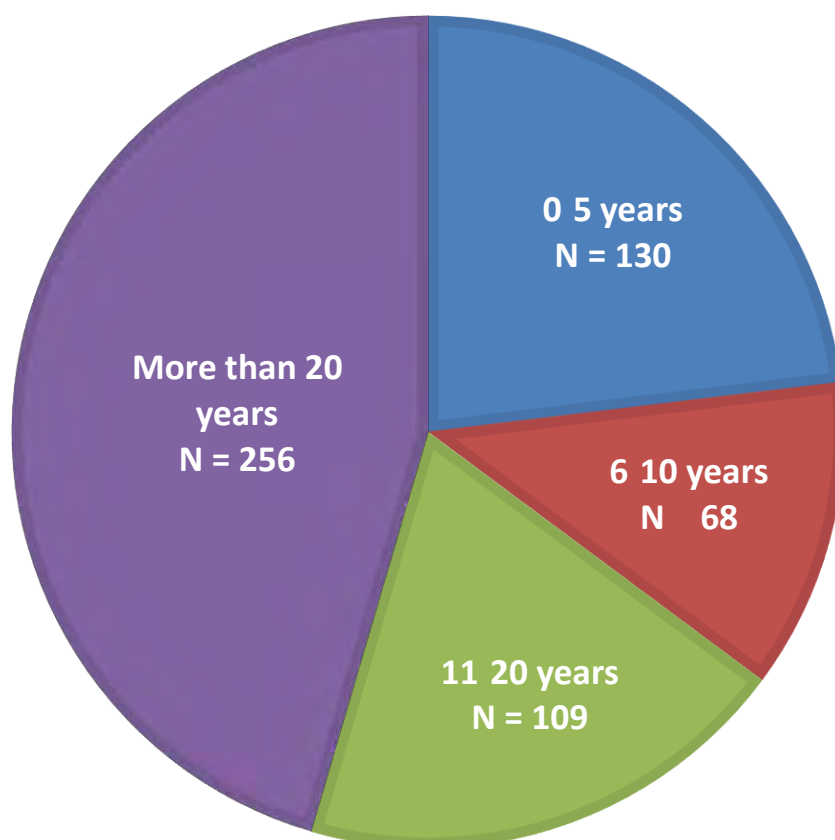


TABLE 2 – NUMBER OF HOURS PER WEEK WORKED AS A LICENSED OPTOMETRIST

HOURS	NUMBER (N)	PERCENT
0 to 9 hours	21	3.7
10 to 19 hours	36	6.4
20 to 29 hours	64	11.4
30 to 39 hours	178	31.6
40 to 49 hours	234	41.6
50 or more hours	29	5.2
Missing	1	0.2
Total	563	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 2 – NUMBER OF HOURS PER WEEK WORKED AS A LICENSED OPTOMETRIST

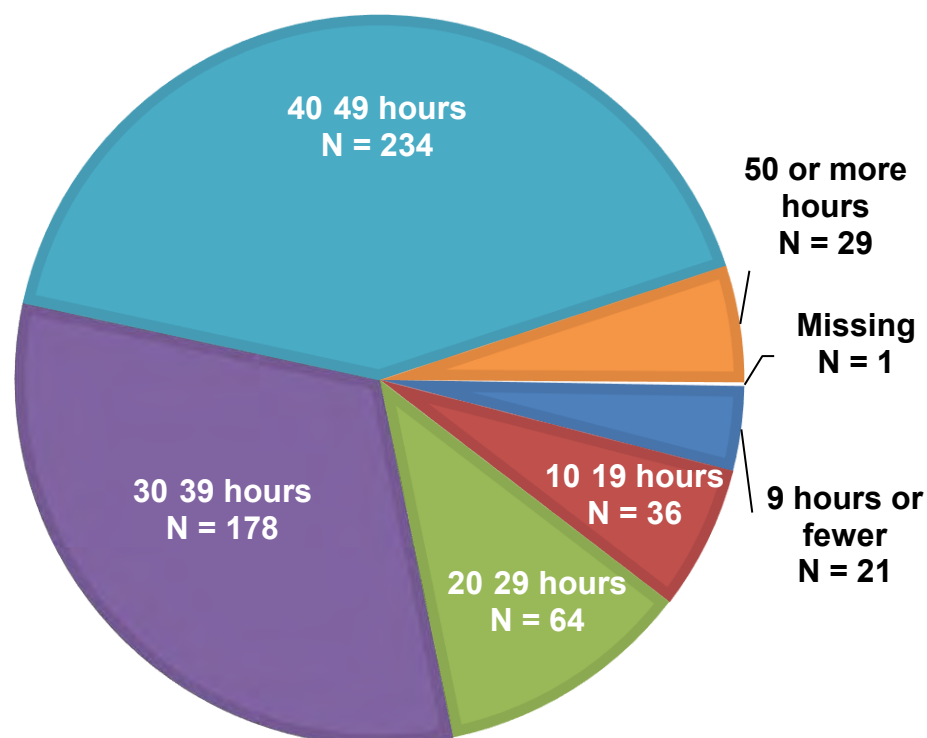


TABLE 3 – LOCATION OF EDUCATION FOR DEGREE IN OPTOMETRY

LOCATION	NUMBER (N)	PERCENT
In California	384	68.2
In a state other than California	177	31.4
Outside the U.S.	1	0.2
Missing	1	0.2
Total	563	100.0

FIGURE 3 – LOCATION OF EDUCATION FOR DEGREE IN OPTOMETRY

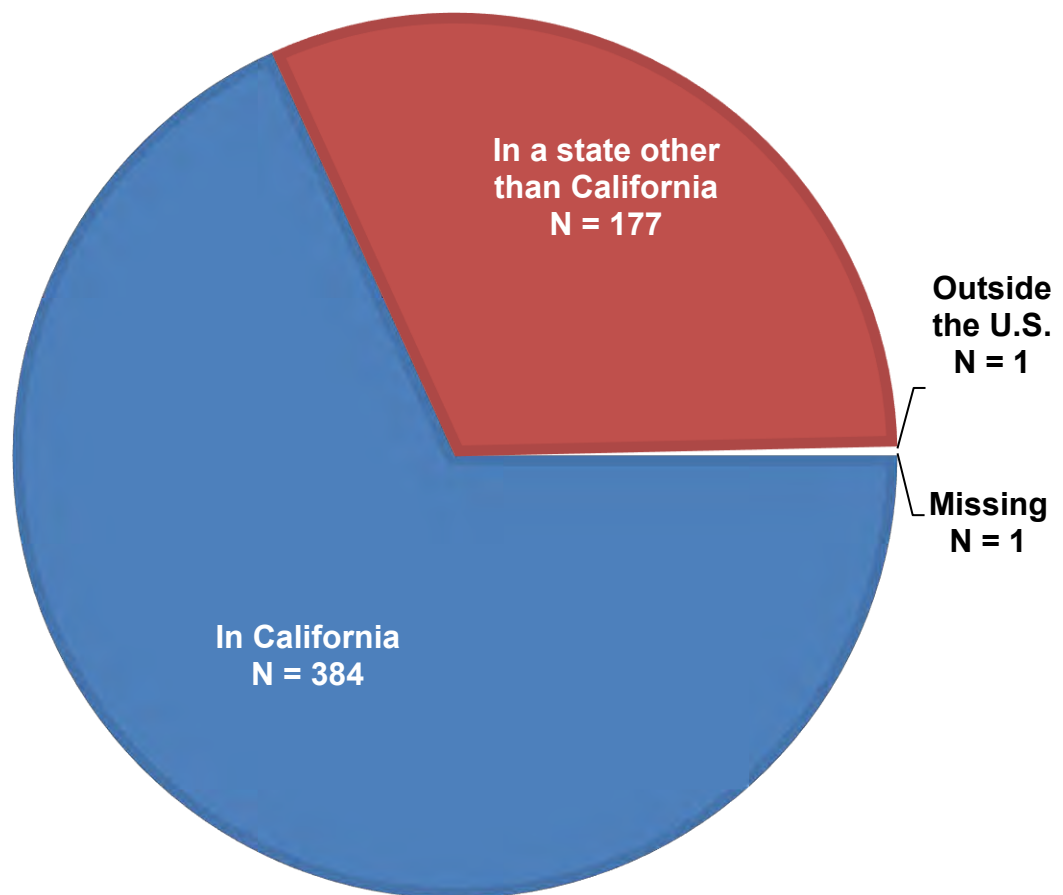


TABLE 4 – JOB TITLE

JOB TITLE	NUMBER (N)	PERCENT
Sole owner / Principal	226	40.1
Associate	93	16.5
Partner	45	8.0
Manager / Supervisor	12	2.1
Staff optometrist	140	24.9
Consultant	3	0.5
Educator	13	2.3
Per diem	31	5.5
Total	563	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – JOB TITLE

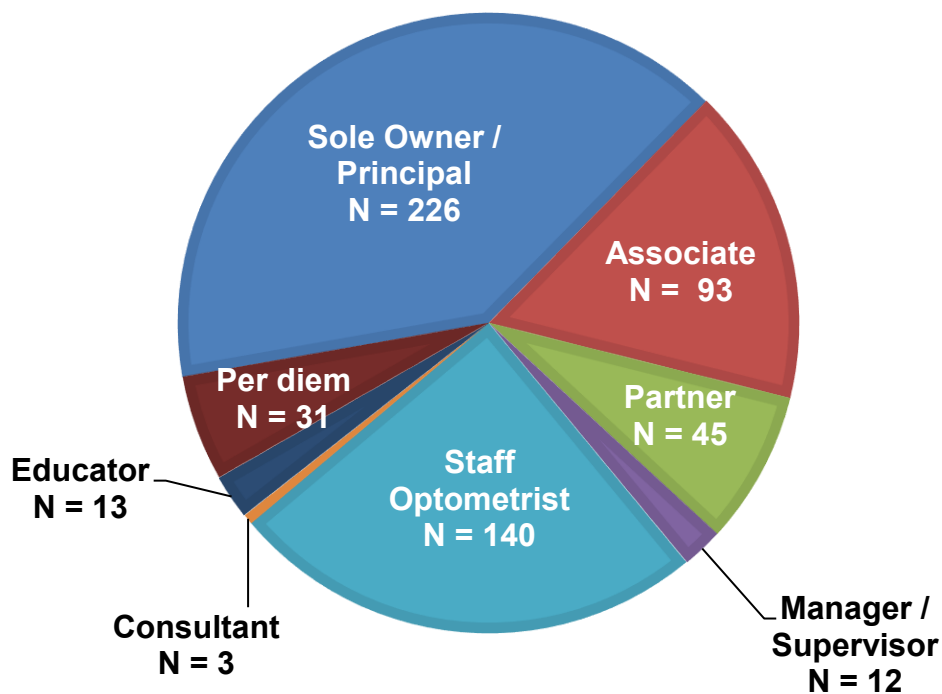


TABLE 5 – PRIMARY WORK SETTING

WORK SETTING	NUMBER (N)	PERCENT
Private practice	306	54.4
Group practice	65	11.5
Educational facility	20	3.6
Partnership	20	3.6
Corporation	68	12.1
Private hospital	1	0.2
HMO facility	43	7.6
Federal facility (nonmilitary)	6	1.1
Military / veterans hospital or clinic	5	0.9
State facility	2	0.4
County facility	5	0.9
Municipal facility	1	0.2
Other	21	3.7
Total	563	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 5 – PRIMARY WORK SETTING

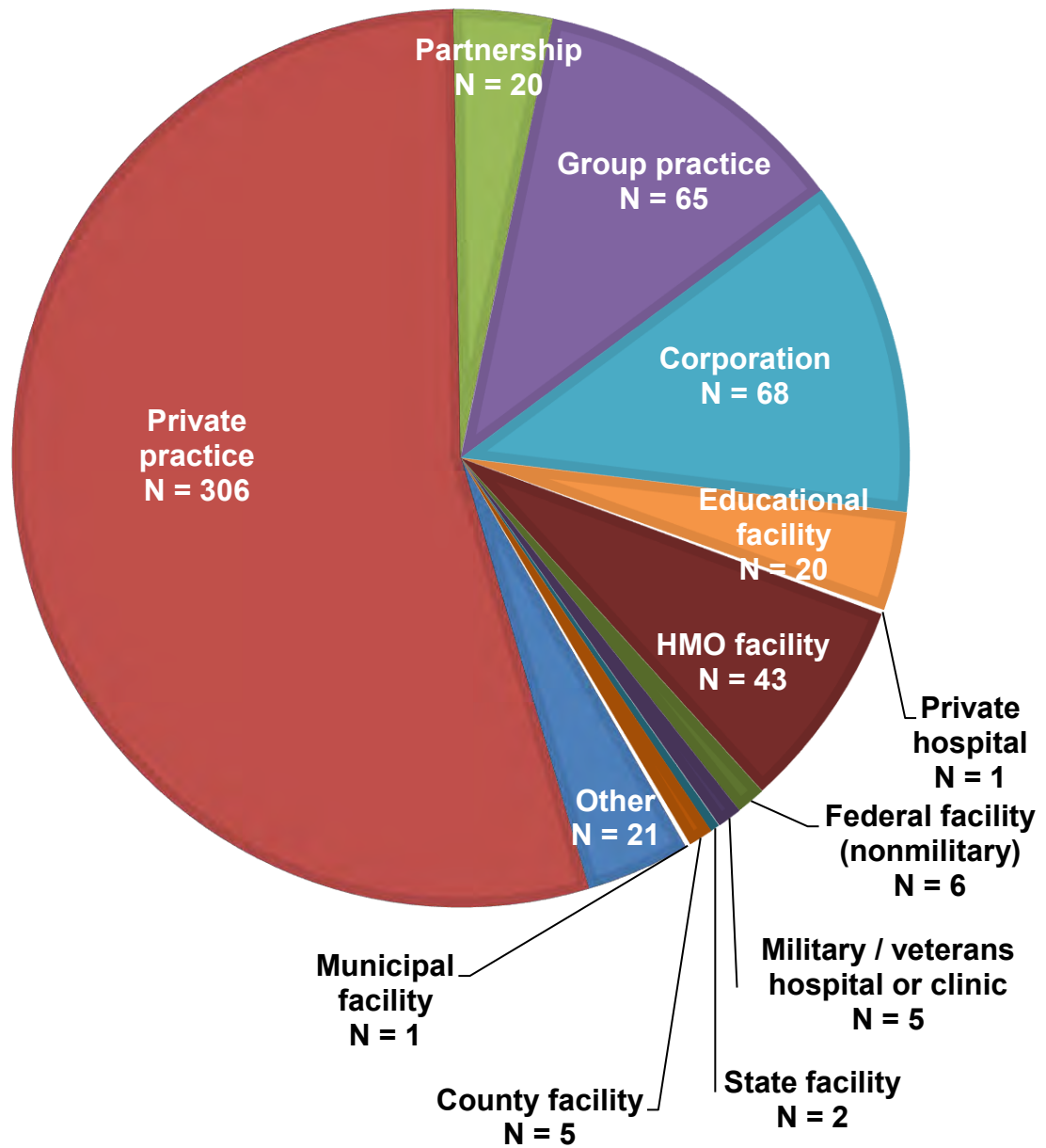


TABLE 6 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	509	90.4
Rural (fewer than 50,000 people)	54	9.6
Total	563	100.0

FIGURE 6 – LOCATION OF PRIMARY WORK SETTING

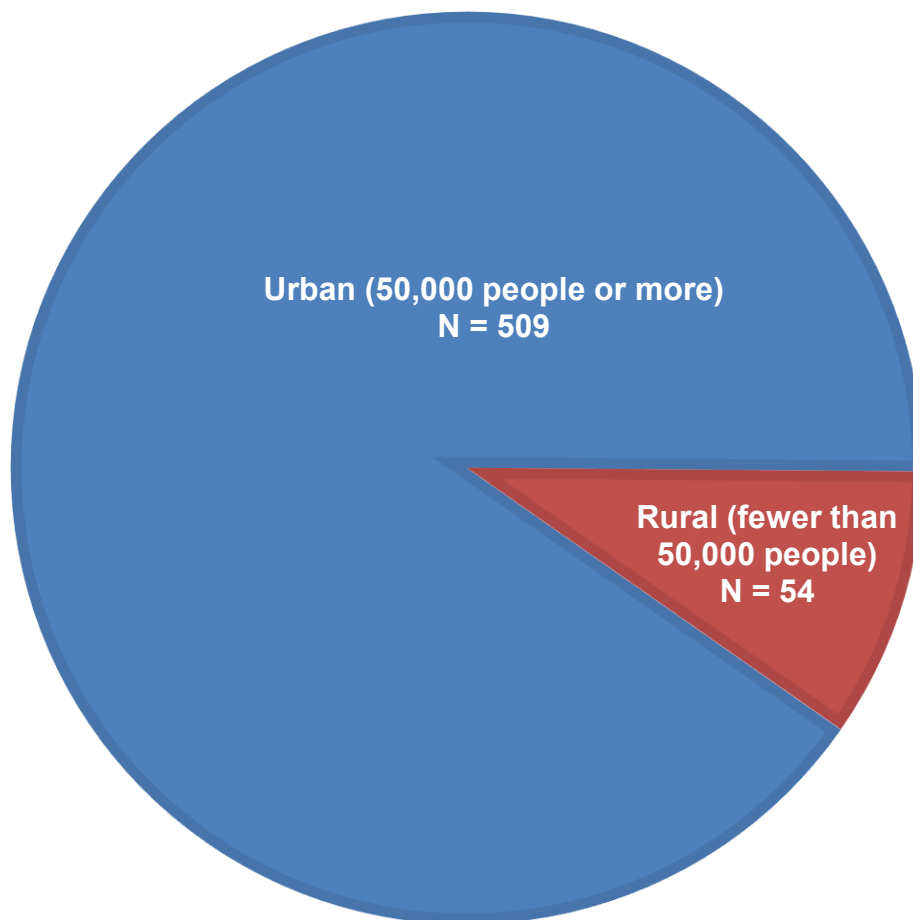


TABLE 7 – PRIMARY AREA OF PRACTICE

AREA OF PRACTICE	NUMBER (N)	PERCENT
General Practice	415	73.7
Spectacles / protective eyewear	10	1.8
Contact lenses	25	4.4
Pathology / patient management	36	6.4
Low vision	2	0.4
Binocular therapy / vision training	9	1.6
Co-management with medical specialists	16	2.8
Dry eye	6	1.1
Pediatrics	11	2.0
Other	33	5.9
Total	563	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 7 – PRIMARY AREA OF PRACTICE

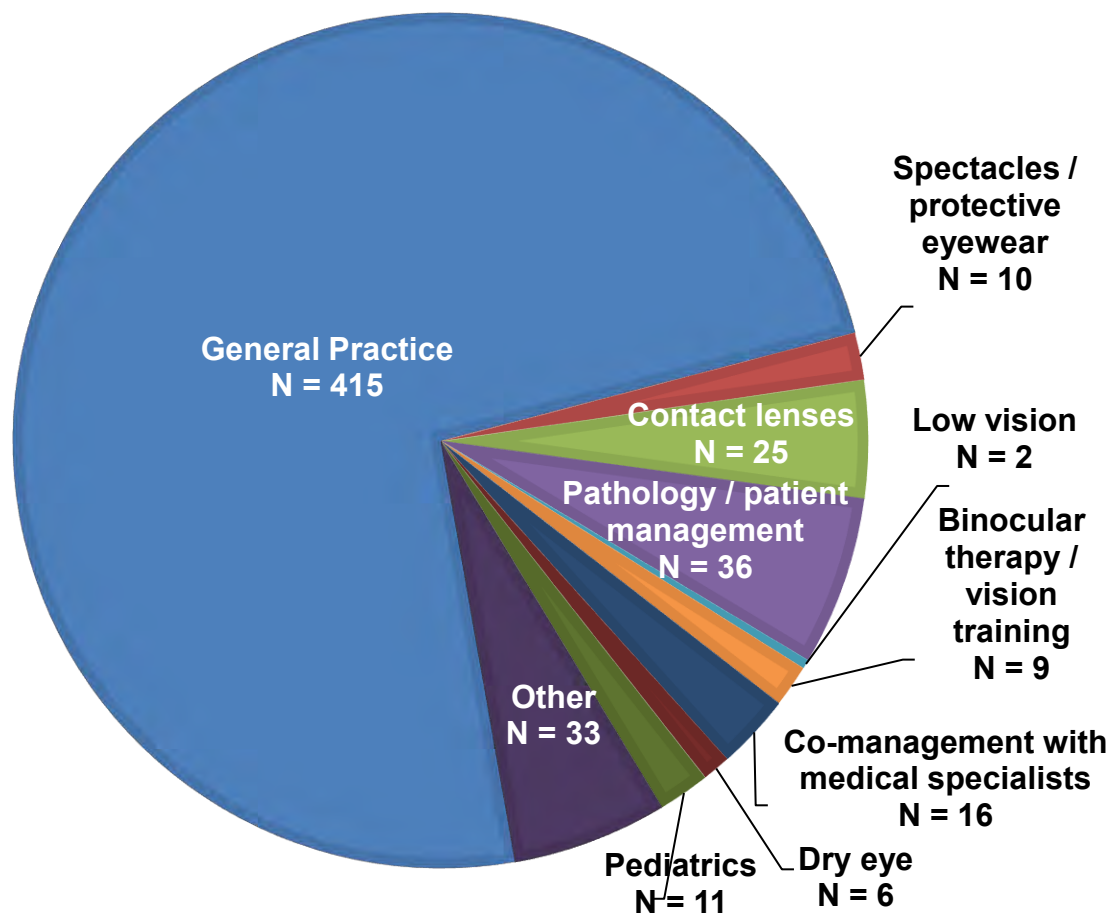


TABLE 8 – CERTIFICATION HELD

CERTIFICATION	NUMBER (N)	PERCENT
DPA	5	0.9
TPA	164	29.1
TPL	40	7.1
TPG	84	14.9
TLG	264	46.9
Missing	6	1.1
Total	563	100.0

FIGURE 8 – CERTIFICATION HELD

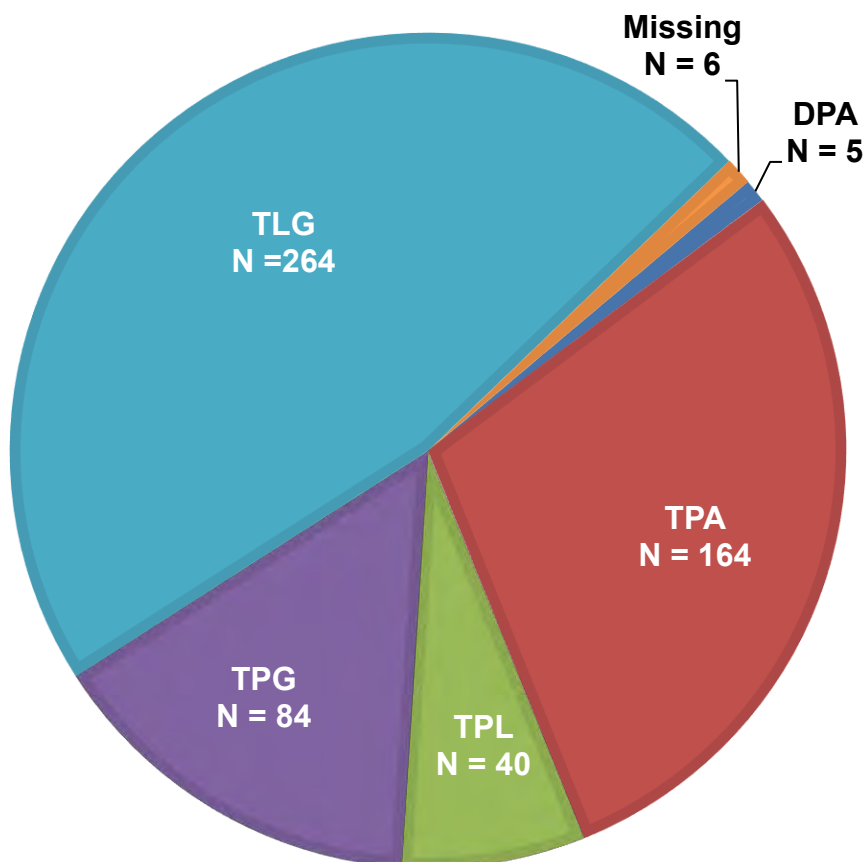
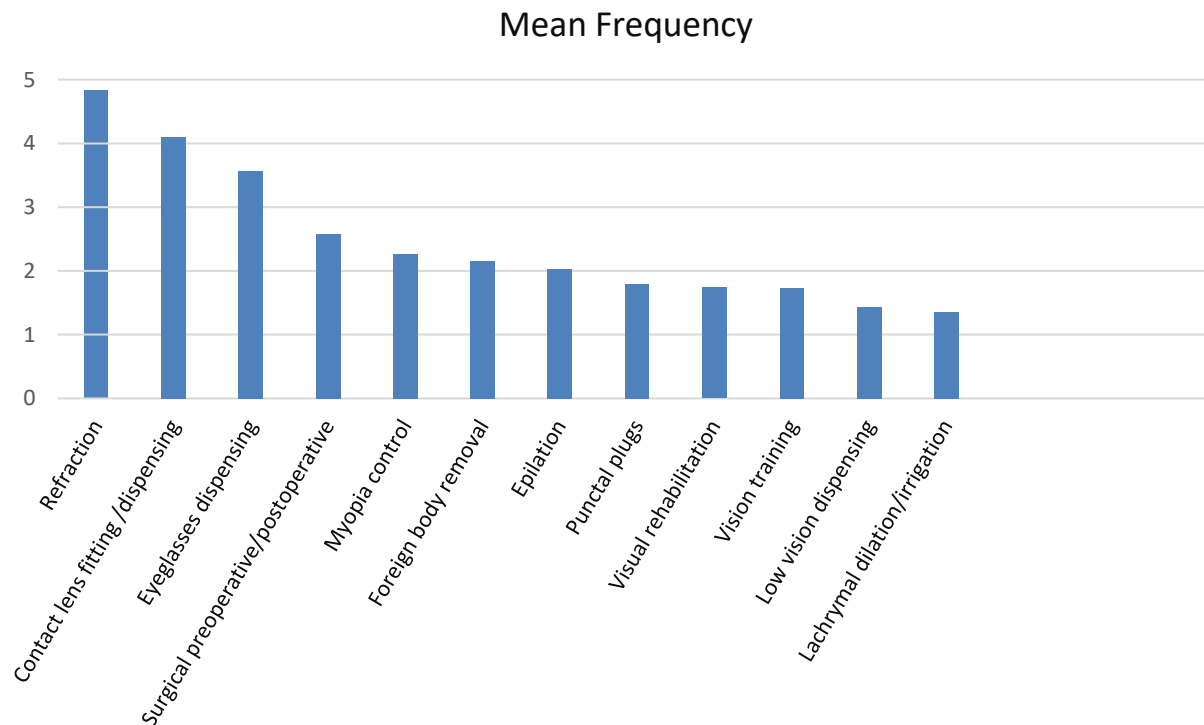


TABLE 9 – MEAN FREQUENCY OF THE SERVICES PERFORMED IN CURRENT PRACTICE

TASK PERFORMED	NUMBER (N)	PERCENT	MEAN FREQUENCY*
Refraction	558	99.1	4.83
Contact lens fitting/dispensing	545	96.8	4.10
Eyeglasses dispensing	475	84.4	3.57
Surgical preoperative/postoperative	438	77.8	2.58
Myopia control	433	76.9	2.26
Foreign body removal	532	94.5	2.16
Epilation	513	91.1	2.03
Punctal plugs	404	71.8	1.79
Visual rehabilitation	159	28.2	1.74
Vision training	196	34.8	1.73
Low vision dispensing	224	39.8	1.43
Lachrymal dilation/irrigation	261	46.4	1.36

*NOTE: Mean Frequency 1-Rarely, 2-Seldom, 3-Regularly, 4-Often, 5-Very Often. Includes only respondents who reported performing the service.

FIGURE 9 – SERVICES PERFORMED IN CURRENT PRACTICE – RANKED IN DESCENDING ORDER



*NOTE: Mean Frequency 1-Rarely, 2-Seldom, 3-Regularly, 4-Often, 5-Very Often. Includes only respondents who reported performing the service.

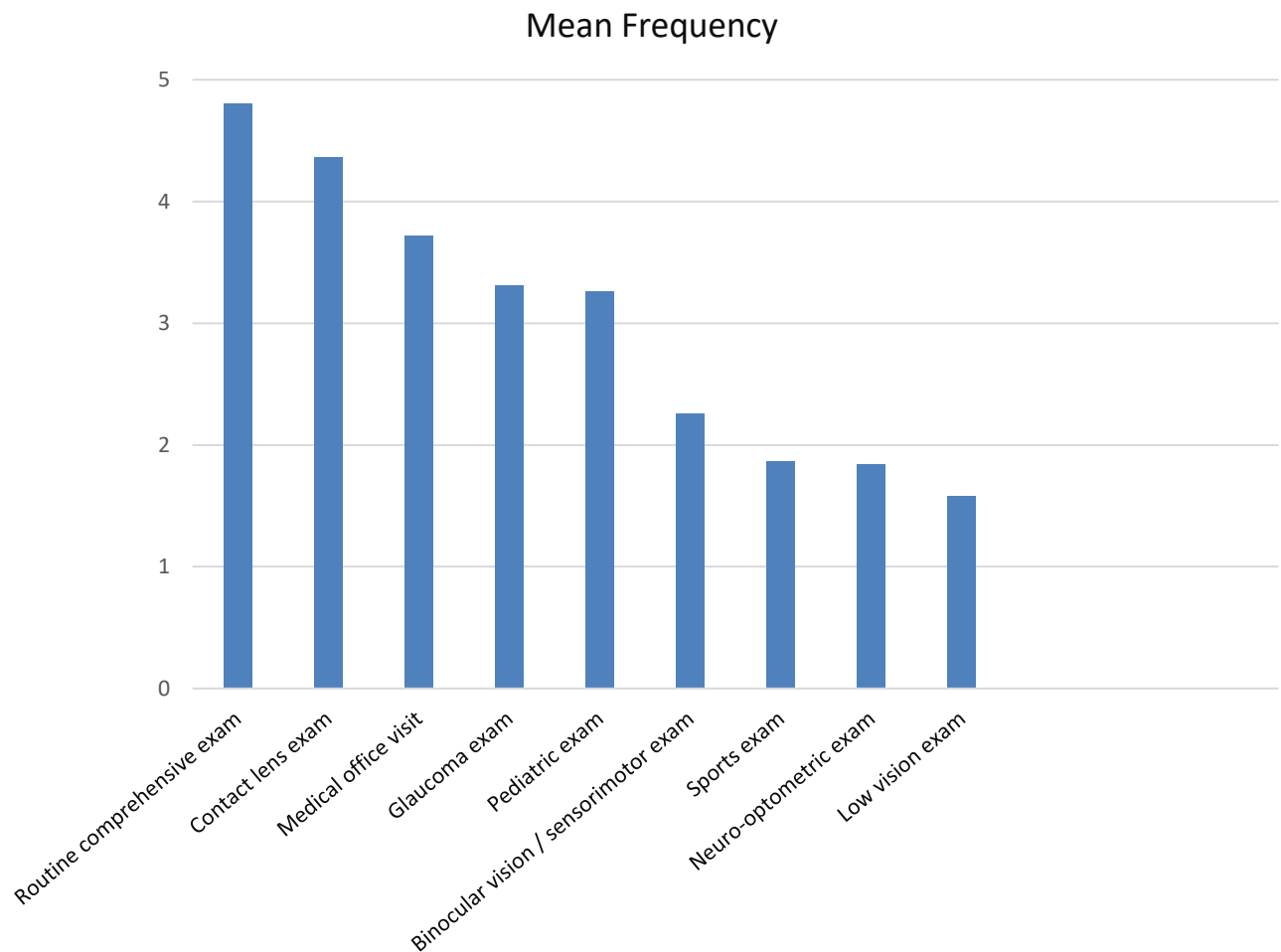
TABLE 10 – MEAN FREQUENCY OF THE EXAMS PERFORMED IN CURRENT PRACTICE

TASK PERFORMED	NUMBER (N)	PERCENT	MEAN FREQUENCY*
Routine comprehensive exam	560	99.5	4.81
Contact lens exam	545	96.8	4.36
Medical office visit	548	97.3	3.72
Glaucoma exam	492	87.4	3.31
Pediatric exam	525	93.3	3.26
Binocular vision / sensorimotor exam	399	70.1	2.26
Sports exam	312	55.4	1.87
Neuro-optometric exam	339	60.2	1.84
Low vision exam	248	44.0	1.58

*NOTE: Mean Frequency 1-Rarely, 2-Seldom, 3-Regularly, 4-Often, 5-Very Often. Includes only respondents who reported performing the service.

NOTE: Respondents (N = 563) were asked to select all that apply.

FIGURE 10 – EXAMS PERFORMED IN CURRENT PRACTICE – RANKED IN DESCENDING ORDER



*NOTE: Mean Frequency 1-Rarely, 2-Seldom, 3-Regularly, 4-Often, 5-Very Often. Includes only respondents who reported performing the service.

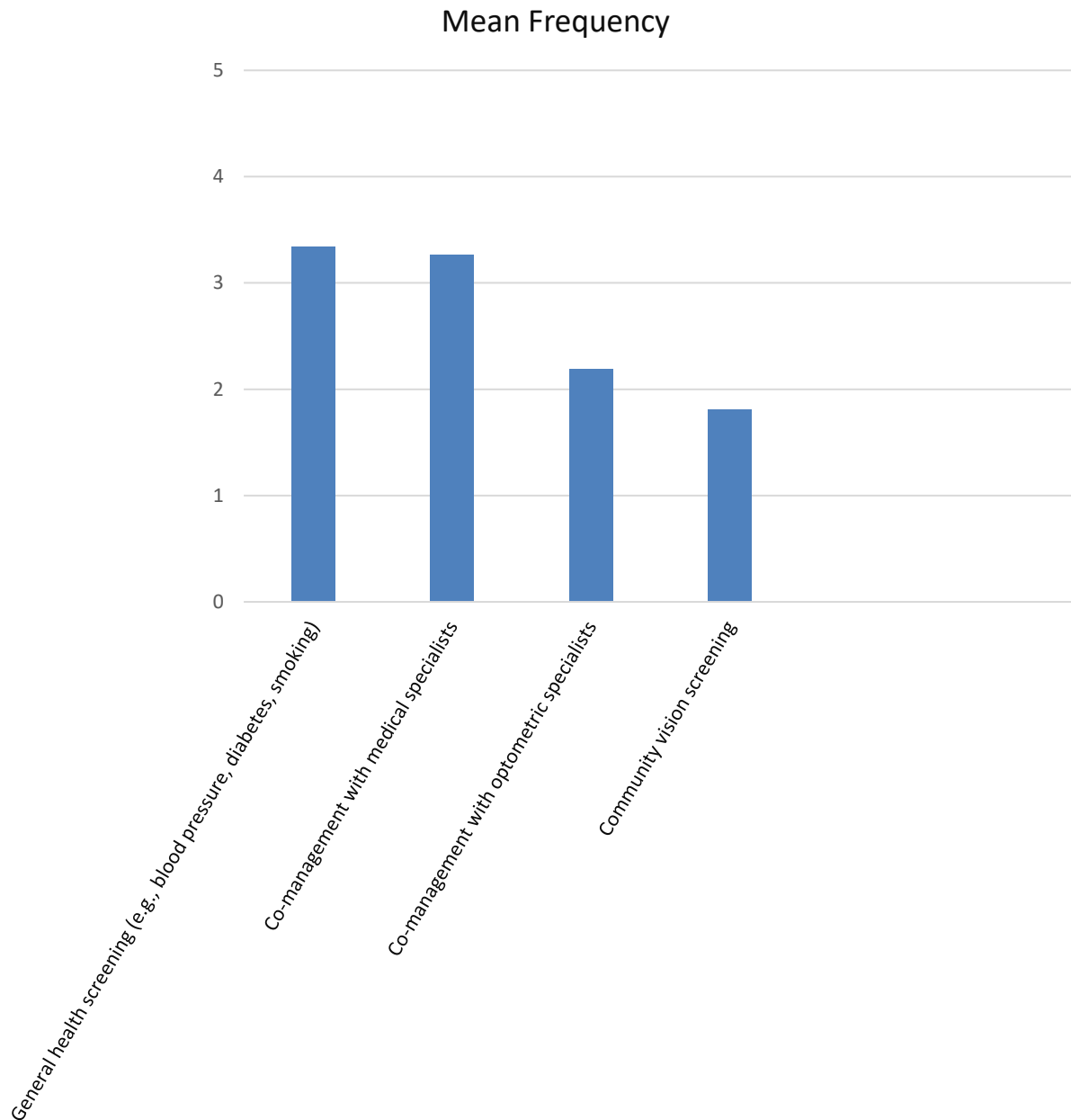
TABLE 11 – MEAN FREQUENCY OF THE ACTIVITIES PERFORMED IN CURRENT PRACTICE

TASK PERFORMED	NUMBER (N)	PERCENT	MEAN FREQUENCY*
General health screening (e.g., blood pressure, diabetes, smoking)	497	88.3	3.34
Co-management with medical specialists	530	94.1	3.26
Co-management with optometric specialists	480	85.3	2.19
Community vision screening	346	61.5	1.80

*Mean Frequency 1-Rarely, 2-Seldom, 3-Regularly, 4-Often, 5-Very Often. Includes only respondents who reported performing the service.

*NOTE: Respondents (N = 563) were asked to select all that apply.

FIGURE 11 – ACTIVITIES PERFORMED IN CURRENT PRACTICE – RANKED IN DESCENDING ORDER



*NOTE: Mean Frequency 1-Rarely, 2-Seldom, 3-Regularly, 4-Often, 5-Very Often. Includes only respondents who reported performing the service.

TABLE 12 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	205	36.4
San Francisco Bay Area	123	21.8
San Diego County and Vicinity	51	9.1
San Joaquin Valley	47	8.3
Riverside and Vicinity	39	6.9
Sacramento Valley	31	5.5
South Coast and Central Coast	28	5.0
Sierra Mountain Valley	21	3.7
North Coast	11	2.0
Shasta–Cascade	6	1.1
Missing	1	0.2
Total	563	100.0

*NOTE: Appendix A shows a more detailed breakdown of the frequencies by region.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings obtained through the questionnaire with a standard index of reliability called coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 13 displays the reliability coefficients for the task statements by content area. The overall ratings of task frequency and task importance across content areas were highly reliable (α Frequency = .957 and α Importance = .966.) Table 14 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were highly reliable (α = .994). These results indicate that the responding optometrists rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 13 – TASK SCALE RELIABILITY

CONTENT AREA		Number of Tasks	α Frequency	α Importance
1.	Patient Examinations	30	.897	.917
2.	Diagnoses and Treatment Plans	7	.840	.860
3.	Spectacle and Protective Eyewear	7	.804	.838
4.	Contact Lenses	16	.932	.936
5.	Management of Eye Disorders and Referrals	13	.878	.891
6.	Laws and Regulations	18	.797	.855
Total		91	.957	.966

TABLE 14 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA		Number of Knowledge Statements	α Importance
1.	Patient Examinations	69	.984
2.	Diagnoses and Treatment Plans	23	.946
3.	Spectacle and Protective Eyewear	14	.966
4.	Contact Lenses	36	.986
5.	Management of Eye Disorders and Referrals	43	.977
6.	Laws and Regulations	38	.981
Total		223	.994

TASK CRITICALITY INDICES

OPES convened a workshop comprised of six optometrist SMEs in October 2018. The SMEs reviewed the mean frequency and importance rating for each task and its criticality index and evaluated the mean importance ratings for all knowledge statements. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective optometry practice at the time of licensure.

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (F_i) and the importance rating (I_i) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

$$\text{Task criticality index} = \text{mean } [(F_i) \times (I_i)]$$

The task statements were then sorted by descending order of their criticality index and by content area. The task statements, their mean frequency and importance ratings, and their criticality indices are presented in Appendix B.

OPES test specialists instructed the SMEs to identify a cutoff value in order to determine if any of the tasks did not have a high enough criticality index to be retained. Based on the SMEs' opinion of the relative importance of tasks to optometry practice, the SMEs determined that no cutoff value should be established and that all task statements should remain in the examination outline.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance rating for each knowledge statement was calculated. The knowledge statements were then sorted by descending order of their mean importance rating and by content area. The knowledge statements and their mean importance ratings are presented in Appendix C.

The SMEs in the October 2018 workshop also reviewed the knowledge statement importance ratings. After reviewing the mean importance ratings and considering their relative importance to optometry practice, the SMEs determined that no cutoff value should be established and that all knowledge statements should remain in the examination outline.

In further evaluating the tasks and knowledge statements, the SMEs determined that pediatric optometry should be specifically addressed. The SMEs developed T92 and K224 to add to the Laws and Regulations content area. The SMEs also determined that T60, "Monitor and evaluate patient physiological response to contact lens wear," and T54, "Evaluate the contact lens modality for patients (e.g., daily wear, extended wear, flexible wear)," addressed the same practice-related activity. To avoid redundancy, T60 was removed.

CHAPTER 5 | EXAMINATION OUTLINE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the October 2018 workshop also reviewed the preliminary assignments of the task and knowledge statements to content areas and determined the linkage of specific knowledge statements to task statements. The content areas were developed so that they described major areas of practice.

CONTENT AREAS AND WEIGHTS

The preliminary examination weights were calculated by dividing the sum of the criticality indices for each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The October 2018 workshop SMEs evaluated these preliminary weights in relation to the group of tasks and knowledge within each content area, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area to optometry practice in California. The SMEs agreed that these preliminary weights reflect the relative importance of each content area to optometry practice in California.

A summary of the content area weights is presented in Table 15. The examination outline for the California optometrist profession is presented in Table 16.

TABLE 15 – CONTENT AREA WEIGHTS: OPTOMETRIST

CONTENT AREA		Weights
1.	Patient Examinations	34
2.	Diagnosis and Treatment Plans	10
3.	Spectacles and Protective Eyewear	6
4.	Contact Lenses	18
5.	Management of Eye Disorders and Referrals	12
6.	Laws and Regulations	20
Total		100

TABLE 16 – EXAMINATION OUTLINE FOR THE CALIFORNIA OPTOMETRIST PROFESSION

1. Patient Examinations (34%) – This area assesses the candidate's knowledge of components of a comprehensive eye exam including obtaining chief complaint, obtaining patient history, and performing diagnostic testing procedures.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T1. Identify patient chief complaint, in addition to patient vision and ocular health history.	K1. Knowledge of the elements needed to complete a comprehensive ocular health history (e.g., prior surgeries). K2. Knowledge of methods to elicit chief complaint, symptoms, and ocular, medical, and family history.
T2. Obtain patient information regarding personal and family medical history.	K2. Knowledge of methods to elicit chief complaint, symptoms, and ocular, medical, and family history. K3. Knowledge of congenital and developmental syndromes and the effects on vision. K4. Knowledge of methods to elicit history of past injuries (e.g., head trauma).
T3. Obtain patient information regarding social history (e.g., smoking, drugs, and alcohol).	K5. Knowledge of methods to elicit patient use of smoking, drugs, and alcohol. K6. Knowledge of methods to elicit patient occupational and recreational activities.
T4. Obtain patient information regarding current medication and sensitivity to medication.	K7. Knowledge of patient medications that may induce eye or other disorders.
T5. Observe patient for alertness and orientation to person, place, and time.	K8. Knowledge of behavioral signs indicative of patient impairments.
T6. Observe patient to identify facial, head, and postural anomalies.	K9. Knowledge of common facial anomalies (e.g., ptosis) and health implications. K10. Knowledge of neurological conditions related to vision.
T7. Document patient visual acuities.	K11. Knowledge of methods to determine visual acuity of various patient populations. K12. Knowledge of pinhole acuity testing and interpretation.

1. Patient Examinations (34%) – This area assesses the candidate’s knowledge of components of a comprehensive eye exam including obtaining chief complaint, obtaining patient history, and performing diagnostic testing procedures

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T8. Test patient pupillary light responses and extraocular movement to determine neurological integrity.	K13. Knowledge of procedures to perform cranial-nerve assessments to determine patient neurological status. K14. Knowledge of methods to test for pupillary anomalies. K15. Knowledge of pupillary anomalies and their underlying causes.
T9. Verify patient existing corrective lens prescription for comparison.	K16. Knowledge of methods to determine parameters of existing spectacles or contact lenses.
T10. Test patient visual field for deficits.	K17. Knowledge of methods to perform visual field tests.
T11. Measure patient interpupillary distances.	K18. Knowledge of methods to measure patient interpupillary distance.
T12. Perform keratometry to assess the cornea.	K19. Knowledge of methods to interpret keratometry results.
T13. Perform diagnostic tests to assess patient binocular alignment and ocular movement.	K20. Knowledge of symptoms and clinical signs of binocular dysfunction. K21. Knowledge of methods to perform and interpret tests for defects in binocular alignment and eye movement (e.g., cover tests).
T14. Perform objective measurement to assess refractive status.	K22. Knowledge of methods to perform retinoscopy. K23. Knowledge of methods and procedures to determine prescription for corrective lenses.

1. Patient Examinations (34%) – This area assesses the candidate's knowledge of components of a comprehensive eye exam including obtaining chief complaint, obtaining patient history, and performing diagnostic testing procedures.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T15. Perform subjective refraction to refine refractive status at distance and near.	<p>K23. Knowledge of methods and procedures to determine prescription for corrective lenses.</p> <p>K24. Knowledge of procedures to perform subjective refraction at both distance and near.</p> <p>K25. Knowledge of methods to use Jackson cross cylinders to refine axis and power measurements.</p> <p>K26. Knowledge of methods to modify refractive examinations for low vision patients.</p> <p>K27. Knowledge of methods to refract with a trial frame and prescribe lenses.</p>
T16. Perform binocular tests (e.g., heterophorias, ductions) to determine degree of ocular coordination.	<p>K28. Knowledge of relationship between accommodation and convergence.</p> <p>K29. Knowledge of methods to perform tests for detecting eye suppression.</p> <p>K30. Knowledge of methods to determine patient near points of convergence and accommodation.</p> <p>K31. Knowledge of methods to differentiate accommodative and binocular dysfunction.</p> <p>K32. Knowledge of methods to perform and interpret tests for stereopsis.</p> <p>K33. Knowledge of methods to determine patient fixation disparity.</p> <p>K34. Knowledge of binocular tests using a phoropter.</p> <p>K35. Knowledge of methods to use prisms to determine patient binocular status.</p>
T17. Conduct examinations to assess vision-related learning disorders.	<p>K36. Knowledge of visual system developmental stages.</p> <p>K37. Knowledge of motor and visual developmental milestones in children.</p> <p>K38. Knowledge of examination procedures needed to identify visual processing disorders.</p> <p>K39. Knowledge of symptoms of learning-related disorders.</p>

1. Patient Examinations (34%) – This area assesses the candidate’s knowledge of components of a comprehensive eye exam including obtaining chief complaint, obtaining patient history, and performing diagnostic testing procedures.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T18. Perform accommodative tests to assess ocular focus ability.	K40. Knowledge of methods to measure accommodative status.
T19. Measure patient intraocular pressures to screen for pressure-related conditions.	K41. Knowledge of topical anesthetics, dyes, or combinations and their applications. K42. Knowledge of procedures of instilling dyes, anesthetics, or combinations. K43. Knowledge of methods to remedy adverse effects of instilling dyes, anesthetics, or combination. K44. Knowledge of Goldmann and other tonometry methods.
T20. Perform biomicroscopy to aid in assessing patient ocular health.	K45. Knowledge of eye anatomy and the normal range of variation. K46. Knowledge of common anomalies of the anterior segment and implications for vision and health. K47. Knowledge of techniques to perform biomicroscopy to detect anomalies. K49. Knowledge of adverse reactions and complications of UV and other radiation. K50. Knowledge of ocular pathologies and the extent to which those effects are remediable.
T21. Evert patient eyelids to identify diseases, foreign bodies, and allergies.	K51. Knowledge of procedures to evert patient eyelids and recognize diseases.
T22. Perform gonioscopy to determine the integrity of angle structures.	K45. Knowledge of eye anatomy and the normal range of variation. K48. Knowledge of methods and procedures for performing gonioscopy to evaluate angle structures and the fundus. K52. Knowledge of indications and contraindications of mydriatics and cycloplegics. K53. Knowledge of methods to manage adverse effects of mydriatics and cycloplegics.

1. Patient Examinations (34%) – This area assesses the candidate’s knowledge of components of a comprehensive eye exam including obtaining chief complaint, obtaining patient history, and performing diagnostic testing procedures.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T23. Use diagnostic pharmaceutical agents (DPAs) to facilitate refractive and ocular health assessment.	<p>K42. Knowledge of procedures of instilling dyes, anesthetics, or combination.</p> <p>K43. Knowledge of methods to remedy adverse effects of instilling dyes, anesthetics, or combination.</p> <p>K52. Knowledge of indications and contraindications of mydriatics and cycloplegics.</p> <p>K53. Knowledge of methods to manage adverse effects of mydriatics and cycloplegics.</p>
T24. Perform direct or binocular indirect ophthalmoscopy to assess health of posterior segment.	<p>K45. Knowledge of eye anatomy and the normal range of variation.</p> <p>K49. Knowledge of adverse reactions and complications of UV and other radiation.</p> <p>K50. Knowledge of ocular pathologies and the extent to which those effects are remediable.</p> <p>K54. Knowledge of ocular manifestations of systemic diseases.</p> <p>K55. Knowledge of methods to perform direct and binocular indirect ophthalmoscopy to detect posterior segment anomalies.</p> <p>K56. Knowledge of indications of binocular indirect ophthalmoscopy with scleral depression.</p> <p>K57. Knowledge of common anomalies of the posterior segment, clinical signs, and implications for vision and health.</p>
T25. Perform color deficiency tests when indicated by patient risk factors.	K61. Knowledge of color vision testing materials, procedures, and interpretation.
T26. Perform and interpret threshold visual field tests as indicated by history or prior test results.	<p>K62. Knowledge of methods to measure and interpret threshold visual field.</p> <p>K63. Knowledge of methods used to localize the neural lesion causing a particular visual defect.</p>

1. Patient Examinations (34%) – This area assesses the candidate’s knowledge of components of a comprehensive eye exam including obtaining chief complaint, obtaining patient history, and performing diagnostic testing procedures.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T27. Use and interpret specialty tests (e.g., pachymetry, optic nerve head analysis) for treatment or referral.	K50. Knowledge of ocular pathologies and the extent to which those effects are remediable. K62. Knowledge of methods to measure and interpret threshold visual field. K63. Knowledge of methods used to localize the neural lesion causing a particular visual defect. K65. Knowledge of methods to identify the visual conditions of low vision patients.
T28. Use Amsler grid to reveal central field irregularities.	K67. Knowledge of Amsler grid test procedures and interpretation.
T29. Take and evaluate patient blood pressure.	K58. Knowledge of hypertension and its effects on systemic and ocular health. K68. Knowledge of methods to take patient blood pressure with standard measuring equipment. K69. Knowledge of conditions that require evaluation of patient blood pressure.
T30. Recognize patient random serum glucose levels.	K59. Knowledge of diabetes and its effects on systemic and ocular health.

2. Diagnoses and Treatment Plans (10%) – This area assesses the candidate’s ability to make diagnoses and prepare treatment plans.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T31. Explain refractive treatment options to patients.	K70. Knowledge of methods to explain refractive treatment options. K71. Knowledge of methods to eliminate symptoms of discomfort or diplopia.
T32. Make differential diagnoses based on symptoms, history, physical examination, and test results.	K72. Knowledge of testing procedures to confirm the presence of ocular and visual disorders. K73. Knowledge of common causes and sequelae of eye disorders. K74. Knowledge of methods to recognize systemic diseases that produce similar ocular presentations. K75. Knowledge of ocular pathologies and ocular immunological responses. K76. Knowledge of methods to perform differential diagnostic procedures. K77. Knowledge of situations that require an order or referral for imaging or laboratory tests. K78. Knowledge of pertinent laboratory test findings and their implications for patient symptoms and clinical signs. K79. Knowledge of common drugs and medications and their potential interactions and adverse reactions. K80. Knowledge of the effects of acute, chronic, and recurrent systemic disorders on the eyes and vision.
T33. Confirm diagnoses using diagnostic findings, consultative reports, and references.	K64. Knowledge of etiology of low vision. K72. Knowledge of testing procedures to confirm the presence of ocular and visual disorders. K78. Knowledge of pertinent laboratory test findings and their implications for patient symptoms and clinical signs.

2. Diagnoses and Treatment Plans (10%) – This area assesses the candidate’s ability to make diagnoses and prepare treatment plans.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T34. Identify patients with systemic disorders that may affect the eyes or visual system.	<p>K77. Knowledge of situations that require an order or referral for imaging or laboratory tests.</p> <p>K78. Knowledge of pertinent laboratory test findings and their implications for patient symptoms and clinical signs.</p> <p>K79. Knowledge of common drugs and medications and their potential interactions and adverse reactions.</p> <p>K80. Knowledge of the effects of acute, chronic, and recurrent systemic disorders on the eyes and vision.</p> <p>K81. Knowledge of methods to identify ocular manifestations of systemic diseases.</p>
T35. Develop and communicate a treatment plan to address visual abnormalities and eye diseases and disorders.	<p>K66. Knowledge of psychosocial aspects of low vision.</p> <p>K82. Knowledge of using eccentric fixation as a treatment option.</p> <p>K83. Knowledge of psychosomatic visual disorders and symptoms.</p> <p>K84. Knowledge of treatments and alternatives for common eye diseases and disorders.</p> <p>K85. Knowledge of the risks, benefits, and prognosis of treatments and alternatives for common eye diseases and disorders.</p> <p>K86. Knowledge of the relative cost of treatments and alternatives for common eye diseases and disorders.</p> <p>K87. Knowledge of methods for developing and modifying vision training programs.</p> <p>K88. Knowledge of methods for monitoring patient progress in vision training programs.</p> <p>K89. Knowledge of training methods to improve learning-related visual functions.</p>
T36. Educate patients on maintaining visual health and integrity.	K90. Knowledge of occupational, recreational, and lifestyle factors that affect visual health and integrity.

2. Diagnoses and Treatment Plans (10%) – This area assesses the candidate’s ability to make diagnoses and prepare treatment plans.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T37. Refer patients to other specialists as indicated by history or examination findings.	<p>K84. Knowledge of treatments and alternatives for common eye diseases and disorders.</p> <p>K85. Knowledge of the risks, benefits and prognosis of treatments and alternatives for common eye diseases and disorders.</p> <p>K91. Knowledge of factors that indicate a patient is legally blind.</p> <p>K92. Knowledge of factors that indicate a patient needs referral for neuro-optometric rehabilitation.</p>

3. Spectacles and Protective Eyewear (6%) – This area assesses the candidate’s knowledge of prescribing ophthalmic frames and lenses including protective eyewear, addressing eyewear-related complaints, and educating patients on use and care of eyewear.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T38. Educate patients about frame and lens options to assist them in making an informed decision.	<p>K93. Knowledge of advantages and disadvantages of particular lens types, designs, and materials.</p> <p>K95. Knowledge of prescribing supplemental spectacles for contact lens wearers.</p> <p>K96. Knowledge of patient adaptation when alternating between contact lenses and spectacles.</p> <p>K97. Knowledge of spectacle frame materials, types, and styles.</p> <p>K98. Knowledge of spectacle frame styles suitable for specific corrections and lens types.</p> <p>K99. Knowledge of care and limitations of specific lenses, tints, and coatings.</p> <p>K100. Knowledge of common needs for protective eyewear.</p> <p>K101. Knowledge of lens and prism corrections for binocular misalignment, latent hyperopia, or aniseikonia.</p>
T39. Prescribe base curves and lens thicknesses that improve visual function, appearance, and comfort.	<p>K94. Knowledge of how base curve, thickness, and vertex distance affect image size and patient comfort.</p>
T40. Prescribe spectacles to improve patient vision.	<p>K95. Knowledge of prescribing supplemental spectacles for contact lens wearers.</p> <p>K97. Knowledge of spectacle frame materials, types, and styles.</p> <p>K98. Knowledge of spectacle frame styles suitable for specific corrections and lens types.</p> <p>K99. Knowledge of care and limitations of specific lenses, tints, and coatings.</p> <p>K101. Knowledge of lens and prism corrections for binocular misalignment, latent hyperopia, or aniseikonia.</p> <p>K102. Knowledge of measurement and dispensing techniques for various types of multifocals.</p>

3. Spectacles and Protective Eyewear (6%) – This area assesses the candidate's knowledge of prescribing ophthalmic frames and lenses including protective eyewear, addressing eyewear-related complaints, and educating patients on use and care of eyewear.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T41. Adjust and repair spectacle frames to give patients secure, comfortable, pleasing, and optically correct fit.	K103. Knowledge of methods to adjust and repair spectacle frames to fit patients securely and comfortably.
T42. Inform patients about proper care of spectacles.	K99. Knowledge of care and limitations of specific lenses, tints, coatings, and frames.
T43. Investigate and address patient complaints with newly prescribed spectacles.	K93. Knowledge of advantages and disadvantages of particular lens types, designs, and materials. K94. Knowledge of how base curve, thickness, and vertex distance affect image size and patient comfort. K96. Knowledge of patient adaptation when alternating between contact lenses and spectacles. K97. Knowledge of spectacle frame materials, types, and styles. K101. Knowledge of lens and prism corrections for binocular misalignment, latent hyperopia, or aniseikonia.
T44. Prescribe and explain the need for protective eyewear.	K100. Knowledge of common needs for protective eyewear. K104. Knowledge of ANSI standards for ophthalmic products. K105. Knowledge of OSHA standards for safety eyewear. K106. Knowledge of manufacturers' indicators for safety lenses and frames.

4. Contact Lenses (18%) – This area assesses the candidate’s knowledge of fitting and prescribing contact lenses, addressing contact lens-related complaints and complications, and educating patients on use and care of contact lenses.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T45. Evaluate patient preferences, needs, and goals when patients are considering or requesting contact lenses.	<p>K107. Knowledge of patient suitability for contact lens wear.</p> <p>K108. Knowledge of environmental conditions that affect contact lens wear.</p> <p>K109. Knowledge of types, characteristics, and chemical qualities of various contact lenses.</p> <p>K110. Knowledge of advantages and disadvantages of various contact lenses.</p> <p>K111. Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials.</p>
T46. Review patient history to evaluate problems with contact lenses; and conditions, allergies, or medications that might affect contact lens use.	<p>K108. Knowledge of environmental conditions that affect contact lens wear.</p> <p>K112. Knowledge of remedies for common patient complaints about contact lenses.</p> <p>K113. Knowledge of causes of common patient complaints about contact lenses.</p> <p>K114. Knowledge of common medications, ocular, and systemic diseases that affect contact lens wear.</p> <p>K115. Knowledge of sensitivities to contact lens materials and solutions.</p> <p>K117. Knowledge of binocular vision dysfunction that can affect contact lens wear.</p> <p>K118. Knowledge of methods to assess patient subjective response to contact lens wear.</p>
T47. Review examination records to identify patient past or current corrective prescriptions.	K119. Knowledge of methods to change contact lens parameters to improve fit and vision.

4. Contact Lenses (18%) – This area assesses the candidate's knowledge of fitting and prescribing contact lenses, addressing contact lens-related complaints and complications, and educating patients on use and care of contact lenses.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T48. Examine patient with biomicroscope to check for current ocular health conditions that affect contact lens use.	K120. Knowledge of methods to use biomicroscopy to identify eye anomalies that affect contact lens wear. K121. Knowledge of methods to test the quantity and quality of tear production. K122. Knowledge of size and location of the palpebral fissure and its importance in fitting contact lenses.
T49. Determine if patient would benefit from a prosthetic or therapeutic lens.	K123. Knowledge of prosthetic or therapeutic contact lenses that improve the appearance or function of abnormal or damaged eyes.
T50. Measure patient corneas and the contribution to total astigmatism and total refraction.	K124. Knowledge of methods to measure ocular parameters relevant to prescribing contact lenses. K125. Knowledge of methods to take keratometry measurements for determining contact lens prescriptions. K126. Knowledge of methods to take keratometry measurements to evaluate total and corneal astigmatism. K127. Knowledge of corneal topography to determine patient suitability for contact lens wear or corneal refractive therapy. K128. Knowledge of methods to use refraction, keratometry, test measurements, and diagnostic lens fittings to determine lens choices.
T51. Verify lens parameters for rigid lenses with instruments.	K129. Knowledge of methods to measure rigid lens parameters.
T52. Use corneal topography to determine corneal health and quality of vision.	K121. Knowledge of methods to test the quantity and quality of tear production. K127. Knowledge of corneal topography to determine patient suitability for contact lens wear or corneal refractive therapy. K130. Knowledge of factors that indicate patient suitability for corneal refractive therapy or other treatment options. K131. Knowledge of methods to use corneal topography to diagnose eye conditions.

4. Contact Lenses (18%) – This area assesses the candidate’s knowledge of fitting and prescribing contact lenses, addressing contact lens-related complaints and complications, and educating patients on use and care of contact lenses.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T53. Determine the type of contact lens for patients (e.g., soft vs. RGP, spherical vs. toric) based on patient needs and requirements.	K110. Knowledge of advantages and disadvantages of various contact lenses. K111. Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials. K132. Knowledge of methods to fit and assess rigid lenses. K133. Knowledge of methods to fit and assess soft lenses. K134. Knowledge of methods to fit contact lenses after eye surgery. K135. Knowledge of contact lens replacement schedules based on lens type.
T54. Evaluate the contact lens modality for patients (e.g., daily wear, extended wear, flexible wear).	K110. Knowledge of advantages and disadvantages of various contact lenses. K111. Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials. K135. Knowledge of contact lens replacement schedules based on lens type.
T55. Calculate the parameters of the lenses to be prescribed from diagnostic data.	K124. Knowledge of methods to measure ocular parameters relevant to prescribing contact lenses. K125. Knowledge of methods to take keratometry measurements for determining contact lens prescriptions. K126. Knowledge of methods to take keratometry measurements to evaluate total and corneal astigmatism.
T56. Perform over-refraction with contact lenses in place.	K137. Knowledge of use of over-refraction to determine lens correction using trial lenses.
T57. Evaluate the fit and movement of contact lenses with a biomicroscope or Burton lamp.	K128. Knowledge of methods to use refractive, keratometry, test measurements, and diagnostic lens fittings to determine lens choices. K132. Knowledge of methods to fit and assess rigid lenses. K133. Knowledge of methods to fit and assess soft lenses.

4. Contact Lenses (18%) – This area assesses the candidate’s knowledge of fitting and prescribing contact lenses, addressing contact lens-related complaints and complications, and educating patients on use and care of contact lenses.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T58. Educate patient or caregiver in the handling, risks, and use of contact lenses.	<p>K111. Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials.</p> <p>K135. Knowledge of contact lens replacement schedules based on lens type.</p> <p>K136. Knowledge of the use of contact lens care products recommended for patients based on eye condition and lens type.</p> <p>K138. Knowledge of methods to educate patients about the recommended use and care of contact lenses.</p> <p>K139. Knowledge of methods to prevent contact lens sequelae.</p>
T59. Analyze and address patient complaints with prescribed contact lenses.	<p>K112. Knowledge of remedies for common patient complaints about contact lenses.</p> <p>K113. Knowledge of causes of common patient complaints about contact lenses.</p> <p>K116. Knowledge of methods to minimize or prevent sensitivities to contact lens materials and solutions.</p> <p>K118. Knowledge of methods to assess patient subjective response to contact lens wear.</p> <p>K119. Knowledge of methods to change contact lens parameters to improve fit and vision.</p> <p>K140. Knowledge of treatments for contact lens-related eye problems.</p> <p>K141. Knowledge of methods to troubleshoot contact lens problems.</p> <p>K142. Knowledge of methods to evaluate patient physiological response to contact lens wear.</p>

5. Management of Eye Disorders and Referrals (12%) – This area assesses the candidate’s knowledge of managing glaucoma and other eye disorders, prescribing pharmaceutical and other therapies, referrals, and co-management with other health care providers.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T61. Prescribe oral or topical medications to treat ocular diseases, disorders, and trauma.	K143. Knowledge of methods to write prescriptions for therapeutic drugs. K144. Knowledge of indications and contraindications of therapeutic drugs. K145. Knowledge of dosages, administration schedules, and durations of use of therapeutic drugs. K146. Knowledge of methods for administering therapeutic drugs. K147. Knowledge of side effects and options for managing the side effects of therapeutic drugs. K148. Knowledge of interaction of therapeutic drugs and UV exposure. K149. Knowledge of possible interactions between ocular and systemic medications. K150. Knowledge of adverse interactions of ocular and systemic medications.
T62. Determine dry eye treatment based on symptoms and clinical findings.	K151. Knowledge of the use of ocular lubricants. K152. Knowledge of punctal plugs to relieve eye dryness. K153. Knowledge of methods to insert punctal plugs. K154. Knowledge of preventive care and treatment options for eyelid and ocular surface diseases.
T63. Remove nonperforating foreign bodies from cornea, sclera, eyelid, or adnexa with instruments.	K155. Knowledge of instruments and procedures for removing non-perforating foreign bodies from the eye. K156. Knowledge of follow-up treatment after removal of non-perforating foreign bodies from the eye.
T64. Epilate eyelashes to treat trichiasis.	K157. Knowledge of instruments and procedures for epilating eyelashes to relieve trichiasis.

5. Management of Eye Disorders and Referrals (12%) – This area assesses the candidate's knowledge of managing glaucoma and other eye disorders, prescribing pharmaceutical and other therapies, referrals, and co-management with other health care providers.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T65. Monitor glaucoma suspects and treat glaucoma patients.	K158. Knowledge of glaucoma classifications treatable by an optometrist. K159. Knowledge of methods for glaucoma management and co-management.
T66. Refer glaucoma patients to specialists.	K160. Knowledge of glaucoma patient conditions for which a referral is necessary. K161. Knowledge of procedures for stabilizing patients for emergency referral.
T67. Treat patients with disorders of the anterior or posterior segment.	K162. Knowledge of management of anterior segment disorders. K163. Knowledge of management of posterior segment disorders.
T68. Refer patients with ocular and suspected systemic conditions to other health care providers.	K164. Knowledge of patient conditions for which a referral is necessary. K165. Knowledge of eye or vision disorders and relevant specialists for referrals. K166. Knowledge of systemic disorders that require a referral to other medical professionals. K167. Knowledge of recurrent symptoms or signs that indicate or require a referral. K168. Knowledge of information required in referral or consultation letters. K169. Knowledge of methods to explain the risks, benefits, alternatives, and possible complications of eye surgery. K170. Knowledge of ocular and systemic diseases that affect eyesight, health, or life.
T69. Provide nutritional recommendations that may help prevent or slow progression of eye diseases.	K171. Knowledge of nutrition and nutritional supplements as they relate to ocular health.

5. Management of Eye Disorders and Referrals (12%) – This area assesses the candidate’s knowledge of managing glaucoma and other eye disorders, prescribing pharmaceutical and other therapies, referrals, and co-management with other health care providers.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T70. Manage patients with ocular and other medical emergencies.	<p>K161. Knowledge of laws and regulations related to stabilizing a patient for emergency referral.</p> <p>K170. Knowledge of ocular and systemic diseases that affect eyesight, health, or life.</p> <p>K172. Knowledge of ocular symptoms that indicate a patient should be seen immediately.</p> <p>K173. Knowledge of methods to train office staff to identify the symptoms that require a patient to be seen immediately.</p> <p>K174. Knowledge of extended examination procedures for common ocular emergencies.</p> <p>K175. Knowledge of symptoms and responses that require immediate attention (e.g., vasovagal reaction).</p> <p>K176. Knowledge of symptoms that indicate an emergency that requires an immediate referral to another medical professional.</p>
T71. Educate patients regarding eye conditions, including possible risks and benefits of treatment.	<p>K178. Knowledge of etiology and prognosis of ocular conditions.</p> <p>K179. Knowledge of patient suitability for eye surgery.</p> <p>K180. Knowledge of the risks, benefits, alternatives, and possible complications of eye surgery.</p>
T72. Manage patients to improve or enhance visual function.	<p>K177. Knowledge of visual function conditions and relevant specialists for referrals.</p> <p>K181. Knowledge of availability of neuro-optometric rehabilitation methods for treating brain injury patients.</p> <p>K182. Knowledge of training methods to enhance visual functions.</p>
T73. Co-manage patient treatment with other medical professionals.	<p>K183. Knowledge of ocular surgical complications and remedies.</p> <p>K184. Knowledge of methods to co-manage treatment for a patient with developing or advanced ocular pathology.</p> <p>K185. Knowledge of pre- and post-operative optometric care for patients referred for surgery.</p>

6. Laws and Regulations (20%) – This area assesses the candidate’s knowledge of laws and regulations related to optometric scope of practice, licensure requirements, advertising, professional conduct, staff supervision, and mandated reporting.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T74. Obtain consent to provide services from patient, parent, or guardian.	K186. Knowledge of laws and regulations related to parent or guardian consent for treating minors.
T75. Report suspected child or elder abuse to authorities.	K187. Knowledge of the methods to report suspected child or elder abuse to authorities. K188. Knowledge of laws and regulations related to reporting suspected or known abuse of patients.
T76. Conform to current optometric scope of practice.	K189. Knowledge of certifications required for performing various optometric services. K190. Knowledge of laws and regulations related to optometric scope of practice. K191. Knowledge of laws and regulations related to testing patients for diabetes. K192. Knowledge of laws and regulations related to testing patients for ocular allergies. K193. Knowledge of laws and regulations related to administering flu, shingles, and pneumonia immunizations.
T77. Maintain patient records in accordance with laws and regulations.	K194. Knowledge of laws and regulations related to retention of patient records. K195. Knowledge of laws and regulations related to providing receipts to patients.
T78. Release patient records in accordance with laws and regulations.	K196. Knowledge of laws and regulations related to release of patient records. K197. Knowledge of laws and regulations related to providing summaries of patient health records.
T79. Provide discounts for services in accordance with laws and regulations.	K198. Knowledge of laws and regulations related to solicitation for payment from patients. K199. Knowledge of laws and regulations related to providing discounts for services.

6. Laws and Regulations (20%) – This area assesses the candidate's knowledge of laws and regulations related to optometric scope of practice, licensure requirements, advertising, professional conduct, staff supervision, and mandated reporting.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T80. Order laboratory tests or imagery in accordance with laws and regulations.	K200. Knowledge of laws and regulations related to ordering laboratory tests or imagery.
T81. Prescribe contact and spectacle lenses in accordance with laws and regulations.	K201. Knowledge of laws and regulations related to information required on a prescription. K202. Knowledge of laws and regulations related to providing copies of prescriptions to patients. K203. Knowledge of laws and regulations related to consumer notice posting related to consumer rights.
T82. Prescribe spectacle lenses in accordance with laws and regulations.	K204. Knowledge of laws and regulations related to shatter-resistant materials in a spectacle lens prescription. K205. Knowledge of laws and regulations related to lens specifications required for a spectacle prescription.
T83. Prescribe contact lenses in accordance with laws and regulations.	K206. Knowledge of laws and regulations related to the release of a contact lens prescriptions. K207. Knowledge of laws and regulations related to confirmation of contact lens prescriptions.
T84. Advertise optometric services offered in accordance with laws and regulations.	K208. Knowledge of laws and regulations related to optometric advertising, misrepresentation, and false claims. K209. Knowledge of laws and regulations regarding advertising free and discounted services. K210. Knowledge of laws and regulations related to use of optometric title. K211. Knowledge of laws and regulations regarding optometric certification designations.
T85. Remove foreign bodies from the eye in accordance with laws and regulations.	K212. Knowledge of laws and regulations regarding removal of foreign bodies from the eye.

6. Laws and Regulations (20%) – This area assesses the candidate's knowledge of laws and regulations related to optometric scope of practice, licensure requirements, advertising, professional conduct, staff supervision, and mandated reporting.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T86. Refer patients to other health care providers without personal benefit in accordance with laws and regulations.	K213. Knowledge of laws and regulations regarding solicitation of referrals that provide beneficial interest to family or self. K214. Knowledge of laws and regulations regarding referral rebates.
T87. Treat and manage glaucoma patients in accordance with laws and regulations.	K215. Knowledge of laws and regulations related to the treatment and management of glaucoma.
T88. Manage optometry office, staff, and assistants in accordance with laws and regulations.	K216. Knowledge of laws and regulations related to the duties and supervision of optometric assistants and to the duties of registered dispensing opticians. K217. Knowledge of laws and regulations related to infection control guidelines.
T89. Display optometric license in accordance with laws and regulations.	K218. Knowledge of laws and regulations related to use and display of optometric license.
T90. Prescribe therapeutic pharmaceutical agents in accordance with laws and regulations.	K219. Knowledge of laws and regulations related to prescribing therapeutic drugs. K220. Knowledge of laws and regulations related to administering therapeutic drugs and devices. K221. Knowledge of laws and regulations regarding excessive prescribing.
T91. Use professional conduct with patients and practice in accordance with laws and regulations.	K222. Knowledge of laws and regulations related to unprofessional conduct. K223. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.
T92. Treat and manage pediatric patients in accordance with laws and regulations.	K224. Knowledge of laws and regulations related to the treatment and management of ocular disorders in pediatric patients.

CHAPTER 6 | CALIFORNIA OPTOMETRY LAWS AND REGULATIONS EXAMINATION OUTLINE

CALIFORNIA OPTOMETRY LAWS AND REGULATIONS EXAMINATION

At this time, California licensure as an optometrist is granted to applicants who have obtained their Doctor of Optometry degree, passed the National Board of Examiners in Optometry examination, and passed the California Optometry Laws and Regulations Examination.

The SMEs who participated in the October 2018 workshop were asked to develop a preliminary examination outline for the California Optometry Laws and Regulations Examination by identifying the tasks and knowledge that they believed were California-specific. The SMEs determined that all task and knowledge statements within the Laws and Regulations content area should remain in the examination outline for the California Optometry Laws and Regulations Examination.

CONTENT AREAS AND WEIGHTS

In February 2019, OPES facilitated a workshop with eight SMEs. Before the workshop, OPES organized the task and knowledge statements from the preliminary California Optometry Laws and Regulations Examination Outline into a proposed examination outline with five content areas. The SMEs reviewed the proposed examination outline and determined that two additional knowledge statements (K37 and K38) were needed to address multiple office locations and renting or leasing commercial office space. The SMEs determined the final content area names, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California Optometry Laws and Regulations Examination consists of five content areas and is presented in Table 17. Tables 18 and 19 provide a conversion chart indicating the new task and knowledge numbers in the California Optometry Laws and Regulations Examination Outline and the original task and knowledge numbers in the California Optometrist Examination Outline.

TABLE 17 – EXAMINATION OUTLINE FOR THE CALIFORNIA OPTOMETRY LAWS AND REGULATIONS
EXAMINATION

1. Scope of Practice (50%) – This area assesses the candidate’s knowledge of laws and regulations related to the optometric scope of practice, including ordering laboratory tests and treating and managing pediatric patients.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T1. Conform to current optometric scope of practice.	K1. Knowledge of certifications required for performing various optometric services. K2. Knowledge of laws and regulations related to optometric scope of practice. K3. Knowledge of laws and regulations related to testing patients for diabetes. K4. Knowledge of laws and regulations related to testing patients for ocular allergies. K5. Knowledge of laws and regulations related to administering flu, shingles, and pneumonia immunizations.
T2. Order laboratory tests or imagery in accordance with laws and regulations.	K6. Knowledge of laws and regulations related to ordering laboratory tests or imagery.
T3. Remove foreign bodies from the eye in accordance with laws and regulations.	K7. Knowledge of laws and regulations regarding removal of foreign bodies from the eye.
T4. Treat and manage glaucoma patients in accordance with laws and regulations.	K8. Knowledge of laws and regulations related to the treatment and management of glaucoma.
T5. Treat and manage pediatric patients in accordance with laws and regulations.	K9. Knowledge of laws and regulations related to the treatment and management of ocular disorders in pediatric patients.

2. Recordkeeping and Reporting (14%) – This area assesses the candidate’s knowledge of California laws and regulations related to informed consent and to documentation, maintenance, and release of patient records.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T6. Obtain consent to provide services from patient, parent, or guardian.	K10. Knowledge of laws and regulations related to parent or guardian consent for treating minors.
T7. Report suspected child or elder abuse to authorities.	K11. Knowledge of the methods to report suspected child or elder abuse to authorities. K12. Knowledge of laws and regulations related to reporting suspected or known abuse of patients.
T8. Maintain patient records in accordance with laws and regulations.	K13. Knowledge of laws and regulations related to retention of patient records. K14. Knowledge of laws and regulations related to providing receipts to patients.
T9. Release patient records in accordance with laws and regulations.	K15. Knowledge of laws and regulations related to release of patient records. K16. Knowledge of laws and regulations related to providing summaries of patient health records.

3. Advertising and Referrals (8%) – This content area assesses the candidate’s knowledge of California laws and regulations related to advertising and providing discounts for optometric services and to referring patients without personal benefit.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T10. Provide discounts for services in accordance with laws and regulations	K17. Knowledge of laws and regulations related to solicitation for payment from patients. K18. Knowledge of laws and regulations related to providing discounts for services.
T11. Advertise optometric services offered in accordance with laws and regulations.	K19. Knowledge of laws and regulations related to optometric advertising, misrepresentation, and false claims. K20. Knowledge of laws and regulations regarding advertising free and discounted services. K21. Knowledge of laws and regulations related to use of optometric title. K22. Knowledge of laws and regulations regarding optometric certification designations.
T12. Refer patients to other health care providers without personal benefit in accordance with laws and regulations.	K23. Knowledge of laws and regulations regarding solicitation of referrals that provide beneficial interest to family or self. K24. Knowledge of laws and regulations regarding referral rebates.

4. Prescribing (16%) - This content area assesses the candidate's knowledge of California laws and regulations related to prescribing contact and spectacle lenses and to prescribing therapeutic pharmaceutical agents.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T13. Prescribe contact and spectacle lenses in accordance with laws and regulations.	<p>K25. Knowledge of laws and regulations related to information required on a prescription.</p> <p>K26. Knowledge of laws and regulations related to providing copies of prescriptions to patients.</p> <p>K27. Knowledge of laws and regulations related to consumer notice posting related to consumer rights.</p>
T14. Prescribe spectacle lenses in accordance with laws and regulations.	<p>K28. Knowledge of laws and regulations related to shatter-resistant materials in a spectacle lens prescription.</p> <p>K29. Knowledge of laws and regulations related to lens specifications required for a spectacle prescription.</p>
T15. Prescribe contact lenses in accordance with laws and regulations.	<p>K30. Knowledge of laws and regulations related to the release of contact lens prescriptions.</p> <p>K31. Knowledge of laws and regulations related to confirmation of contact lens prescriptions.</p>
T16. Prescribe therapeutic pharmaceutical agents in accordance with laws and regulations.	<p>K32. Knowledge of laws and regulations related to prescribing therapeutic drugs.</p> <p>K33. Knowledge of laws and regulations related to administering therapeutic drugs and devices.</p> <p>K34. Knowledge of laws and regulations regarding excessive prescribing.</p>

5. Office Management and Professional Conduct (12%) - This content area assesses the candidate's knowledge of California laws and regulations related to managing optometry offices, staff, and assistants and to maintaining professional conduct.

<i>Task Statement</i>	<i>Associated Knowledge Statements</i>
T17. Manage optometry office, staff, and assistants in accordance with laws and regulations.	<p>K35. Knowledge of laws and regulations related to the duties and supervision of optometric assistants and to the duties of registered dispensing opticians.</p> <p>K36. Knowledge of laws and regulations related to infection control guidelines.</p> <p>K37. Knowledge of laws and regulations related to multiple office locations.</p> <p>K38. Knowledge of laws and regulations related to renting or leasing space from a commercial establishment.</p>
T18. Display optometric license in accordance with laws and regulations.	K39. Knowledge of laws and regulations related to use and display of optometric license.
T19. Maintain professional conduct with patients and practice in accordance with laws and regulations.	<p>K40. Knowledge of laws and regulations related to unprofessional conduct.</p> <p>K41. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.</p>

TABLE 18 – RENUMBERING OF TASK STATEMENTS

Original Task Number in California Optometrist Examination Outline	New Task Number in California Optometry Laws and Regulations Examination Outline
76	1
80	2
85	3
87	4
92*	5*
74	6
75	7
77	8
78	9
79	10
84	11
86	12
81	13
82	14
83	15
90	16
88	17
89	18
91	19

*NOTE: Shaded task statement was added to specifically address pediatric optometry.

TABLE 19 – RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California Optometrist Examination Outline	New Knowledge Statement Number in California Optometry Laws and Regulations Examination Outline
189	1
190	2
191	3
192	4
193	5
200	6
212	7
215	8
224*	9*
186	10
187	11
188	12
194	13
195	14
196	15
197	16
198	17
199	18
208	19
209	20
210	21
211	22
213	23
214	24
201	25
202	26
203	27
204	28
205	29
206	30

*NOTE: Shaded knowledge statement was added to specifically address pediatric optometry.

Original Knowledge Statement Number in California Optometrist Examination Outline	New Knowledge Statement Number in California Laws and Regulations Examination Outline
207	31
219	32
220	33
221	34
216	35
217	36
--	37*
--	38*
218	39
222	40
223	41

*NOTE: Shaded knowledge statements were added to address multiple office locations and renting or leasing commercial office space.

CHAPTER 7 | CONCLUSION

The OA of the optometrist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent optometry practice. Results of this OA can be used to ensure that national examinations under consideration for acceptance or already accepted by the Board of Optometry measure content critical to optometry practice in California.

By adopting the optometry examination outline contained in this report, the Board ensures that its California Optometry Laws and Regulations Examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	139
Orange	66
TOTAL	205

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	25
Contra Costa	13
Marin	4
San Francisco	25
San Mateo	10
Santa Clara	34
Santa Cruz	6
Solano	6
TOTAL	123

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	3
San Diego	48
TOTAL	51

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	24
San Bernardino	15
TOTAL	39

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	17
Kern	6
Kings	3
Merced	1
San Joaquin	6
Stanislaus	11
Tulare	3
TOTAL	47

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	2
Glenn	1
Lake	1
Sacramento	22
Sutter	2
Yolo	3
TOTAL	31

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	2
Calaveras	1
El Dorado	3
Inyo	1
Nevada	2
Placer	11
Tuolumne	1
TOTAL	21

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	7
San Luis Obispo	5
Santa Barbara	4
Ventura	12
TOTAL	28

SHASTA-CASCADE

County of Practice	Frequency
Shasta	4
Tehama	2
TOTAL	6

NORTH COAST

County of Practice	Frequency
Humboldt	2
Mendocino	1
Sonoma	8
TOTAL	11

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS IN DESCENDING ORDER

Content Area 1
Patient Examination

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
1	Identify patient chief complaint, in addition to vision and ocular health history.	4.8452	4.7718	23.26
7	Document patient visual acuities.	4.8739	4.7140	23.07
20	Perform biomicroscopy to aid in assessing patient ocular health.	4.8046	4.6797	22.68
19	Measure patient intraocular pressures to screen for pressure-related conditions.	4.8277	4.6128	22.45
15	Perform subjective refraction to refine refractive status at distance and near.	4.8399	4.5819	22.43
8	Test patient pupillary light responses and extraocular movement to determine neurological integrity.	4.6815	4.4448	21.13
24	Perform direct or binocular indirect ophthalmoscopy to assess health of posterior segment.	4.5169	4.5036	20.73
4	Obtain patient information regarding current medication and sensitivity to medication.	4.6554	4.3499	20.63
2	Obtain patient information regarding personal and family medical history.	4.7229	4.2966	20.55
14	Perform objective measurement to assess refractive status.	4.5631	4.1137	19.25
9	Verify patient existing corrective lens prescription for comparison.	4.5275	3.9893	18.53
10	Test patient visual field for deficits.	4.2984	4.0710	18.10
23	Use diagnostic pharmaceutical agents (DPAs) to facilitate refractive and ocular health assessment.	4.1439	4.1243	17.77
5	Observe patient for alertness and orientation to person, place, and time.	4.4316	3.7798	17.32
6	Observe patient to identify facial, head, and postural anomalies.	4.2291	3.6998	16.31
13	Perform diagnostic tests to assess patient binocular alignment and ocular movement.	4.1510	3.6851	15.95
3	Obtain patient information regarding social history (e.g., smoking, drugs, and alcohol).	4.1563	3.4956	15.30
26	Perform and interpret threshold visual field tests as indicated by history or prior test results.	3.4494	3.7362	14.26
12	Perform keratometry to assess the cornea.	3.8274	3.3594	14.12
27	Use and interpret specialty tests (e.g., pachymetry, optic nerve head analysis) for treatment or referral.	3.1776	3.5544	13.49

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
18	Perform accommodative tests to assess ocular focus ability.	3.6306	3.3659	13.38
16	Perform binocular tests (e.g., heterophorias, ductions) to determine degree of ocular coordination.	3.6536	3.3351	13.15
21	Evert patient eyelids to identify diseases, foreign bodies, and allergies.	3.4902	3.4715	12.88
11	Measure patient interpupillary distances.	3.2629	2.9662	11.60
25	Perform color deficiency tests when indicated by patient risk factors.	3.4014	3.1226	11.52
30	Recognize patient random serum glucose levels.	2.6025	2.8402	9.83
28	Use Amsler grid to reveal central field irregularities.	2.7886	3.2046	9.81
29	Take and evaluate patient blood pressure.	2.2238	2.6905	7.64
17	Conduct examinations to assess vision-related learning disorders.	2.0089	2.3084	6.54
22	Perform gonioscopy to determine the integrity of angle structures.	1.8792	2.7701	6.23

Content Area 2
Diagnosis and Treatment Plans

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
32	Make differential diagnoses based on symptoms, history, physical examination, and test results.	4.6909	4.5925	21.80
35	Develop and communicate a treatment plan to address visual abnormalities and eye diseases and disorders.	4.5240	4.4804	20.69
31	Explain refractive treatment options to patients.	4.6501	4.2522	20.20
36	Educate patients on maintaining visual health and integrity.	4.5488	4.3410	20.10
33	Confirm diagnoses using diagnostic findings, consultative reports, and references.	4.3535	4.3623	19.58
34	Identify patients with systemic disorders that may affect the eyes or visual system.	4.2682	4.3943	19.18
37	Refer patients to other specialists as indicated by history or examination findings.	4.1014	4.5320	18.88

Content Area 3
Spectacles and Protective Eyewear

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
40	Prescribe spectacles to improve patient vision.	4.7780	4.5187	21.88
38	Educate patients about frame and lens options to assist them in making an informed decision.	3.8011	3.5915	14.85
44	Prescribe and explain the need for protective eyewear.	3.5826	3.8214	14.39
43	Investigate and address patient complaints with newly prescribed spectacles.	3.4725	3.8259	13.91
42	Inform patients about proper care of spectacles.	2.6690	2.8339	9.22
41	Adjust and repair spectacle frames to give patients secure, comfortable, pleasing, and optically correct fit.	2.3481	2.9447	9.14
39	Prescribe base curves and lens thicknesses that improve visual function, appearance, and comfort.	2.6110	2.8384	8.88

**Content Area 4
Contact Lenses**

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
48	Examine patient with biomicroscope to check for current ocular health conditions that affect contact lens use.	4.5311	4.3601	20.43
57	Evaluate the fit and movement of contact lenses with a biomicroscope or Burton lamp.	4.3541	4.0782	18.80
45	Evaluate patient preferences, needs, and goals when patients are considering or requesting contact lenses.	4.3167	4.0608	18.49
47	Review examination records to identify patient past or current corrective prescriptions.	4.3659	3.9162	17.85
46	Review patient history to evaluate problems with contact lenses; and conditions, allergies, or medications that might affect contact lens use.	4.2096	4.0250	17.80
54	Evaluate the contact lens modality for patients (e.g., daily wear, extended wear, flexible wear).	4.2758	3.9075	17.70
58	Educate patient or caregiver in the handling, risks, and use of contact lenses.	4.0497	4.0943	17.64
59	Analyze and address patient complaints with prescribed contact lenses.	4.1208	4.0622	17.60
53	Determine the type of contact lens for a patient (e.g., soft vs. RGP, spherical vs. toric) based on patient needs and requirements.	4.1723	3.9147	17.54
60*	Monitor and evaluate patient physiological response to contact lens wear.	4.0391	3.9411	16.93
55	Calculate the parameters of the lenses to be prescribed from diagnostic data.	3.8559	3.7482	16.03
56	Perform over-refraction with contact lenses in place.	3.9146	3.6270	15.30
50	Measure patient corneas and the contribution to total astigmatism and total refraction.	3.7567	3.4618	14.46
52	Use corneal topography to determine corneal health and quality of vision.	2.2753	2.6375	8.52
51	Verify lens parameters for rigid lenses with instruments.	2.1403	2.7191	7.76
49	Determine if patient would benefit from a prosthetic or therapeutic lens.	2.1350	2.7989	7.57

*NOTE: Shaded task statement was deleted because it was considered redundant with T54, "Evaluate the contact lens modality for patients (e.g., daily wear, extended wear, flexible wear)."

Content Area 5
Management of Eye Disorders and Referrals

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
71	Educate patients regarding eye conditions, including possible risks and benefits of treatment.	4.1208	4.2096	17.86
62	Determine dry eye treatment based on symptoms and clinical findings.	4.0284	4.0604	16.83
68	Refer patients with ocular and suspected systemic conditions to other health care providers.	3.4778	4.3339	15.44
61	Prescribe oral or topical medications to treat ocular diseases, disorders, and trauma.	3.3766	4.2416	14.91
66	Refer glaucoma patients to specialists.	3.3446	4.3020	14.82
72	Manage patients to improve or enhance visual function.	3.6092	3.6998	14.47
67	Treat patients with disorders of the anterior or posterior segment.	3.2918	4.1283	14.41
69	Provide nutritional recommendations that may help prevent or slow progression of eye diseases.	3.3730	3.7123	13.42
65	Monitor glaucoma suspects and treat glaucoma patients.	2.7798	3.6970	12.54
73	Co-manage patient treatment with other medical professionals.	3.0568	3.6809	12.44
70	Manage patients with ocular and other medical emergencies.	2.6270	4.0533	11.49
63	Remove nonperforating foreign bodies from cornea, sclera, eyelid, or adnexa with instruments.	2.4192	3.9787	10.37
64	Epilate eyelashes to treat trichiasis.	2.3712	3.4085	8.73

Content Area 6
Laws and Regulations

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
91	Use professional conduct with patients and practice in accordance with laws and regulations.	4.8224	4.6128	22.40
77	Maintain patient records in accordance with laws and regulations.	4.7726	4.5027	21.74
82	Prescribe spectacle lenses in accordance with laws and regulations.	4.7918	4.4618	21.62
76	Conform to current optometric scope of practice.	4.6821	4.4778	21.31
81	Prescribe contact and spectacle lenses in accordance with laws and regulations.	4.6661	4.3932	21.00
83	Prescribe contact lenses in accordance with laws and regulations.	4.4956	4.3357	20.26
89	Display optometric license in accordance with laws and regulations.	4.5453	3.9361	18.68
90	Prescribe therapeutic pharmaceutical agents in accordance with laws and regulations.	4.0870	4.4466	18.51
78	Release patient records in accordance with laws and regulations.	3.9324	4.2309	17.27
86	Refer patients to other health care providers without personal benefit in accordance with laws and regulations.	3.8277	4.2824	16.81
74	Obtain consent to provide services from patient, parent, or guardian.	3.7567	3.9128	15.98
88	Manage optometry office, staff, and assistants in accordance with laws and regulations.	3.1581	3.3579	13.83
85	Remove foreign bodies from the eye in accordance with laws and regulations.	2.7691	4.1083	12.17
87	Treat and manage glaucoma patients in accordance with laws and regulations.	2.5364	3.5063	11.50
79	Provide discounts for services in accordance with laws and regulations.	2.3672	2.6065	8.57
84	Advertise optometric services offered in accordance with laws and regulations.	2.0747	2.6842	8.43
80	Order laboratory tests or imagery in accordance with laws and regulations.	1.8845	2.9250	7.66
75	Report suspected child or elder abuse to authorities.	1.0533	3.8843	4.53

APPENDIX C | KNOWLEDGE IMPORTANCE RATINGS IN DESCENDING ORDER

Content Area 1
Patient Examinations

Item Number	Knowledge Statement	Mean Importance
24	Knowledge of procedures to perform subjective refraction at both distance and near.	4.6059
55	Knowledge of methods to perform direct and binocular indirect ophthalmoscopy to detect posterior segment anomalies.	4.5945
47	Knowledge of techniques to perform bio microscopy to detect anomalies.	4.5912
59	Knowledge of diabetes and its effects on systemic and ocular health.	4.5600
46	Knowledge of common anomalies of the anterior segment and implications for vision and health.	4.5346
23	Knowledge of methods and procedures to determine prescription for corrective lenses.	4.5294
2	Knowledge of methods to elicit chief complaint, symptoms, and ocular, medical, and family history.	4.5115
45	Knowledge of eye anatomy and the normal range of variation.	4.5094
44	Knowledge of Goldmann and other tonometry methods.	4.5074
54	Knowledge of ocular manifestations of systemic diseases.	4.5032
60	Knowledge of ocular findings that may indicate the presence of systemic diseases.	4.4968
57	Knowledge of common anomalies of the posterior segment, clinical signs, and implications for vision and health.	4.4758
50	Knowledge of ocular pathologies and the extent to which those effects are remediable.	4.4549
1	Knowledge of the elements needed to complete a comprehensive ocular health history (e.g., prior surgeries).	4.4280
52	Knowledge of indications and contraindications of mydriatics and cycloplegics.	4.3920
58	Knowledge of hypertension and its effects on systemic and ocular health.	4.3824
7	Knowledge of patient medications that may induce eye or other disorders.	4.3312
11	Knowledge of methods to determine visual acuity of various patient populations.	4.3264
10	Knowledge of neurological conditions related to vision.	4.2803
25	Knowledge of methods to use Jackson cross cylinders to refine axis and power measurements.	4.2773
14	Knowledge of methods to test for pupillary anomalies.	4.2552
41	Knowledge of topical anesthetics, dyes, or combinations and their applications.	4.2516

51	Knowledge of procedures to evert patient eyelids and recognize diseases.	4.2327
53	Knowledge of methods to manage adverse effects of mydriatics and cycloplegics.	4.2306
16	Knowledge of methods to determine parameters of existing spectacles or contact lenses.	4.2197
42	Knowledge of procedures of instilling dyes, anesthetics, or combinations.	4.2068
15	Knowledge of pupillary anomalies and their underlying causes.	4.2021
17	Knowledge of methods to perform visual field tests.	4.2013
9	Knowledge of common facial anomalies (e.g., carcinoma, ptosis) and health implications.	4.1482
62	Knowledge of methods to measure and interpret threshold visual field.	4.1053
43	Knowledge of methods to remedy adverse effects of instilling dyes, anesthetics, or combinations.	4.0734
21	Knowledge of methods to perform and interpret tests for defects in binocular alignment and eye movement (e.g., cover tests).	4.0630
4	Knowledge of methods to elicit history of past injuries (e.g., head trauma).	4.0585
3	Knowledge of congenital and developmental syndromes and the effects on vision.	3.9729
12	Knowledge of pinhole acuity testing and interpretation.	3.9685
35	Knowledge of methods to use prisms to determine patient binocular status.	3.9517
20	Knowledge of symptoms and clinical signs of binocular dysfunction.	3.9392
34	Knowledge of binocular tests using a phoropter.	3.9224
49	Knowledge of adverse reactions and complications of UV and other radiation.	3.9195
22	Knowledge of methods to perform retinoscopy.	3.8996
19	Knowledge of methods to interpret keratometry results.	3.8882
69	Knowledge of conditions that require evaluation of patient blood pressure.	3.8721
63	Knowledge of methods used to localize the neural lesion causing a particular visual defect.	3.8400
67	Knowledge of Amsler grid test procedures and interpretation.	3.8134
8	Knowledge of behavioral signs indicative of patient impairments.	3.7845
28	Knowledge of relationship between accommodation and convergence.	3.7815
13	Knowledge of procedures to perform cranial-nerve assessments to determine patient neurological status.	3.7238
31	Knowledge of methods to differentiate accommodative and binocular dysfunction.	3.7185

61	Knowledge of color vision testing materials, procedures, and interpretation.	3.6870
27	Knowledge of methods to refract with a trial frame and prescribe lenses.	3.6792
40	Knowledge of methods to measure accommodative status.	3.6779
6	Knowledge of methods to elicit patient occupational and recreational activities.	3.6736
29	Knowledge of methods to perform tests for detecting eye suppression.	3.6505
30	Knowledge of methods to determine patient near points of convergence and accommodation.	3.6316
32	Knowledge of methods to perform and interpret tests for stereopsis.	3.6226
48	Knowledge of methods and procedures for performing gonioscopy to evaluate angle structures and the fundus.	3.6017
68	Knowledge of methods to take patient blood pressure with standard measuring equipment.	3.5305
56	Knowledge of indications of binocular indirect ophthalmoscopy with scleral depression.	3.5137
5	Knowledge of methods to elicit patient use of smoking, drugs, and alcohol.	3.4728
64	Knowledge of etiology of low vision.	3.4076
36	Knowledge of visual system developmental stages.	3.3824
18	Knowledge of methods to measure patient interpupillary distance.	3.3606
37	Knowledge of motor and visual developmental milestones in children.	3.3256
65	Knowledge of methods to identify the visual conditions of low-vision patients.	3.2080
26	Knowledge of methods to modify refractive examinations for low-vision patients.	3.1723
38	Knowledge of examination procedures needed to identify visual processing disorders.	3.0756
39	Knowledge of symptoms of learning-related disorders.	3.0484
66	Knowledge of psychosocial aspects of low vision.	3.0000
33	Knowledge of methods to determine patient fixation disparity.	2.9497

Content Area 2
Diagnosis and Treatment Plans

Item Number	Knowledge Statement	Mean Importance
72	Knowledge of testing procedures to confirm the presence of ocular and visual disorders.	4.4693
73	Knowledge of common causes and sequelae of eye disorders.	4.4189
74	Knowledge of methods to recognize systemic diseases that produce similar ocular presentations.	4.3833
81	Knowledge of methods to identify ocular manifestations of systemic diseases.	4.3797
76	Knowledge of methods to perform differential diagnostic procedures.	4.3678
75	Knowledge of ocular pathologies and ocular immunological responses.	4.3596
71	Knowledge of methods to eliminate symptoms of discomfort or diplopia.	4.3385
70	Knowledge of methods to explain refractive treatment options.	4.3341
85	Knowledge of the risks, benefits, and prognosis of treatments and alternatives for common eye diseases and disorders.	4.3142
80	Knowledge of the effects of acute, chronic, and recurrent systemic disorders on the eyes and vision.	4.2813
84	Knowledge of treatments and alternatives for common eye diseases and disorders.	4.2627
79	Knowledge of common drugs and medications and their potential interactions and adverse reactions.	4.2039
77	Knowledge of situations that require an order or referral for imaging or laboratory tests.	4.0329
91	Knowledge of factors that indicate a patient is legally blind.	3.9075
92	Knowledge of factors that indicate a patient needs referral for neuro-optometric rehabilitation.	3.8673
93	Knowledge of advantages and disadvantages of particular lens types, designs, and materials.	3.8013
78	Knowledge of pertinent laboratory test findings and their implications for patient symptoms and clinical signs.	3.7544
90	Knowledge of occupational, recreational, and lifestyle factors that affect visual health and integrity.	3.5441
86	Knowledge of the relative cost of treatments and alternatives for common eye diseases and disorders.	3.4967
83	Knowledge of psychosomatic visual disorders and symptoms.	3.2571
82	Knowledge of using eccentric fixation as a treatment option.	3.0330
89	Knowledge of training methods to improve learning-related visual functions.	2.3996
88	Knowledge of methods for monitoring patient progress in vision training programs.	2.2863
87	Knowledge of methods for developing and modifying vision training programs.	2.2841

Content Area 3
Spectacles and Protective Eyewear

Item Number	Knowledge Statement	Mean Importance
101	Knowledge of lens and prism corrections for binocular misalignment, latent hyperopia, or aniseikonia.	3.8953
100	Knowledge of common needs for protective eyewear.	3.8747
96	Knowledge of patient adaptation when alternating between contact lenses and spectacles.	3.8616
95	Knowledge of prescribing supplemental spectacles for contact lens wearers.	3.8441
94	Knowledge of how base curve, thickness, and vertex distance affect image size and patient comfort.	3.5839
102	Knowledge of measurement and dispensing techniques for various types of multifocals.	3.5412
98	Knowledge of spectacle frame styles suitable for specific corrections and lens types.	3.5256
99	Knowledge of care and limitations of specific lenses, tints, and coatings.	3.4655
97	Knowledge of spectacle frame materials, types, and styles.	3.3862
103	Knowledge of methods to adjust and repair spectacle frames to fit patients securely and comfortably.	3.1969
104	Knowledge of ANSI standards for ophthalmic products.	3.1161
105	Knowledge of OSHA standards for safety eyewear.	3.1047
106	Knowledge of manufacturers' indicators for safety lenses and frames.	2.9955

Content Area 4
Contact Lenses

Item Number	Knowledge Statement	Mean Importance
120	Knowledge of methods to use biomicroscopy to identify eye anomalies that affect contact lens wear.	4.3379
140	Knowledge of treatments for contact lens-related eye problems.	4.3011
141	Knowledge of methods to troubleshoot contact lens problems.	4.2621
107	Knowledge of patient suitability for contact lens wear.	4.2059
112	Knowledge of remedies for common patient complaints about contact lenses.	4.1995
113	Knowledge of causes of common patient complaints about contact lenses.	4.1927
119	Knowledge of methods to change contact lens parameters to improve fit and vision.	4.1586
139	Knowledge of methods to prevent contact lens sequelae.	4.1406
133	Knowledge of methods to fit and assess soft lenses.	4.1359
138	Knowledge of methods to educate patients about the recommended use and care of contact lenses.	4.1149
128	Knowledge of methods to use refraction, keratometry, test measurements, and diagnostic lens fittings to determine lens choices.	4.0991
114	Knowledge of common medications, ocular, and systemic diseases that affect contact lens wear.	4.0917
111	Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials.	4.0849
108	Knowledge of environmental conditions that affect contact lens wear.	4.0783
110	Knowledge of advantages and disadvantages of various contact lenses.	4.0713
142	Knowledge of methods to evaluate patient physiological response to contact lens wear.	4.0485
137	Knowledge of use of over-refraction to determine lens correction using trial lenses.	4.0390
116	Knowledge of methods to minimize or prevent sensitivities to contact lens materials and solutions.	4.0299
115	Knowledge of sensitivities to contact lens materials and solutions.	4.0275
135	Knowledge of contact lens replacement schedules based on lens type.	4.0209
121	Knowledge of methods to test the quantity and quality of tear production.	4.0161
124	Knowledge of methods to measure ocular parameters relevant to prescribing contact lenses.	3.9516
118	Knowledge of methods to assess patient subjective response to contact lens wear.	3.9492

136	Knowledge of the use of contact lens care products recommended for patients based on eye condition and lens type.	3.9447
109	Knowledge of types, characteristics, and chemical qualities of various contact lenses.	3.8506
126	Knowledge of methods to take keratometry measurements to evaluate total and corneal astigmatism.	3.8060
125	Knowledge of methods to take keratometry measurements for determining contact lens prescriptions.	3.7972
130	Knowledge of factors that indicate patient suitability for corneal refractive therapy or other treatment options.	3.7517
117	Knowledge of binocular vision dysfunction that can affect contact lens wear.	3.7339
132	Knowledge of methods to fit and assess rigid lenses.	3.7182
134	Knowledge of methods to fit contact lenses after eye surgery.	3.6313
122	Knowledge of size and location of the palpebral fissure and its importance in fitting contact lenses.	3.5885
131	Knowledge of methods to use corneal topography to diagnose eye conditions.	3.5658
129	Knowledge of methods to measure rigid lens parameters.	3.5417
127	Knowledge of corneal topography to determine patient suitability for contact lens wear or corneal refractive therapy.	3.5230
123	Knowledge of prosthetic or therapeutic contact lenses that improve the appearance or function of abnormal or damaged eyes.	3.1296

Content Area 5
Management of Eye Disorders and Referrals

Item Number	Knowledge Statement	Mean Importance
172	Knowledge of ocular symptoms that indicate a patient should be seen immediately.	4.6502
164	Knowledge of patient conditions for which a referral is necessary.	4.6056
176	Knowledge of symptoms that indicate an emergency that requires an immediate referral to another medical professional.	4.5660
165	Knowledge of eye or vision disorders and relevant specialists for referrals.	4.4718
144	Knowledge of indications and contraindications of therapeutic drugs.	4.4695
175	Knowledge of symptoms and responses that require immediate attention (e.g., vasovagal reaction).	4.4682
167	Knowledge of recurrent symptoms or signs that indicate or require a referral.	4.4565
160	Knowledge of glaucoma patient conditions for which a referral is necessary.	4.4319
162	Knowledge of management of anterior segment disorders.	4.4306
143	Knowledge of methods to write prescriptions for therapeutic drugs.	4.4292
145	Knowledge of dosages, administration schedules, and durations of use of therapeutic drugs.	4.4235
166	Knowledge of systemic disorders that require a referral to other medical professionals.	4.4165
170	Knowledge of ocular and systemic diseases that affect eyesight, health, or life.	4.3967
147	Knowledge of side effects and options for managing the side effects of therapeutic drugs.	4.3756
178	Knowledge of etiology and prognosis of ocular conditions.	4.3451
146	Knowledge of methods for administering therapeutic drugs.	4.3333
174	Knowledge of extended examination procedures for common ocular emergencies.	4.3216
163	Knowledge of management of posterior segment disorders.	4.3028
168	Knowledge of information required in referral or consultation letters.	4.2998
150	Knowledge of adverse interactions of ocular and systemic medications.	4.2958
177	Knowledge of visual function conditions and relevant specialists for referrals.	4.2911
149	Knowledge of possible interactions between ocular and systemic medications.	4.2861
161	Knowledge of procedures for stabilizing patients for emergency referral.	4.2689

173	Knowledge of methods to train office staff to identify the symptoms that require a patient to be seen immediately.	4.2488
151	Knowledge of the use of ocular lubricants.	4.2388
154	Knowledge of preventive care and treatment options for eyelid and ocular surface diseases.	4.2241
156	Knowledge of follow-up treatment after removal of non-perforating foreign bodies from the eye.	4.1901
155	Knowledge of instruments and procedures for removing non-perforating foreign bodies from the eye.	4.1526
179	Knowledge of patient suitability for eye surgery.	4.1395
180	Knowledge of the risks, benefits, alternatives, and possible complications of eye surgery.	4.1244
169	Knowledge of methods to explain the risks, benefits, alternatives, and possible complications of eye surgery.	4.0965
148	Knowledge of interaction of therapeutic drugs and UV exposure.	3.9953
185	Knowledge of pre- and post-operative optometric care for patients referred for surgery.	3.9789
158	Knowledge of glaucoma classifications treatable by an optometrist.	3.9765
157	Knowledge of instruments and procedures for epilating eyelashes to relieve trichiasis.	3.9577
159	Knowledge of methods for glaucoma management and co-management.	3.9435
171	Knowledge of nutrition and nutritional supplements as they relate to ocular health.	3.9131
183	Knowledge of ocular surgical complications and remedies.	3.7962
184	Knowledge of methods to co-manage treatment for a patient with developing or advanced ocular pathology.	3.7929
152	Knowledge of punctal plugs to relieve eye dryness.	3.5765
153	Knowledge of methods to insert punctal plugs.	3.3341
182	Knowledge of training methods to enhance visual functions.	3.2230
181	Knowledge of availability of neuro-optometric rehabilitation methods for treating brain injury patients.	3.0915

Content Area 6
Laws and Regulations

Item Number	Knowledge Statement	Mean Importance
190	Knowledge of laws and regulations related to optometric scope of practice.	4.3108
219	Knowledge of laws and regulations related to prescribing therapeutic drugs.	4.2668
220	Knowledge of laws and regulations related to administering therapeutic drugs and devices.	4.2048
189	Knowledge of certifications required for performing various optometric services.	4.1639
201	Knowledge of laws and regulations related to information required on a prescription.	4.1594
202	Knowledge of laws and regulations related to providing copies of prescriptions to patients.	4.1542
223	Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.	4.1422
222	Knowledge of laws and regulations related to unprofessional conduct.	4.1301
212	Knowledge of laws and regulations regarding removal of foreign bodies from the eye.	4.1229
186	Knowledge of laws and regulations related to parent or guardian consent for treating minors.	4.0700
206	Knowledge of laws and regulations related to the release of a contact lens prescription.	4.0699
207	Knowledge of laws and regulations related to confirmation of contact lens prescriptions.	4.0413
205	Knowledge of laws and regulations related to lens specifications required for a spectacle prescription.	4.0387
204	Knowledge of laws and regulations related to shatter-resistant materials in a spectacle lens prescription.	4.0386
188	Knowledge of laws and regulations related to reporting suspected or known abuse of patients.	4.0265
187	Knowledge of the methods to report suspected child or elder abuse to authorities.	4.0096
196	Knowledge of laws and regulations related to release of patient records.	3.9952
215	Knowledge of laws and regulations related to the treatment and management of glaucoma.	3.9831
194	Knowledge of laws and regulations related to retention of patient records.	3.9735
197	Knowledge of laws and regulations related to providing summaries of patient health records.	3.9373

218	Knowledge of laws and regulations related to use and display of optometric license.	3.9253
217	Knowledge of laws and regulations related to infection control guidelines.	3.9157
221	Knowledge of laws and regulations regarding excessive prescribing.	3.9084
191	Knowledge of laws and regulations related to testing patients for diabetes.	3.8747
211	Knowledge of laws and regulations regarding optometric certification designations.	3.8530
192	Knowledge of laws and regulations related to testing patients for ocular allergies.	3.8430
210	Knowledge of laws and regulations related to use of optometric title.	3.8333
203	Knowledge of laws and regulations related to consumer notice posting related to consumer rights.	3.8043
195	Knowledge of laws and regulations related to providing receipts to patients.	3.7277
208	Knowledge of laws and regulations related to optometric advertising, misrepresentation, and false claims.	3.6659
213	Knowledge of laws and regulations regarding solicitation of referrals that provide beneficial interest to family or self.	3.6096
216	Knowledge of laws and regulations related to the duties and supervision of optometric assistants and to the duties of registered dispensing opticians.	3.5687
200	Knowledge of laws and regulations related to ordering laboratory tests or imagery.	3.4843
198	Knowledge of laws and regulations related to solicitation for payment from patients.	3.4807
209	Knowledge of laws and regulations regarding advertising free and discounted services.	3.4770
214	Knowledge of laws and regulations regarding referral rebates.	3.4092
199	Knowledge of laws and regulations related to providing discounts for services.	3.3614
193	Knowledge of laws and regulations related to administering flu, shingles, and pneumonia immunizations.	2.7904

APPENDIX D | QUESTIONNAIRE INVITATION EMAIL

Optometrist Occupational Analysis Survey

Dear Licensee:

Congratulations! You were selected to receive this Optometrist Occupational Analysis Questionnaire for the California State Board of Optometry.

Click the button below to start the survey.

Thank you for your participation!

Sincerely,

The California State Board of Optometry

Begin Survey

Please do not forward this email as its survey link is unique to you.

[Privacy](#) | [Unsubscribe](#)

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APPENDIX E | QUESTIONNAIRE

Cover Letter

Dear Licensed Optometrist:

Thank you for participating in this study of the optometric profession in California, a project of the California State Board of Optometry (Board).

The Board is conducting an occupational analysis of the optometric profession. The purpose of the occupational analysis is to identify the important tasks performed by optometrists in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to ensure that optometry licensing examinations reflect current practice in California.

Your participation in the occupational analysis is essential to this process. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and different practice areas.

Please take the time to complete the questionnaire as it relates to your current job. Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses of other optometrists and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The web link is available 24 hours a day 7 days a week.

The questionnaire should take approximately 1 hour to complete. The bottom of each page has a progress bar showing you the current percentage of completion.

To begin the survey, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by September 24, 2018.

If you have any questions or need assistance from the Board, please contact [REDACTED] at [REDACTED]@dca.ca.gov.

The Board welcomes your feedback and appreciates your time!

Sincerely,

Joanne Wenzel
Interim Executive Officer
California State Board of Optometry

Part I - Personal Data

Complete this questionnaire only if you are currently licensed and practicing as an optometrist in California.

The California State Board of Optometry recognizes that every optometrist may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this study, and your contributions will help establish standards for safe and effective optometry practice in the State of California.

Part I - Personal Data

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.). This information will be used to generate a demographic profile of optometrists to aid in interpreting the task and knowledge ratings that are requested in Parts II and III. Please choose only one answer unless more than one is requested.

* 1. Do you currently practice as a licensed optometrist in California?

☐ Yes

☐ No

Part I - Personal Data

2. How would you classify the majority of your responsibilities as a licensed California optometrist?

- ☐ Professional/patient-oriented
- ☐ Administrative/managerial
- ☐ Educational/research-oriented

3. For how many years have you worked as a licensed optometrist in California?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ More than 20 years

4. How many hours per week do you work as a licensed optometrist?

- ☐ 9 hours or fewer
- ☐ 10-19 hours
- ☐ 20-29 hours
- ☐ 30-39 hours
- ☐ 40-49 hours
- ☐ 50 or more hours

5. Where were you educated for your degree in optometry?

- ☐ In California
- ☐ In a state other than California
- ☐ Outside the U.S.; please specify country below

Other (please specify)

6. Which title below most nearly matches your job title?

- ☐ Sole Owner / Principal
- ☐ Associate
- ☐ Partner
- ☐ Manager / Supervisor
- ☐ Staff Optometrist
- ☐ Consultant
- ☐ Researcher
- ☐ Educator
- ☐ Per diem

7. Which choice below better describes the location of your primary work setting?

- ☐ Urban (50,000 people or more)
- ☐ Rural (fewer than 50,000 people)

Part I - Personal Data

8. How would you describe your primary work setting?

- ☐ Private practice
- ☐ Partnership
- ☐ Group practice
- ☐ Corporation
- ☐ Educational facility
- ☐ Private hospital
- ☐ HMO facility
- ☐ Federal facility (nonmilitary)
- ☐ Military / veterans hospital or clinic
- ☐ State facility
- ☐ County facility
- ☐ Municipal facility
- ☐ Other (please specify)

9. In what area(s) of optometric practice do you work most? (Please choose 1—3 areas.)

- ☐ General practice
- ☐ Spectacles / protective eyewear
- ☐ Contact lenses
- ☐ Pathology /patient management
- ☐ Low vision
- ☐ Binocular therapy / vision training
- ☐ Comanagement with medical specialists
- ☐ Dry eye
- ☐ Pediatrics
- ☐ Other (please specify)

10. Please indicate which of the following certifications you hold:

- ☐ DPA
- ☐ TPA
- ☐ TPL
- ☐ TPG
- ☐ TLG

11. How often do you perform the following services?

	Does not apply to my practice	Rarely	Seldom	Regularly	Often	Very Often
Surgical preoperative/postoperative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact lens fitting /dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyeglasses dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low vision dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreign body removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctal plugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lachrymal dilation/irrigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myopia control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How often do you perform each of the following exams in your practice?

	Does not apply to my practice	Rarely	Seldom	Regularly	Often	Very Often
Routine comprehensive exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical office visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuro-optometric exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low vision exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binocular vision / sensorimotor exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact lens exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How often are each of the following activities performed in your practice?

	Does not apply to my practice	Rarely	Seldom	Regularly	Often	Very Often
Comanagement with medical specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comanagement with optometric specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General health screening (e.g., blood pressure, diabetes, smoking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community vision screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part I - Personal Data

14. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |

Part II - Job Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

This part of the questionnaire contains 91 task statements. Please rate each task as it relates to your current job as a licensed optometrist using the Frequency and Importance scales displayed below.

FREQUENCY RATING SCALE

HOW OFTEN do you perform this task in your current practice?

- 0 - DOES NOT APPLY TO MY PRACTICE. I do not perform this task in my practice.
- 1 - RARELY. I perform this task the least often in my practice relative to other tasks I perform.
- 2 - SELDOM. I perform this task less often than most other tasks I perform in my practice.
- 3 - REGULARLY. I perform this task as often as other tasks I perform in my practice.
- 4 - OFTEN. I perform this task more often than most other tasks I perform in my practice.
- 5 - VERY OFTEN. This task is one of the tasks I perform most often in my practice relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this task for performance in your current practice?

- 0 - DOES NOT APPLY. This knowledge is not required for performance of tasks in my current practice.
- 1- NOT IMPORTANT. This knowledge is not important for performance of tasks in my current practice.
- 2 - FAIRLY IMPORTANT. This knowledge is somewhat important for performance of tasks in my current practice.
- 3 - IMPORTANT. This knowledge is important for performance of tasks in my current practice.
- 4 - VERY IMPORTANT. This knowledge is very important for performance of tasks in my current practice.
- 5 - CRITICALLY IMPORTANT. This knowledge is extremely important for performance of tasks in my current practice.

NOTE: In the "Instructions for Rating Task Statements" on page 10 of the survey, the word "task" was inadvertently replaced with the word "knowledge" in the Importance Rating Scale. However, the wording was correct in the drop-down response boxes of the survey.

Part II - Job Task Ratings

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance.

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating, and then select the value based on your current practice.

Part II - Job Task Ratings

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for performance of your job (Importance).

Patient Examinations.

	Frequency	Importance
1. Identify patient chief complaint, in addition to vision and ocular health history.	<input type="text"/>	<input type="text"/>
2. Obtain patient information regarding personal and family medical history.	<input type="text"/>	<input type="text"/>
3. Obtain patient information regarding social history (e.g., smoking, drugs, and alcohol).	<input type="text"/>	<input type="text"/>
4. Obtain patient information regarding current medication and sensitivity to medication.	<input type="text"/>	<input type="text"/>
5. Observe patient for alertness and orientation to person, place, and time.	<input type="text"/>	<input type="text"/>
6. Observe patient to identify facial, head, and postural anomalies.	<input type="text"/>	<input type="text"/>
7. Document patient visual acuities.	<input type="text"/>	<input type="text"/>
8. Test patient pupillary light responses and extraocular movement to determine neurological integrity.	<input type="text"/>	<input type="text"/>
9. Verify patient existing corrective lens prescription for comparison.	<input type="text"/>	<input type="text"/>
10. Test patient visual field for deficits.	<input type="text"/>	<input type="text"/>
11. Measure patient interpupillary distances.	<input type="text"/>	<input type="text"/>
12. Perform keratometry to assess the cornea.	<input type="text"/>	<input type="text"/>
13. Perform diagnostic tests to assess patient binocular alignment and ocular movement.	<input type="text"/>	<input type="text"/>
14. Perform objective measurement to assess refractive status.	<input type="text"/>	<input type="text"/>
15. Perform subjective refraction to refine refractive status at distance and near.	<input type="text"/>	<input type="text"/>
16. Perform binocular tests (e.g., heterophorias, ductions) to determine degree of ocular coordination.	<input type="text"/>	<input type="text"/>
17. Conduct examinations to assess vision-related learning disorders.	<input type="text"/>	<input type="text"/>
18. Perform accommodative tests to assess ocular focus ability.	<input type="text"/>	<input type="text"/>
19. Measure patient intraocular pressures to screen for pressure-related conditions.	<input type="text"/>	<input type="text"/>
20. Perform biomicroscopy to aid in assessing patient ocular health.	<input type="text"/>	<input type="text"/>

	Frequency	Importance
21. Evert patient eyelids to identify diseases, foreign bodies, and allergies.	<input type="text"/>	<input type="text"/>
22. Perform gonioscopy to determine the integrity of angle structures.	<input type="text"/>	<input type="text"/>
23. Use diagnostic pharmaceutical agents (DPAs) to facilitate refractive and ocular health assessment.	<input type="text"/>	<input type="text"/>
24. Perform direct or binocular indirect ophthalmoscopy to assess health of posterior segment.	<input type="text"/>	<input type="text"/>
25. Perform color deficiency tests when indicated by patient risk factors.	<input type="text"/>	<input type="text"/>
26. Perform and interpret threshold visual field tests as indicated by history or prior test results.	<input type="text"/>	<input type="text"/>
27. Use and interpret specialty tests (e.g., pachymetry, optic nerve head analysis) for treatment or referral.	<input type="text"/>	<input type="text"/>
28. Use Amsler grid to reveal central field irregularities.	<input type="text"/>	<input type="text"/>
29. Take and evaluate patient blood pressure.	<input type="text"/>	<input type="text"/>
30. Recognize patient random serum glucose levels.	<input type="text"/>	<input type="text"/>

Part II - Job Task Ratings

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for performance of your job (Importance).

Diagnoses and Treatment Plans.

	Frequency	Importance
31. Explain refractive treatment options to patients.	<input type="text"/>	<input type="text"/>
32. Make differential diagnoses based on symptoms, history, physical examination, and test results.	<input type="text"/>	<input type="text"/>
33. Confirm diagnoses using diagnostic findings, consultative reports, and references.	<input type="text"/>	<input type="text"/>
34. Identify patients with systemic disorders that may affect the eyes or visual system.	<input type="text"/>	<input type="text"/>
35. Develop and communicate a treatment plan to address visual abnormalities and eye diseases and disorders.	<input type="text"/>	<input type="text"/>
36. Educate patients on maintaining visual health and integrity.	<input type="text"/>	<input type="text"/>
37. Refer patients to other specialists as indicated by history or examination findings.	<input type="text"/>	<input type="text"/>

Part II - Job Task Ratings

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for performance of your job (Importance).

Spectacles and Protective Eyewear.

	Frequency	Importance
38. Educate patients about frame and lens options to assist them in making an informed decision.	<input type="text"/>	<input type="text"/>
39. Prescribe base curves and lens thicknesses that improve visual function, appearance, and comfort.	<input type="text"/>	<input type="text"/>
40. Prescribe spectacles to improve patient vision.	<input type="text"/>	<input type="text"/>
41. Adjust and repair spectacle frames to give patients secure, comfortable, pleasing, and optically correct fit.	<input type="text"/>	<input type="text"/>
42. Inform patients about proper care of spectacles.	<input type="text"/>	<input type="text"/>
43. Investigate and address patient complaints with newly prescribed spectacles.	<input type="text"/>	<input type="text"/>
44. Prescribe and explain the need for protective eyewear.	<input type="text"/>	<input type="text"/>

Part II - Job Task Ratings

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for performance of your job (Importance).

Contact Lenses.

	Frequency	Importance
45. Evaluate patient preferences, needs, and goals when patients are considering or requesting contact lenses.	<input type="text"/>	<input type="text"/>
46. Review patient history to evaluate problems with contact lenses; and conditions, allergies, or medications that might affect contact lens use.	<input type="text"/>	<input type="text"/>
47. Review examination records to identify patient past or current corrective prescriptions.	<input type="text"/>	<input type="text"/>
48. Examine patient with biomicroscope to check for current ocular health conditions that affect contact lens use.	<input type="text"/>	<input type="text"/>
49. Determine if patient would benefit from a prosthetic or therapeutic lens.	<input type="text"/>	<input type="text"/>
50. Measure patient corneas and the contribution to total astigmatism and total refraction.	<input type="text"/>	<input type="text"/>
51. Verify lens parameters for rigid lenses with instruments.	<input type="text"/>	<input type="text"/>
52. Use corneal topography to determine corneal health and quality of vision.	<input type="text"/>	<input type="text"/>
53. Determine the type of contact lens for patients (e.g., soft vs. RGP, spherical vs. toric) based on patient needs and requirements.	<input type="text"/>	<input type="text"/>
54. Evaluate the contact lens modality for patients (e.g., daily wear, extended wear, flexible wear).	<input type="text"/>	<input type="text"/>
55. Calculate the parameters of the lenses to be prescribed from diagnostic data.	<input type="text"/>	<input type="text"/>
56. Perform over-refraction with contact lenses in place.	<input type="text"/>	<input type="text"/>
57. Evaluate the fit and movement of contact lenses with a biomicroscope or Burton lamp.	<input type="text"/>	<input type="text"/>
58. Educate patient or caregiver in the handling, risks, and use of contact lenses.	<input type="text"/>	<input type="text"/>
59. Analyze and address patient complaints with prescribed contact lenses.	<input type="text"/>	<input type="text"/>
60. Monitor and evaluate patient physiological response to contact lens wear.	<input type="text"/>	<input type="text"/>

Part II - Job Task Ratings

19. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for performance of your job (Importance).

Management of Eye Disorders and Referrals.

	Frequency	Importance
61. Prescribe oral or topical medications to treat ocular diseases, disorders, and trauma.	<input type="text"/>	<input type="text"/>
62. Determine dry eye treatment based on symptoms and clinical findings.	<input type="text"/>	<input type="text"/>
63. Remove nonpenetrating foreign bodies from cornea, sclera, eyelid, or adnexa with instruments.	<input type="text"/>	<input type="text"/>
64. Epilate eyelashes to treat trichiasis.	<input type="text"/>	<input type="text"/>
65. Monitor glaucoma suspects and treat glaucoma patients.	<input type="text"/>	<input type="text"/>
66. Refer glaucoma patients to specialists.	<input type="text"/>	<input type="text"/>
67. Treat patients with disorders of the anterior or posterior segment.	<input type="text"/>	<input type="text"/>
68. Refer patients with ocular and suspected systemic conditions to other health care providers.	<input type="text"/>	<input type="text"/>
69. Provide nutritional recommendations that may help prevent or slow progression of eye diseases.	<input type="text"/>	<input type="text"/>
70. Manage patients with ocular and other medical emergencies.	<input type="text"/>	<input type="text"/>
71. Educate patients regarding eye conditions, including possible risks and benefits of treatment.	<input type="text"/>	<input type="text"/>
72. Manage patients to improve or enhance visual function.	<input type="text"/>	<input type="text"/>
73. Manage patient treatment with other medical professionals.	<input type="text"/>	<input type="text"/>

Part II - Job Task Ratings

20. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for performance of your job (Importance).

Laws and Regulations.

	Frequency	Importance
74. Obtain consent to provide services from patient, parent, or guardian.	<input type="text"/>	<input type="text"/>
75. Report suspected child or elder abuse to authorities.	<input type="text"/>	<input type="text"/>
76. Conform to current optometric scope of practice.	<input type="text"/>	<input type="text"/>
77. Maintain patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
78. Release patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
79. Provide discounts for services in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
80. Order laboratory tests or imagery in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
81. Prescribe contact and spectacle lenses in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
82. Prescribe spectacle lenses in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
83. Prescribe contact lenses in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
84. Advertise optometric services offered in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
85. Remove foreign bodies from the eye in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
86. Refer patients to other health care providers without personal benefit in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
87. Treat and manage glaucoma patients in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
88. Manage optometry office, staff, and assistants in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
89. Display optometric license in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
90. Prescribe therapeutic pharmaceutical agents in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
91. Use professional conduct with patients and practice in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the questionnaire contains 223 knowledge statements. Please rate each of the knowledge statements based on how important you believe the knowledge is for performance of your current job as a licensed optometrist.

If the knowledge is NOT required for performance of your current job, rate the statement as "DOES NOT APPLY."

Please use the following scale to make your ratings:

IMPORTANCE SCALE

HOW IMPORTANT is this task for performance in your current practice?

0 - DOES NOT APPLY. This knowledge is not required for performance of tasks in my current practice.

1- NOT IMPORTANT. This knowledge is not important for performance of tasks in my current practice.

2 - FAIRLY IMPORTANT. This knowledge is somewhat important for performance of tasks in my current practice.

3 - IMPORTANT. This knowledge is important for performance of tasks in my current practice.

4 - VERY IMPORTANT. This knowledge is very important for performance of tasks in my current practice.

5 - CRITICALLY IMPORTANT. This knowledge is extremely important for performance of tasks in my current practice.

Part III - Job Knowledge Ratings

21. How important is this knowledge for performance of tasks in your current job?

Patient Examinations

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
1. Knowledge of the elements needed to complete a comprehensive ocular health history (e.g., prior surgeries).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge of methods to elicit chief complaint, symptoms, and ocular, medical, and family history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of congenital and developmental syndromes and the effects on vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowledge of methods to elicit history of past injuries (e.g., head trauma).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of methods to elicit patient use of smoking, drugs, and alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge of methods to elicit patient occupational and recreational activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Knowledge of patient medications that may induce eye or other disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of behavioral signs indicative of patient impairments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of common facial anomalies (e.g., carcinoma, ptosis) and health implications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Knowledge of neurological conditions related to vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of methods to determine visual acuity of various patient populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Knowledge of pinhole acuity testing and interpretation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knowledge of procedures to perform cranial-nerve assessments to determine patient neurological status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Knowledge of methods to test for pupillary anomalies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Knowledge of pupillary anomalies and their underlying causes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Knowledge of methods to determine parameters of existing spectacles or contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Knowledge of methods to perform visual field tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Knowledge of methods to measure patient interpupillary distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Knowledge of methods to interpret keratometry results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
20. Knowledge of symptoms and clinical signs of binocular dysfunction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Knowledge of methods to perform and interpret tests for defects in binocular alignment and eye movement (e.g., cover tests).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Knowledge of methods to perform retinoscopy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Knowledge of methods and procedures to determine prescription for corrective lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Knowledge of procedures to perform subjective refraction at both distance and near.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Knowledge of methods to use Jackson cross cylinders to refine axis and power measurements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Knowledge of methods to modify refractive examinations for low-vision patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Knowledge of methods to refract with a trial frame and prescribe lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Knowledge of relationship between accommodation and convergence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Knowledge of methods to perform tests for detecting eye suppression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Knowledge of methods to determine patient near points of convergence and accommodation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Knowledge of methods to differentiate accommodative and binocular dysfunction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Knowledge of methods to perform and interpret tests for stereopsis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Knowledge of methods to determine patient fixation disparity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Knowledge of binocular tests using a phoropter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Knowledge of methods to use prisms to determine patient binocular status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Knowledge of visual system developmental stages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Knowledge of motor and visual developmental milestones in children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Knowledge of examination procedures needed to identify visual processing disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Knowledge of symptoms of learning-related disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Knowledge of methods to measure accommodative status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Knowledge of topical anesthetics, dyes, or combinations and their applications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
42. Knowledge of procedures of instilling dyes, anesthetics, or combinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Knowledge of methods to remedy adverse effects of instilling dyes, anesthetics, or combinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Knowledge of Goldmann and other tonometry methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Knowledge of eye anatomy and the normal range of variation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Knowledge of common anomalies of the anterior segment and implications for vision and health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Knowledge of techniques to perform biomicroscopy to detect anomalies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Knowledge of methods and procedures for performing gonioscopy to evaluate angle structures and the fundus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Knowledge of adverse reactions and complications of UV and other radiation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Knowledge of ocular pathologies and the extent to which those effects are remediable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Knowledge of procedures to evert patient eyelids and recognize diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Knowledge of indications and contraindications of mydriatics and cycloplegics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Knowledge of methods to manage adverse effects of mydriatics and cycloplegics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Knowledge of ocular manifestations of systemic diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Knowledge of methods to perform direct and binocular indirect ophthalmoscopy to detect posterior segment anomalies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Knowledge of indications of binocular indirect ophthalmoscopy with scleral depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Knowledge of common anomalies of the posterior segment, clinical signs, and implications for vision and health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Knowledge of hypertension and its effects on systemic and ocular health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Knowledge of diabetes and its effects on systemic and ocular health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Knowledge of ocular findings that may indicate the presence of systemic diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Knowledge of color vision testing materials, procedures, and interpretation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Knowledge of methods to measure and interpret threshold visual field.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
63. Knowledge of methods used to localize the neural lesion causing a particular visual defect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Knowledge of etiology of low vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Knowledge of methods to identify the visual conditions of low-vision patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Knowledge of psychosocial aspects of low vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Knowledge of Amsler grid test procedures and interpretation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Knowledge of methods to take patient blood pressure with standard measuring equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Knowledge of conditions that require evaluation of patient blood pressure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Job Knowledge Ratings

22. How important is this knowledge for performance of tasks in your current job?

Diagnosis and Treatment Plan

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
70. Knowledge of methods to explain refractive treatment options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Knowledge of methods to eliminate symptoms of discomfort or diplopia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Knowledge of testing procedures to confirm the presence of ocular and visual disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Knowledge of common causes and sequelae of eye disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Knowledge of methods to recognize systemic diseases that produce similar ocular presentations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Knowledge of ocular pathologies and ocular immunological responses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Knowledge of methods to perform differential diagnostic procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Knowledge of situations that require an order or referral for imaging or laboratory tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Knowledge of pertinent laboratory test findings and their implications for patient symptoms and clinical signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Knowledge of common drugs and medications and their potential interactions and adverse reactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Knowledge of the effects of acute, chronic, and recurrent systemic disorders on the eyes and vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Knowledge of methods to identify ocular manifestations of systemic diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Knowledge of using eccentric fixation as a treatment option.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Knowledge of psychosomatic visual disorders and symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Knowledge of treatments and alternatives for common eye diseases and disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Knowledge of the risks, benefits, and prognosis of treatments and alternatives for common eye diseases and disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Knowledge of the relative cost of treatments and alternatives for common eye diseases and disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Knowledge of methods for developing and modifying vision training programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
88. Knowledge of methods for monitoring patient progress in vision training programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Knowledge of training methods to improve learning-related visual functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Knowledge of occupational, recreational, and lifestyle factors that affect visual health and integrity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Knowledge of factors that indicate a patient is legally blind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Knowledge of factors that indicate a patient needs referral for neuro-optometric rehabilitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Job Knowledge Ratings

23. How important is this knowledge for performance of tasks in your current job?

Spectacles and Protective Eyewear

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
93. Knowledge of advantages and disadvantages of particular lens types, designs, and materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Knowledge of how base curve, thickness, and vertex distance affect image size and patient comfort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Knowledge of prescribing supplemental spectacles for contact lens wearers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Knowledge of patient adaptation when alternating between contact lenses and spectacles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Knowledge of spectacle frame materials, types, and styles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Knowledge of spectacle frame styles suitable for specific corrections and lens types.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Knowledge of care and limitations of specific lenses, tints, and coatings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Knowledge of common needs for protective eyewear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Knowledge of lens and prism corrections for binocular misalignment, latent hyperopia, or aniseikonia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Knowledge of measurement and dispensing techniques for various types of multifocals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Knowledge of methods to adjust and repair spectacle frames to fit patients securely and comfortably.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Knowledge of ANSI standards for ophthalmic products.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Knowledge of OSHA standards for safety eyewear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Knowledge of manufacturers' indicators for safety lenses and frames.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Job Knowledge Ratings

24. How important is this knowledge for performance of tasks in your current job?

Contact Lenses

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
107. Knowledge of patient suitability for contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Knowledge of environmental conditions that affect contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Knowledge of types, characteristics, and chemical qualities of various contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Knowledge of advantages and disadvantages of various contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Knowledge of remedies for common patient complaints about contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Knowledge of causes of common patient complaints about contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Knowledge of common medications, ocular, and systemic diseases that affect contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Knowledge of sensitivities to contact lens materials and solutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Knowledge of methods to minimize or prevent sensitivities to contact lens materials and solutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Knowledge of binocular vision dysfunction that can affect contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Knowledge of methods to assess patient subjective response to contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Knowledge of methods to change contact lens parameters to improve fit and vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Knowledge of methods to use biomicroscopy to identify eye anomalies that affect contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Knowledge of methods to test the quantity and quality of tear production.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Knowledge of size and location of the palpebral fissure and its importance in fitting contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Knowledge of prosthetic or therapeutic contact lenses that improve the appearance or function of abnormal or damaged eyes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
124. Knowledge of methods to measure ocular parameters relevant to prescribing contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Knowledge of methods to take keratometry measurements for determining contact lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. Knowledge of methods to take keratometry measurements to evaluate total and corneal astigmatism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Knowledge of corneal topography to determine patient suitability for contact lens wear or corneal refractive therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. Knowledge of methods to use refraction, keratometry, test measurements, and diagnostic lens fittings to determine lens choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. Knowledge of methods to measure rigid lens parameters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Knowledge of factors that indicate patient suitability for corneal refractive therapy or other treatment options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Knowledge of methods to use corneal topography to diagnose eye conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Knowledge of methods to fit and assess rigid lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. Knowledge of methods to fit and assess soft lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Knowledge of methods to fit contact lenses after eye surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Knowledge of contact lens replacement schedules based on lens type.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. Knowledge of the use of contact lens care products recommended for patients based on eye condition and lens type.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Knowledge of use of over-refraction to determine lens correction using trial lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. Knowledge of methods to educate patients about the recommended use and care of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. Knowledge of methods to prevent contact lens sequelae.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. Knowledge of treatments for contact lens-related eye problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Knowledge of methods to troubleshoot contact lens problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Knowledge of methods to evaluate patient physiological response to contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Job Knowledge Ratings

25. How important is this knowledge for performance of tasks in your current job?

Management of Eye Disorders and Referrals

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
143. Knowledge of methods to write prescriptions for therapeutic drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Knowledge of indications and contraindications of therapeutic drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Knowledge of dosages, administration schedules, and durations of use of therapeutic drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Knowledge of methods for administering therapeutic drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Knowledge of side effects and options for managing the side effects of therapeutic drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. Knowledge of interaction of therapeutic drugs and UV exposure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. Knowledge of possible interactions between ocular and systemic medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Knowledge of adverse interactions of ocular and systemic medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Knowledge of the use of ocular lubricants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. Knowledge of punctal plugs to relieve eye dryness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. Knowledge of methods to insert punctal plugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Knowledge of preventive care and treatment options for eyelid and ocular surface diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Knowledge of instruments and procedures for removing non-perforating foreign bodies from the eye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Knowledge of follow-up treatment after removal of non-perforating foreign bodies from the eye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Knowledge of instruments and procedures for epilating eyelashes to relieve trichiasis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Knowledge of glaucoma classifications treatable by an optometrist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Knowledge of methods for glaucoma management and comanagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
160. Knowledge of glaucoma patient conditions for which a referral is necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Knowledge of procedures for stabilizing patients for emergency referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Knowledge of management of anterior segment disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. Knowledge of management of posterior segment disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. Knowledge of patient conditions for which a referral necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. Knowledge of eye or vision disorders and relevant specialists for referrals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. Knowledge of systemic disorders that require a referral to other medical professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Knowledge of recurrent symptoms or signs that indicate or require a referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. Knowledge of information required in referral or consultation letters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. Knowledge of methods to explain the risks, benefits, alternatives, and possible complications of eye surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. Knowledge of ocular and systemic diseases that affect eyesight, health, or life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. Knowledge of nutrition and nutritional supplements as they relate to ocular health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. Knowledge of ocular symptoms that indicate a patient should be seen immediately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. Knowledge of methods to train office staff to identify the symptoms that require a patient to be seen immediately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. Knowledge of extended examination procedures for common ocular emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175. Knowledge of symptoms and responses that require immediate attention (e.g., vasovagal reaction).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. Knowledge of symptoms that indicate an emergency that requires an immediate referral to another medical professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. Knowledge of visual function conditions and relevant specialists for referrals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. Knowledge of etiology and prognosis of ocular conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
179. Knowledge of patient suitability for eye surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. Knowledge of the risks, benefits, alternatives, and possible complications of eye surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181. Knowledge of neuro-optometric rehabilitation methods for treating brain injury patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Knowledge of training methods to enhance visual functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. Knowledge of ocular surgical complications and remedies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184. Knowledge of methods to manage treatment for a patient with developing or advanced ocular pathology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185. Knowledge of pre- and post-operative optometric care for patients referred for surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Job Knowledge Ratings

26. How important is this knowledge for performance of tasks in your current job?

Laws and Regulations

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
186. Knowledge of laws and regulations related to parent or guardian consent for treating minors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187. Knowledge of the methods to report suspected child or elder abuse to authorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
188. Knowledge of laws and regulations related to reporting suspected or known abuse of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
189. Knowledge of certifications required for performing various optometric services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
190. Knowledge of laws and regulations related to optometric scope of practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191. Knowledge of laws and regulations related to testing patients for diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
192. Knowledge of laws and regulations related to testing patients for ocular allergies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
193. Knowledge of laws and regulations related to administering flu, shingles, and pneumonia immunizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
194. Knowledge of laws and regulations related to retention of patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
195. Knowledge of laws and regulations related to providing receipts to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
196. Knowledge of laws and regulations related to release of patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
197. Knowledge of laws and regulations related to providing summaries of patient health records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
198. Knowledge of laws and regulations related to solicitation for payment from patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
199. Knowledge of laws and regulations related to providing discounts for services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
200. Knowledge of laws and regulations related to ordering laboratory tests or imagery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
201. Knowledge of laws and regulations related to information required on a prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
202. Knowledge of laws and regulations related to providing copies of prescriptions to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203. Knowledge of laws and regulations related to consumer notice posting related to consumer rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
204. Knowledge of laws and regulations related to shatter-resistant materials in a spectacle lens prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205. Knowledge of laws and regulations related to lens specifications required for a spectacle prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
206. Knowledge of laws and regulations related to the release of a contact lens prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207. Knowledge of laws and regulations related to confirmation of contact lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208. Knowledge of laws and regulations related to optometric advertising, misrepresentation, and false claims.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
209. Knowledge of laws and regulations regarding advertising free and discounted services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210. Knowledge of laws and regulations related to use of optometric title.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211. Knowledge of laws and regulations regarding optometric certification designations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212. Knowledge of laws and regulations regarding removal of foreign bodies from the eye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
213. Knowledge of laws and regulations regarding solicitation of referrals that provide beneficial interest to family or self.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214. Knowledge of laws and regulations regarding referral rebates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215. Knowledge of laws and regulations related to the treatment and management of glaucoma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
216. Knowledge of laws and regulations related to the duties and supervision of optometric assistants and to the duties of registered dispensing opticians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217. Knowledge of laws and regulations related to infection control guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218. Knowledge of laws and regulations related to use and display of optometric license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
219. Knowledge of laws and regulations related to prescribing therapeutic drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
220. Knowledge of laws and regulations related to administering therapeutic drugs and devices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
221. Knowledge of laws and regulations regarding excessive prescribing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
222. Knowledge of laws and regulations related to unprofessional conduct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
223. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you!

Thank you for taking the time to complete this questionnaire. The Board values your contribution to this study.

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OCCUPATIONAL ANALYSIS OF THE CONTACT LENS DISPENSER PROFESSION



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

BOARD OF OPTOMETRY

OCCUPATIONAL ANALYSIS OF THE CONTACT LENS DISPENSER PROFESSION



This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs
July 2019

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EXECUTIVE SUMMARY

The Board of Optometry (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of contact lens dispenser (CLD) practice in California. The purpose of the OA is to define current practice for CLDs in terms of the actual tasks that new CLDs must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the CLD profession that can then be used to review the Contact Lens Registry Examination (CLRE) developed by the National Contact Lens Examiners (NCLE).

OPES test specialists began by researching the profession and conducting telephone interviews with licensed CLDs working in locations throughout California. The purpose of these interviews was to identify the tasks performed by CLDs and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in CLD practice, along with statements representing the knowledge needed to perform those tasks.

In January 2019, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements derived from the telephone interviews. The workshop was comprised of licensed CLDs, or subject matter experts (SMEs), with diverse backgrounds in the profession (e.g., location of practice, years licensed, specialty). These SMEs also identified changes and trends in CLD practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge statement and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

After the workshop, OPES test specialists developed a three-part OA questionnaire to be completed by CLDs statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of licensed CLDs. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in early April 2019.

In the first part of the OA questionnaire, CLDs were asked to provide demographic information relating to their work settings and practice. In the second part, CLDs were asked to rate specific tasks in terms of frequency (i.e., how often the CLD performs the task in the CLD's current practice) and importance (i.e., how important the task is to effective performance of the CLD's current practice). In the third part, CLDs were asked to rate specific knowledge statements in terms of how important each knowledge statement is to effective performance of the CLD's current work.

In April 2019, on behalf of the Board, OPES distributed the questionnaire to licensed CLDs who were in good standing with the Board and had an email address in California (a total of 318 CLDs), inviting them to complete the OA questionnaire online. Paper mail invitations were sent to the entire population of CLDs who were in good standing with the Board (1,354). A total of 151 CLDs, or 11.2% of the CLDs receiving the invitation, responded by accessing the online OA

questionnaire. The final sample size included in the data analysis was 148, or 10.9% of the population invited to complete the questionnaire. This response rate reflects an adjustment: OPES excluded data from respondents who indicated they were not currently licensed and practicing as CLDs in California. The demographic composition of the respondent sample is representative of the CLD population in California.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data was analyzed, OPES conducted an additional workshop with SMEs in May 2019. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The SMEs then evaluated and confirmed the content area weights of the examination outline.

The examination outline is structured into five content areas weighted by criticality relative to the other content areas. This outline provides a description of the scope of practice for CLDs, and it also identifies the tasks and knowledge critical to safe and competent CLD practice in California at the time of licensure. Additionally, this examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to CLD practice in California.

At this time, California licensure as a CLD is granted by passing the CLRE.

OVERVIEW OF THE CLD EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1. Patient Assessment	This area assesses knowledge of patient contact lens needs based on patient prescription or lens type; prescription requirements; indications and contraindications; and conditions which require referral to an optometrist or other healthcare provider.	26%
2. Contact Lens Fitting	This area assesses knowledge of methods for interpreting prescriptions; procedures for handling contact lenses; determining and modifying measurements for contact lens prescriptions; and the anatomy and physiology of the eye.	21%
3. Patient Education and Training	This area assesses knowledge of techniques for training and educating patients on contact lens care; insertion and removal; adverse effects; wear schedules; and additional ocular protection.	22%
4. Patient Follow-Up and Contact Lens Dispensing	This area assesses knowledge of procedures for verifying that the product dispensed matches the patient prescription; maintaining records in accordance with laws and regulations; and recognizing and troubleshooting problems with prescription or fit.	27%
5. Advertising and Supervising	This area assesses knowledge of laws and regulations related to advertising and supervising trainees.	4%
Total		100%

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
CHAPTER 1 INTRODUCTION	1
PURPOSE OF THE OCCUPATIONAL ANALYSIS	1
CONTENT VALIDATION STRATEGY	1
PARTICIPATION OF SUBJECT MATTER EXPERTS	1
ADHERENCE TO LEGAL STANDARDS AND GUIDELINES	1
DESCRIPTION OF OCCUPATION	2
CHAPTER 2 OCCUPATIONAL ANALYSIS QUESTIONNAIRE	4
SUBJECT MATTER EXPERT INTERVIEWS	4
TASK AND KNOWLEDGE STATEMENTS	4
QUESTIONNAIRE DEVELOPMENT	5
PILOT STUDY	5
CHAPTER 3 RESPONSE RATE AND DEMOGRAPHICS	6
SAMPLING STRATEGY AND RESPONSE RATE	6
DEMOGRAPHIC SUMMARY	6
CHAPTER 4 DATA ANALYSIS AND RESULTS	18
RELIABILITY OF RATINGS	18
TASK CRITICALITY INDICES	19
KNOWLEDGE IMPORTANCE RATINGS	20
CHAPTER 5 EXAMINATION OUTLINE	21
TASK-KNOWLEDGE LINKAGE	21
CONTENT AREA WEIGHTS	21
CHAPTER 6 CONCLUSION	29

LIST OF TABLES

TABLE 1 – NUMBER OF YEARS LICENSED AS A CLD	8
TABLE 2 – PRIMARY WORK SETTING	9
TABLE 3 – JOB TITLE	10
TABLE 4 – HOURS WORKED PER WEEK	11
TABLE 5 – LICENSED AS A SPECTACLE LENS DISPENSER.....	12
TABLE 6 – LOCATION OF PRIMARY WORK SETTING.....	13
TABLE 7 – NUMBER OF REGISTERED CLDs WORKING AT FACILITY.....	14
TABLE 8 – NUMBER OF NONREGISTERED CLDs WORKING AT FACILITY.....	15
TABLE 9 – EDUCATION AND TRAINING	16
TABLE 10 – RESPONDENTS BY REGION.....	17
TABLE 11 – TASK SCALE RELIABILITY.....	18
TABLE 12 – KNOWLEDGE SCALE RELIABILITY.....	19
TABLE 13 – PRELIMINARY CONTENT AREA WEIGHTS	22
TABLE 14 – FINAL CONTENT AREA WEIGHTS	22
TABLE 15 – EXAMINATION OUTLINE FOR THE CLD PROFESSION.....	23

LIST OF FIGURES

FIGURE 1 – NUMBER OF YEARS LICENSED AS A CLD	8
FIGURE 2 – PRIMARY WORK SETTING	9
FIGURE 3 – JOB TITLE	10
FIGURE 4 – HOURS WORKED PER WEEK	11
FIGURE 5 – LICENSED AS A SPECTACLE LENS DISPENSER	12
FIGURE 6 – LOCATION OF PRIMARY WORK SETTING	13
FIGURE 7 – NUMBER OF REGISTERED CLDS WORKING AT FACILITY	14
FIGURE 8 – NUMBER OF NONREGISTERED CLDS WORKING AT FACILITY	15
FIGURE 9 – EDUCATION AND TRAINING	16

LIST OF APPENDICES

APPENDIX A RESPONDENTS BY REGION.....	30
APPENDIX B CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA	35
APPENDIX C TASK CRITICALITY INDEX RETAIL AND NONRETAIL COMPARISON	41
APPENDIX D KNOWLEDGE IMPORTANCE RATINGS RETAIL AND NONRETAIL COMPARISON.....	45
APPENDIX E KNOWLEDGE IMPORTANCE RATINGS BY CONTENT AREA	51
APPENDIX F QUESTIONNAIRE INVITATION LETTER TO PRACTITIONERS.....	57
APPENDIX G QUESTIONNAIRE INVITATION EMAIL TO PRACTITIONERS	60
APPENDIX H QUESTIONNAIRE	62

CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Optometry (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of CLD practice in California. The purpose of the OA is to identify the critical activities performed by CLDs in California. The results of this OA provide a description of practice for the CLD profession that can then be used to review the Contact Lens Registry Examination (CLRE) developed by the National Contact Lens Examiners (NCLE).

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by practicing CLDs. OPES incorporated the technical expertise of California CLDs throughout the OA process to ensure that the identified task and knowledge statements directly reflect requirements for performance in current practice.

PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected California CLDs to participate as subject matter experts (SMEs) during the OA. These SMEs were selected from a broad range of work settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current CLD practice during the development phase of the OA. The SMEs also provided technical expertise during the workshop that was convened to evaluate and refine the content of task and knowledge statements before administration of the OA questionnaire. After the administration of the OA questionnaire, OPES convened an additional group of SMEs to review the results and finalize the examination outline, which ultimately provides the basis of the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purpose of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.

- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the tasks and knowledge required for practice.

DESCRIPTION OF OCCUPATION

The CLD occupation is described as follows in sections 2560-2564.5 of the California Business and Professions Code:

2560. No individual may fit and adjust contact lenses, including plano contact lenses, unless the registration requirement of Section 2550 is complied with, and unless (a) the individual is a duly registered contact lens dispenser as provided in Section 2561 or (b) the individual performs the fitting and adjusting under the direct responsibility and supervision of a duly registered contact lens dispenser who is then present on the registered premises. In no event shall a registered contact lens dispenser supervise more than three contact lens dispenser trainees.

2561. An individual shall apply for registration as a registered contact lens dispenser on forms prescribed by the board. The board shall register an individual as a registered contact lens dispenser upon satisfactory proof that the individual has passed the contact lens registry examination of the National Committee of Contact Lens Examiners or any successor agency to that committee. In the event the board should ever find after hearing that the registry examination is not appropriate to determine entry level competence as a contact lens dispenser or is not designed to measure specific job performance requirements, the board may thereafter from time to time prescribe or administer a written examination that meets those specifications. If an applicant for renewal has not engaged in the full-time or substantial part-time practice of fitting and adjusting contact lenses within the last five years then the board may require the applicant to take and pass the examination referred to in this section as a condition of registration. Any examination administered by the board shall be given at least twice each year on dates publicly announced at least 90 days before the examination dates. The board is authorized to contract with the National Committee of Contact Lens Examiners or any successor agency to that committee to provide that the registry examination is given at least twice each year on dates publicly announced at least 90 days before the examination dates.

The board may deny registration where there are grounds for denial under the provisions of Division 1.5 (commencing with Section 475).

The board shall issue a certificate to each qualified individual stating that the individual is a registered contact lens dispenser.

A registered contact lens dispenser may use that designation, but shall not hold himself or herself out in advertisements or otherwise as a specialist in fitting and adjusting contact lenses.

2562. Upon satisfactory completion of the fitting of contact lenses, but in no event more than 60 days after receipt of the prescription, a registered contact lens dispenser shall direct the person named in the prescription to return to the prescribing physician and surgeon or optometrist for an evaluation.

2563. A certificate issued to a registered contact lens dispenser may in the discretion of the board be suspended or revoked for violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter, or for incompetence, gross negligence, or repeated similar negligent acts performed by the certificate holder. A certificate may also be suspended or revoked if the individual certificate holder has been convicted of a felony as provided in Section 2555.1.

Any proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

2564. The provisions of this article shall not apply to an assistant fitting contact lenses while acting under the direct responsibility and supervision of a physician and surgeon or optometrist who engages in the practice of fitting contact lenses for his or her patients under Section 2544.

2564.5. A registered dispensing optician fitting contact lenses shall maintain accessible handwashing facilities on the premises and those facilities shall be used before each fitting of contact lenses.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of CLDs to contact for telephone interviews. During the semi-structured interviews, nine CLDs were asked to identify all of the activities they perform that are specific to the CLD profession. The CLDs outlined major content areas of their practice and confirmed the tasks performed in each content area. The CLDs were also asked to identify the knowledge necessary to perform each task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

To develop task and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., previous OA report, articles, industry publications) and from interviews with CLD SMEs.

In January 2019, OPES test specialists facilitated a workshop with six CLDs from diverse backgrounds (e.g., years licensed, work setting, and work location) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness.

OPES presented the task and knowledge statements to the SMEs, and they assigned each statement to a content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge statement and every knowledge statement had a related task. The SMEs also verified proposed demographic questions for the OA questionnaire, including questions regarding scope of practice and work setting.

Once the lists of task and knowledge statements and the demographic questions were verified, OPES used this information to develop an online questionnaire that was sent to California CLDs for completion and evaluation.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit CLDs' ratings of the task and knowledge statements. The surveyed CLDs were instructed to rate each task in terms of how often they perform the task (Frequency) and in terms of how important the task is to the effective performance of their current work (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge is to the effective performance of their current work (Importance). The OA questionnaire also included a demographic section for the purpose of developing an accurate profile of the respondents. The OA questionnaire can be found in Appendix H.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The pilot study was reviewed by the Board and then sent to six SMEs who had participated in the task and knowledge statement development workshop. The respondents provided information about the technical accuracy of the task and knowledge statements, online navigation, and ease of use of the study. OPES used this feedback to develop the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In April 2019, on behalf of the Board, OPES distributed a questionnaire to licensed CLDs in California who were in good standing with the Board (a total of 1,354 CLDs), inviting them to complete the OA questionnaire online. The paper mail and email invitations can be found in Appendices F and G.

Of the 1,354 CLDs in the sample, 151 CLDs (11.2%) responded by accessing the web-based questionnaire. The final sample size included in the data analysis was 148 respondents, or 10.9% of the CLDs who were invited to complete the questionnaire. This response rate reflects an adjustment: OPES excluded data from respondents who indicated they were not currently licensed and practicing as CLDs in California. Because respondents were permitted to skip items, response rates vary from item to item. The respondent sample appears to be representative of the population of California CLDs based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 33.8% of the respondents included in the analysis reported having been licensed for 5 years or fewer, 20.9% for 6-10 years, 23.0% for 11-20 years, and 18.2% for more than 20 years.

Table 2 and Figure 2 show that the majority of respondents (75.7%) reported working in the retail setting, and 10.1% reported working for a corporation. Table 3 and Figure 3 show that 59.5% of respondents report their job title as licensed optician, and 29.7% report their job title as manager/supervisor.

Table 4 and Figure 4 show that the greatest percentage of respondents (56.1%) reported working between 40-49 hours per week, and 21.6% reported working 30-39 hours per week. Table 5 and Figure 5 show that 93.9% respondents reported that they are also licensed spectacle lens dispensers.

When asked to indicate the location of their primary work setting, 83.1% of the respondents reported that they work in an urban area. See Table 6 and Figure 6.

As shown in Table 7 and Figure 7, 43.9% of respondents reported having between 1-3 other registered CLDs in their facility, and 29.1% reported having between 4-6 other registered CLDs. As shown in Table 8 and Figure 8, 58.8% reported having between 1-3 nonregistered CLDs working in their facility, and 20.9% reported working with no nonregistered CLDs.

When asked to report their education and training, 47.9% reported having on-the-job training and 33.7% reported having attended vocational schools. See Table 9 and Figure 9.

More detailed demographic information from respondents can be found in Tables 1-10 and Figures 1-9.

TABLE 1 – NUMBER OF YEARS LICENSED AS A CLD*

YEARS	NUMBER (N)	PERCENT
0 to 5 years	50	33.8%
6 to 10 years	31	20.9%
11 to 20 years	34	23.0%
More than 20 years	27	18.2%
Missing	6	4.1%
Total	148	100

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS A CLD

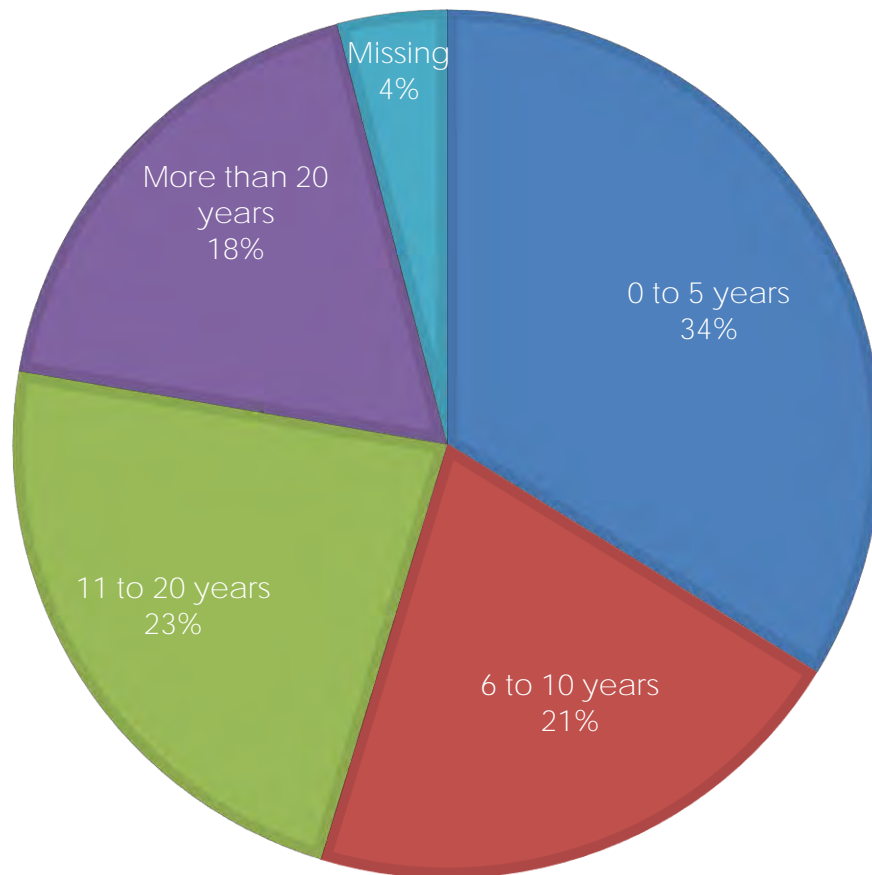


TABLE 2 – PRIMARY WORK SETTING*

SETTING	NUMBER (N)	PERCENT
Retail	112	75.7%
Private Practice	8	5.4%
Partnership	1	0.7%
Group Practice	2	1.4%
Corporation	15	10.1%
Educational facility	1	0.7%
Other	2	1.4%
Missing	7	4.7%
Total	148	100

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 2 – PRIMARY WORK SETTING

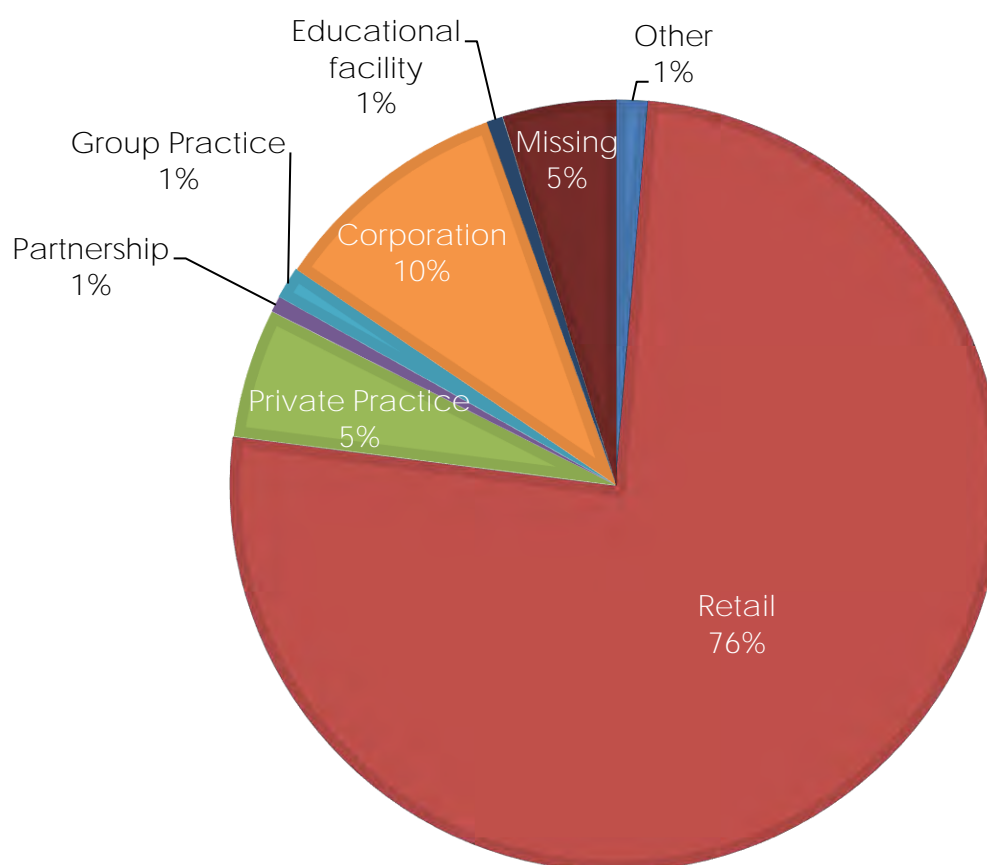


TABLE 3 – JOB TITLE*

TITLE	NUMBER (N)	PERCENT
Sole owner / Principal	6	4.1%
Manager / Supervisor	44	29.7%
Ophthalmic technician	2	1.4%
Contact lens fitter	1	0.7%
Licensed optician	88	59.5%
Other	1	0.7%
Missing	6	4.1%
Total	148	100

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 3 – JOB TITLE

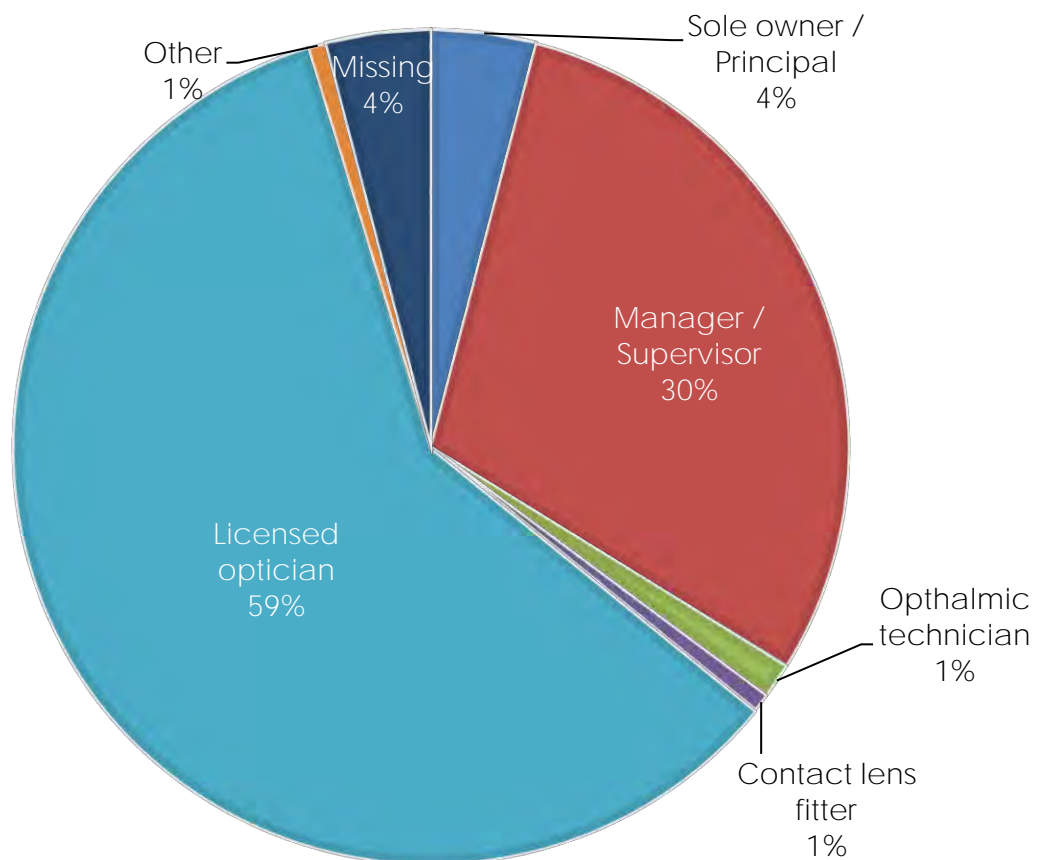


TABLE 4 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
9 or fewer	13	8.8%
10 to 19 hours	4	2.7%
20 to 29 hours	7	4.7%
30 to 39 hours	32	21.6%
40 to 49 hours	83	56.1%
50 or more hours	2	1.4%
Missing	7	4.7%
Total	148	100

FIGURE 4 – HOURS WORKED PER WEEK

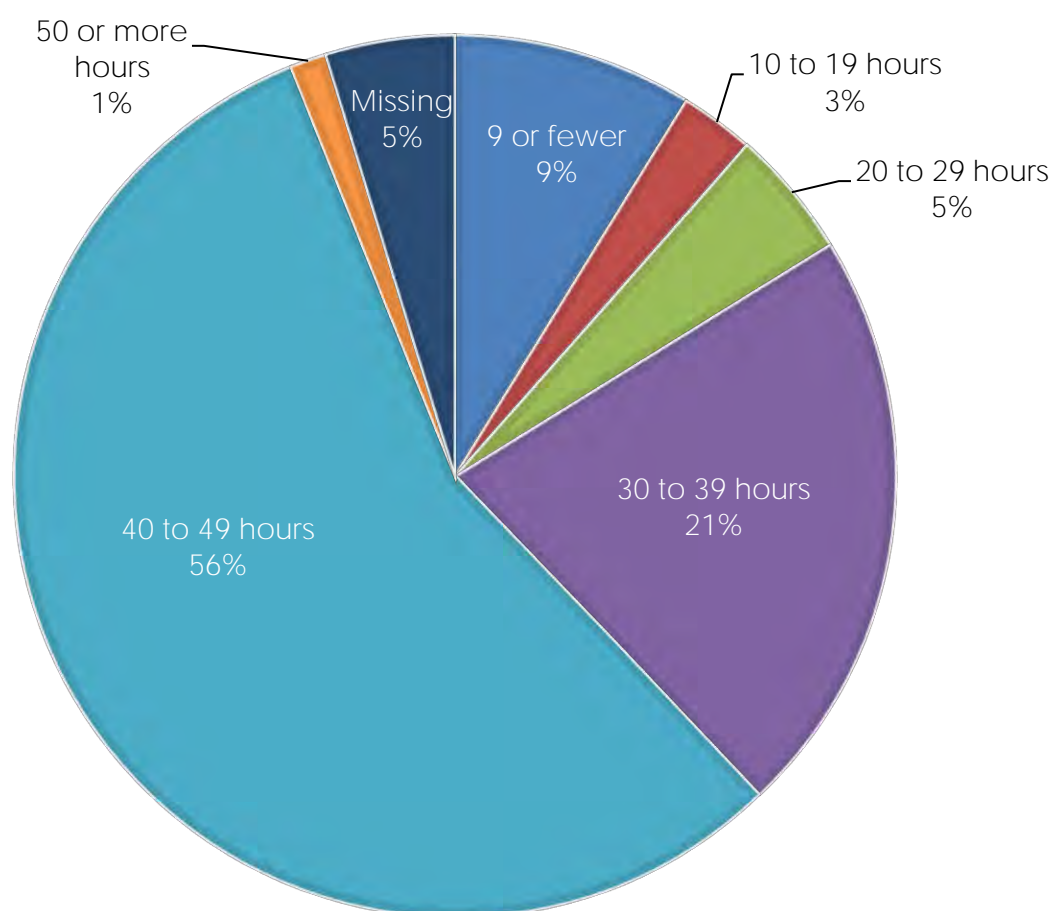


TABLE 5 – LICENSED AS A SPECTACLE LENS DISPENSER

SPECTACLE LENS DISPENSER	NUMBER (N)	PERCENT
Yes	139	93.9%
No	2	1.4%
Missing	7	4.7%
Total	148	100

FIGURE 5 – LICENSED AS A SPECTACLE LENS DISPENSER

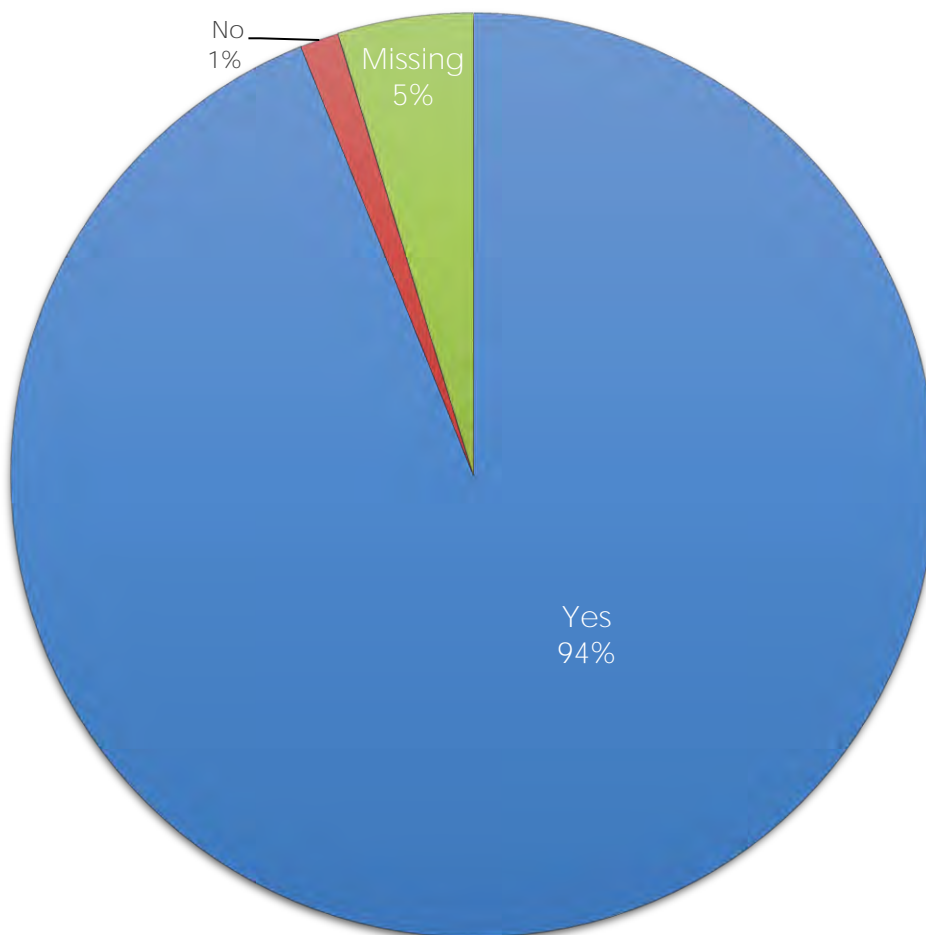


TABLE 6 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (50,000 or more)	123	83.1%
Rural (fewer than 50,000)	19	12.8%
Missing	6	4.1%
Total	148	100

FIGURE 6 – LOCATION OF PRIMARY WORK SETTING

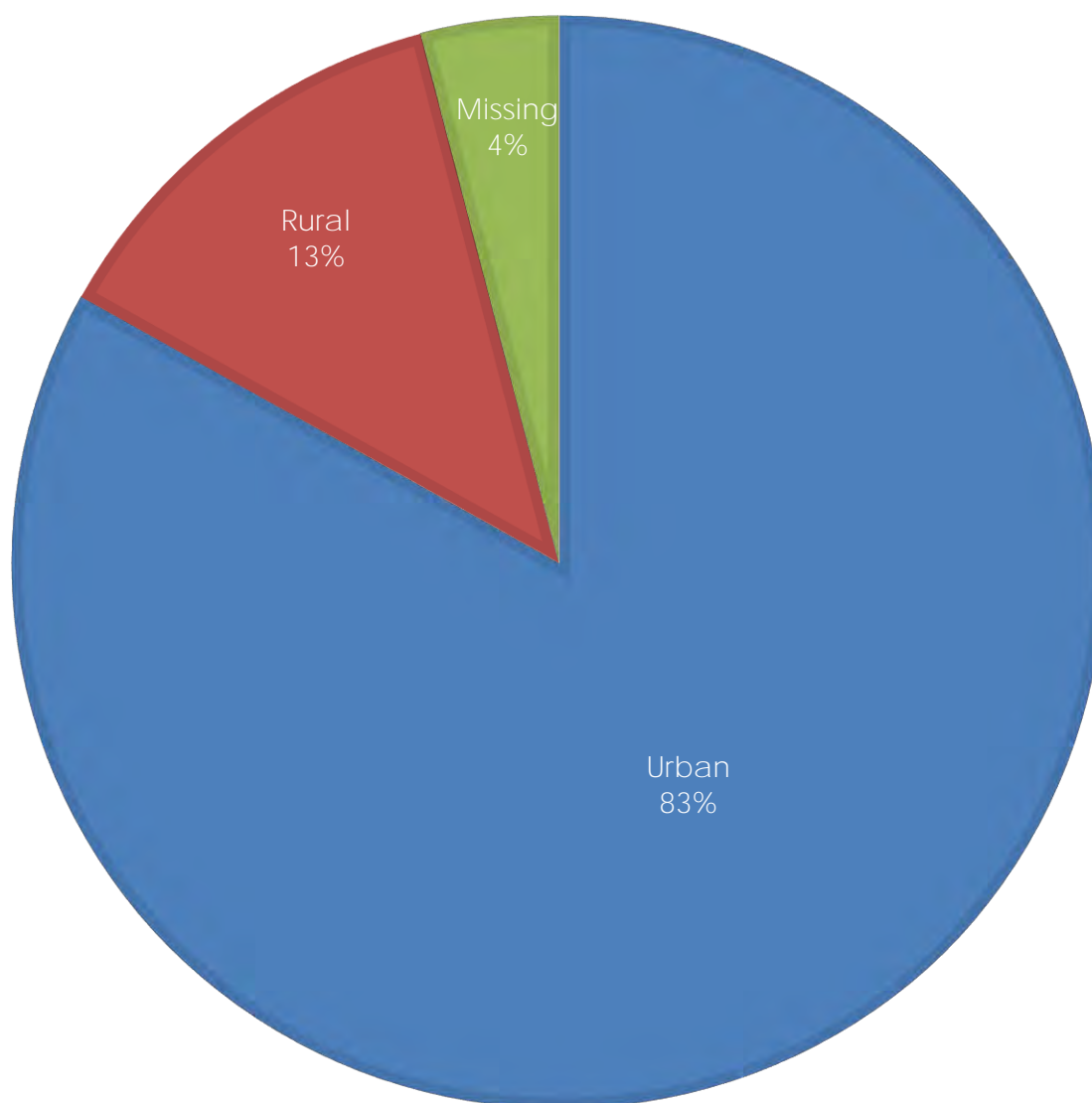


TABLE 7 – NUMBER OF REGISTERED CLDs WORKING AT FACILITY

CLDs	NUMBER (N)	PERCENT
0	17	11.5%
1-3	65	43.9%
4-6	43	29.1%
7 or more	16	10.8%
Missing	7	4.7%
Total	148	100

FIGURE 7 – NUMBER OF REGISTERED CLDS WORKING AT FACILITY

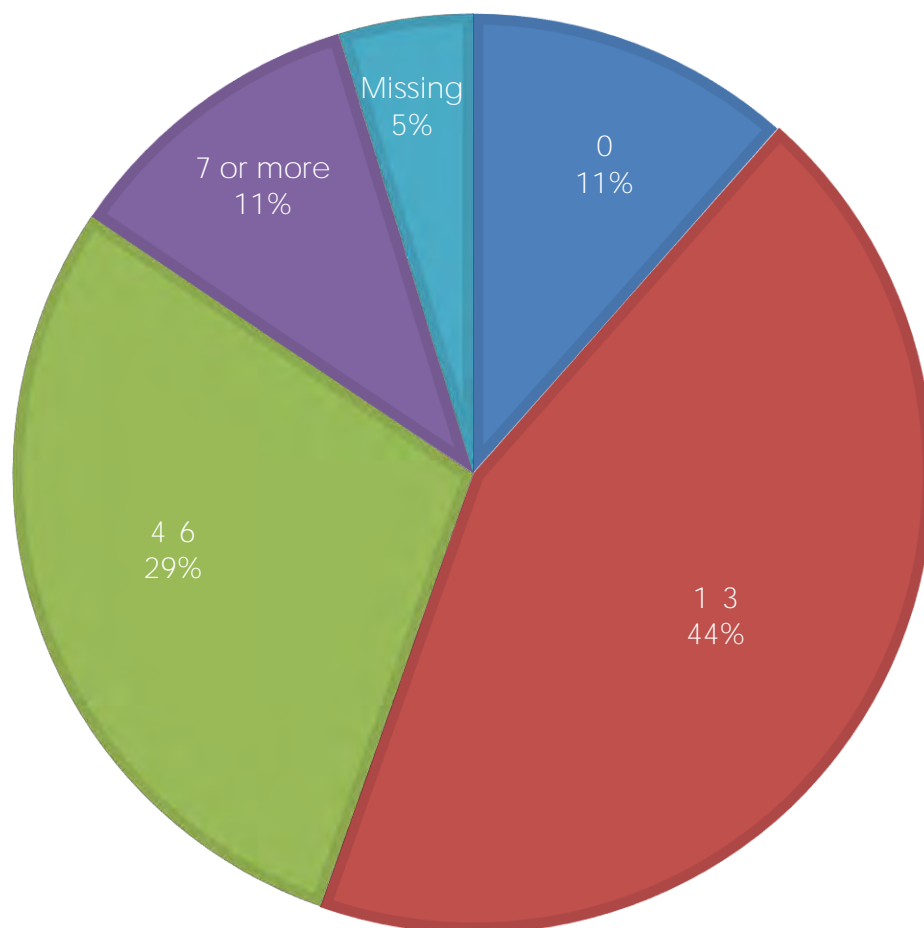


TABLE 8 – NUMBER OF NONREGISTERED CLDs WORKING AT FACILITY*

CLDs	NUMBER (N)	PERCENT
0	31	20.9%
1-3	87	58.8%
4-6	15	10.1%
7 or more	7	4.7%
Missing	8	5.4%
Total	148	100

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 8 – NUMBER OF NONREGISTERED CLDs WORKING AT FACILITY

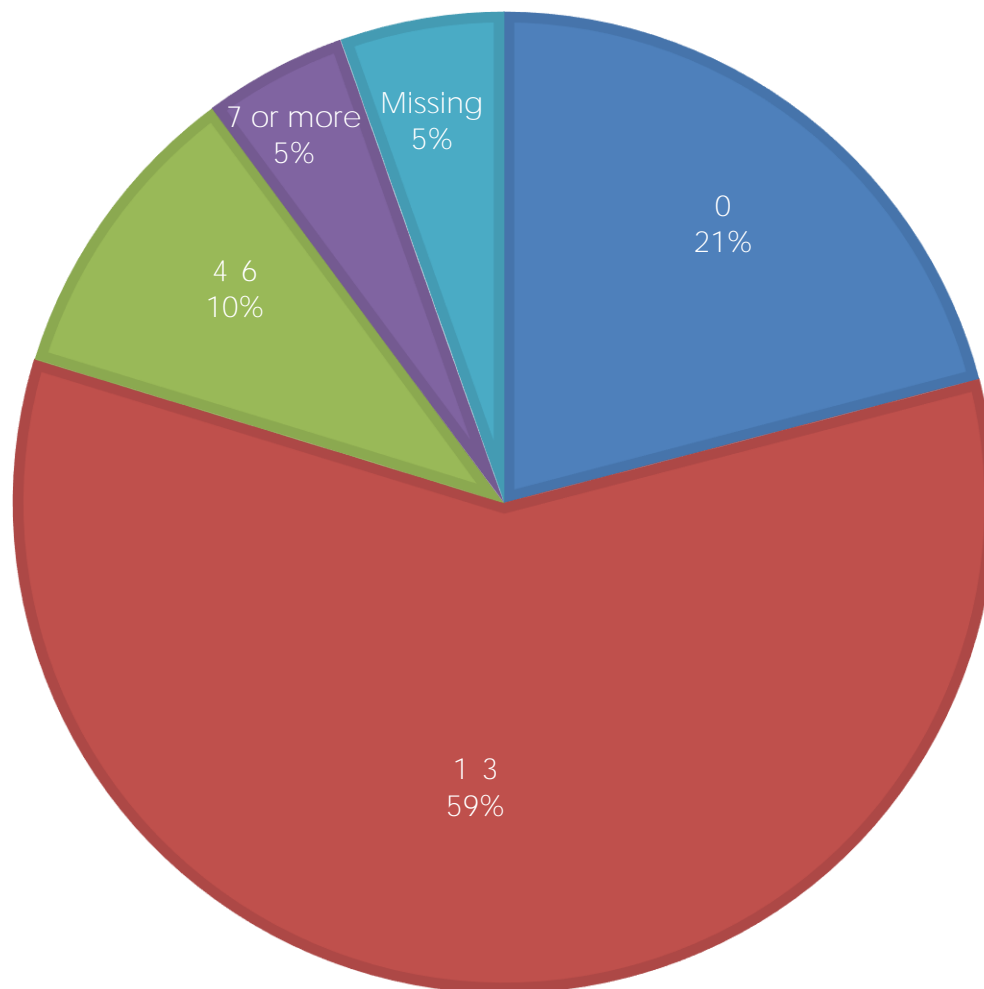


TABLE 9 – EDUCATION AND TRAINING*

EDUCATION	NUMBER (N)	PERCENT
On-the-job training	71	47.9%
Vocational program	50	33.7%
Associate degree	24	16.2%
Bachelor's degree	37	25.0%
Master's degree	2	1.3%
Doctorate	1	0.6%
Other	4	2.7%

*NOTE: Respondents were asked to select all that apply.

FIGURE 9 – EDUCATION AND TRAINING

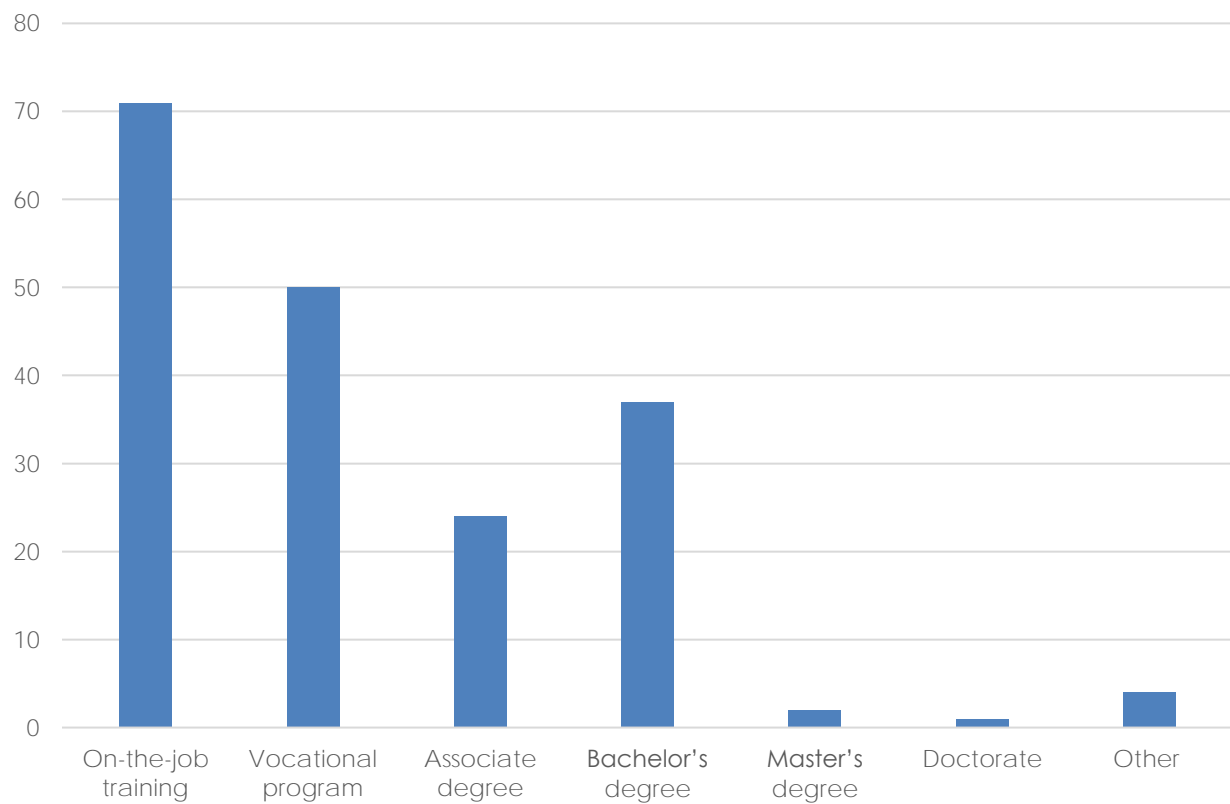


TABLE 10 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	40	27.0%
San Francisco Bay Area	23	15.5%
San Joaquin Valley	19	12.8%
Sacramento Valley	8	5.4%
San Diego County and Vicinity	17	11.5%
Shasta - Cascade	2	1.4%
Riverside and Vicinity	19	12.8%
Sierra Mountain Valley	3	2.0%
North Coast	2	1.4%
South Coast and Central Coast	7	4.7%
Missing	8	5.4%
Total	148	100

* NOTE: Percentages do not total 100 due to rounding.

Appendix A shows a more detailed breakdown of the frequencies by region.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings obtained by the questionnaire results with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task statement rating scales in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (frequency $\alpha = .953$; importance $\alpha = .946$). Table 12 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge statement importance across content areas were also highly reliable ($\alpha = .982$). These results indicate that the responding CLDs rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Patient Assessment	6	.747	.773
2. Contact Lens Fitting	8	.890	.933
3. Patient Education and Training	6	.906	.918
4. Patient Follow-Up and Contact Lens Dispensing	7	.763	.618
5. Advertising and Supervising	2	.614	.645
Total	29	.953	.946

TABLE 12 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. Patient Assessment	13	.925
2. Contact Lens Fitting	15	.962
3. Patient Education and Training	13	.968
4. Patient Follow-Up and Contact Lens Dispensing	10	.927
5. Advertising and Supervising	2	.669
Total	53	.982

TASK CRITICALITY INDICES

OPES convened a workshop consisting of six SMEs in May 2019. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective CLD practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index and evaluated the mean importance ratings for all knowledge statements.

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (F_i) and the importance rating (I_i) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

$$\text{Task criticality index} = \text{mean } [(F_i) \times (I_i)]$$

The task statements were sorted in descending order of their criticality index and by content area. The task statements, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

The SMEs who participated in the May 2019 workshop evaluated the task criticality indices derived from the questionnaire results. SMEs were provided with the mean criticality indices across all respondents. Because of the differing duties between CLDs working in retail and CLDs working in other practice settings, OPES test specialists also analyzed the task ratings separately for respondents practicing in retail and nonretail settings. During the May 2019 workshop, OPES test specialists facilitated a discussion with the SMEs to determine whether practice for CLDs in retail and nonretail settings could be adequately addressed using the same set of tasks. Appendix C presents a comparison of task criticality indexes for retail and nonretail and Appendix D presents a comparison of knowledge importance ratings for retail and nonretail.

OPES test specialists instructed the SMEs to identify a cutoff value to determine if any of the tasks did not have a high enough criticality index to be retained. The SMEs determined that all tasks were important in both retail and nonretail settings and that separate examination outlines would not be necessary. Based on the SMEs' judgment of the relative importance of tasks to CLD practice, the SMEs determined that no cutoff value should be established and that all task statements would remain in the examination outline.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. Because of the differing duties between CLDs working in retail and CLDs working in other practice settings, OPES test specialists also analyzed the knowledge ratings separately for respondents practicing in retail and nonretail settings. The knowledge statements and their mean importance ratings, sorted by content area and in descending order, are presented in Appendix E.

The SMEs who participated in the May 2019 workshop that evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to CLD practice, the SMEs determined that no cutoff value should be established and that all knowledge statements should remain in the examination outline.

CHAPTER 5 | EXAMINATION OUTLINE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the May 2019 workshop reviewed the preliminary assignments of the task and knowledge statements to content areas from the January 2019 workshop. The SMEs established the final linkage of specific knowledge statements to task statements.

The SMEs reviewed the content areas and wrote descriptions for each content area. The SMEs also changed the name of content area 5 (originally titled Scope of Practice) to Advertising and Supervising.

CONTENT AREA WEIGHTS

The SMEs in the May 2019 workshop were asked to evaluate the tasks within each content area and determine whether they should be categorized into subareas. The SMEs determined that no subareas were needed.

The SMEs were also asked to finalize the weights for the content areas on the CLD examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the following elements for each content area: the group of tasks and knowledge, the linkage established between the tasks and knowledge, and the relative importance of the tasks to CLD practice in California. The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to CLD practice in California. The preliminary and final content area weights for the CLD examination outline are presented in Tables 13 and 14.

TABLE 13 – PRELIMINARY CONTENT AREA WEIGHTS*

Content Area	Percent Weight
1. Patient Assessment	27%
2. Contact Lens Fitting	18%
3. Patient Education and Training	22%
4. Patient Follow-Up and Contact Lens Dispensing	27%
5. Advertising and Supervising	7%
Total	100%

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 14 – FINAL CONTENT AREA WEIGHTS

Content Area	Percent Weight
1. Patient Assessment	26%
2. Contact Lens Fitting	21%
3. Patient Education and Training	22%
4. Patient Follow-Up and Contact Lens Dispensing	27%
5. Advertising and Supervising	4%
Total	100%

The examination outline for the CLD profession is presented in Table 15.

TABLE 15 – EXAMINATION OUTLINE FOR THE CLD PROFESSION

1. PATIENT ASSESSMENT (26%)	This area assesses knowledge of patient contact lens needs based on patient prescription or lens type; prescription requirements; indications and contraindications; and conditions which require referral to an optometrist or other health care provider.
Tasks	Associated Knowledge Statements
T1. Evaluate contact lens wear schedule preferences, needs, and goals when patients are considering or requesting contact lenses.	K1. Knowledge of patient eye conditions (e.g. dry eyes, corneal abrasion) that could affect contact lens use. K2. Knowledge of common medical conditions and medications that could affect contact lens use. K3. Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials. K4. Knowledge of lifestyle factors and hobbies that affect contact lens selection.
T2. Refer patients to medical professional to address possible medical conditions.	K5. Knowledge of patient medical conditions that require referral to a medical professional.
T3. Provide information regarding different types of contact lenses (e.g., soft vs. RPG; spherical vs. toric) and wear schedules.	K6. Knowledge of advantages and disadvantages of different types of contact lenses. K7. Knowledge of current trends in contact lenses. K8. Knowledge of the water and air content of different types of contact lenses. K9. Knowledge of different brands of contact lenses and their base curves and diameters.
T4. Refer patients to optometrists or ophthalmologists to obtain current prescriptions.	K10. Knowledge of requirements for patients to have prescription before contact lens fitting.
T5. Obtain patient authorization to request that optometrists or ophthalmologists provide patient prescriptions.	K11. Knowledge of requirements for patient consent for release of medical records.
T6. Review contact lens prescriptions provided by patients to ensure they are valid and current.	K12. Knowledge of required elements for contact lens prescriptions. K13. Knowledge of contact lens prescription expiration dates.

2. CONTACT LENS FITTING (21%)	This assesses knowledge of methods for interpreting prescriptions; procedures for handling contact lenses; determining and modifying measurements for contact lens prescriptions; and anatomy and physiology of the eye.
Tasks	Associated Knowledge Statements
T7. Interpret contact lens prescriptions to understand vision corrections.	K14. Knowledge of anatomy and physiology of the eye. K15. Knowledge of how to interpret contact lens prescriptions.
T8. Perform keratotomy to measure curvature of patient cornea.	K14. Knowledge of anatomy and physiology of the eye. K16. Knowledge of methods to adjust base curve measurements. K17. Knowledge of how to interpret keratotomy findings. K18. Knowledge of methods to use a keratometer to measure base curve.
T9. Modify curvature measurement to improve contact lens fit.	K14. Knowledge of anatomy and physiology of the eye. K19. Knowledge of base curves, diameters, and thicknesses of contact lenses. K20. Knowledge of instruments used to verify contact lens parameters and fit.
T10. Convert spectacle lens prescription to contact lens prescription.	K15. Knowledge of how to interpret contact lens prescriptions. K19. Knowledge of base curves, diameters, and thicknesses of contact lenses. K21. Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.
T11. Wash hands before handling contact lenses.	K22. Knowledge of methods for maintaining hygiene when handling contact lenses.
T12. Handle different contact lens types based on manufacturer's recommendations.	K23. Knowledge of methods for handling soft contact lenses. K24. Knowledge of methods for handling hard contact lenses. K25. Knowledge of methods for handling rigid gas permeable contact lenses.

T13. Dispense trial lenses for patients based on base curve and vision correction requirements.	K16. Knowledge of methods to adjust base curve measurements. K19. Knowledge of base curves, diameters, and thicknesses of contact lenses.
T14. Assess base curve, diameter, and visual acuity of trial contact lenses to determine fit.	K16. Knowledge of methods to adjust base curve measurements. K17. Knowledge of how to interpret keratotomy findings. K19. Knowledge of base curves, diameters, and thicknesses of contact lenses. K20. Knowledge of instruments used to verify contact lens parameters and fit. K26. Knowledge of methods to perform visual acuity tests. K27. Knowledge of methods to assess fit of contact lenses. K28. Knowledge of procedures to use a slit lamp to assess the relationship between the cornea and the lens.

3	PATIENT EDUCATION AND TRAINING (22%)	This assesses knowledge of techniques for training and educating patients on contact lens care; insertion and removal; adverse effects; wear schedules; and additional ocular protection.
	Tasks	Associated Knowledge Statements
T15.	Train patients on techniques for inserting and removing contact lenses.	K29. Knowledge of methods for training patients to insert and remove contact lenses. K30. Knowledge of techniques for inserting and removing soft contact lenses. K31. Knowledge of techniques for inserting and removing hard contact lenses. K32. Knowledge of techniques for inserting and removing rigid gas permeable contact lenses.
T16.	Train patients on methods for cleaning contact lenses.	K33. Knowledge of contact lens solutions for cleaning and lubrication.
T17.	Educate patients about contact lens wear schedules.	K34. Knowledge of contact lens wear schedules based on lens type. K35. Knowledge of wear schedules for extended-wear contact lenses.
T18.	Educate patients about the possible adverse effects of contact lenses.	K36. Knowledge of adverse effects (e.g., eye infections) of contact lens wear. K37. Knowledge of adverse effects of wearing contact lenses for more hours than recommended. K38. Knowledge of adverse effects of not following manufacturer recommendations for extended-wear contact lenses.
T19.	Educate patients about the signs and symptoms of eye infections and corneal ulcers.	K39. Knowledge of signs and symptoms of eye irritation and infection. K40. Knowledge of signs and symptoms of corneal ulcers.
T20.	Educate patients about the need for secondary lens options and sun protection.	K41. Knowledge of the need for secondary lenses and sun protection when wearing contact lenses.

4	PATIENT FOLLOW-UP AND CONTACT LENS DISPENSING (27%)	This assesses knowledge of procedures for verifying that the product dispensed matches the patient prescription; maintaining records in accordance with laws and regulations; and recognizing and troubleshooting problems with prescription or fit.
	Tasks	Associated Knowledge Statements
T21.	Verify that patient prescriptions match the packaged contact lenses when dispensing.	K42. Knowledge of ANSI standards for contact lenses.
T22.	Address patient concerns with contact lenses or wear schedules.	K43. Knowledge of methods for addressing the underlying cause of contact lens-related problems. K44. Knowledge of causes of common contact lens-related problems.
T23.	Identify defects (e.g., tears, warping) in contact lenses and notify manufacturer.	K45. Knowledge of methods to use a lensometer to read the power of a contact lens.
T24.	Perform follow-up assessment to evaluate comfort and fit of contact lenses.	K46. Knowledge of procedures for using a slit lamp to assess fit of contact lenses. K47. Knowledge of methods to evaluate fit of contact lens and patient comfort during follow-up consultation. K48. Knowledge of laws and regulations related to post-fitting evaluation from prescribing medical professional.
T25.	Refer patients to medical professionals to address prescription or fit problems.	K49. Knowledge of prescription or fit problems that require referral to a medical professional.
T26.	Document prescription, assessment, and fitting information in patient records.	K50. Knowledge methods for maintaining and recording patient information.
T27.	Provide copies of contact lens prescriptions to patients.	K51. Knowledge of laws and regulations related to providing contact lens prescriptions to patients.

5 ADVERTISING AND SUPERVISING (4%)	This assesses knowledge of laws and regulations related to advertising and supervising trainees.
<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T28. Advertise contact lens dispenser services in accordance with laws and regulations.	K52. Knowledge of laws and regulations related to advertising contact lens dispenser services.
T29. Supervise contact lens dispenser trainees in accordance with laws and regulations.	K53. Knowledge of laws and regulations related to supervising contact lens dispenser trainees.

CHAPTER 6 | CONCLUSION

The OA of CLD practice described in this report provides a comprehensive description of current CLD practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent CLD practice. Results of this OA provide information regarding current practice that can be used to review the Contact Lens Registry Examination (CLRE) developed by the National Contact Lens Examiners (NCLE).

By adopting the CLD examination outline contained in this report, the Board ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	28
Orange	12
TOTAL	40

NORTH COAST

County of Practice	Frequency
Humboldt	1
Sonoma	1
TOTAL	2

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	15
San Bernardino	4
TOTAL	19

SACRAMENTO VALLEY

County of Practice	Frequency
Lake	1
Sacramento	6
Yolo	1
TOTAL	8

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	1
San Diego	16
TOTAL	17

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	4
Contra Costa	3
San Mateo	6
Santa Clara	8
Santa Cruz	1
Solano	1
TOTAL	23

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	3
Kern	6
Kings	2
Merced	2
San Joaquin	2
Stanislaus	3
Tulare	1
TOTAL	19

SHASTA-CASCADE

County of Practice	Frequency
Shasta	2
TOTAL	2

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Placer	3
TOTAL	3

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	1
San Luis Obispo	2
Santa Barbara	4
TOTAL	7

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

**Content Area 1
Patient Assessment**

	Task Statements	N	Mean Frequency	N	Mean Importance	N	Task Criticality Index
T6.	Review contact lens prescriptions provided by patients to ensure they are valid and current.	121	4.6942	112	4.5982	110	22.47
T4.	Refer patients to optometrists or ophthalmologists to obtain current prescriptions.	123	3.8130	111	3.8018	112	16.23
T5.	Obtain patient authorization to request that optometrists or ophthalmologists provide patient prescriptions.	122	3.1721	110	3.5455	110	13.01
T3.	Provide information regarding different types of contact lenses (e.g., soft vs. RPG, spherical vs. toric) and wear schedules.	123	2.8618	111	2.9550	113	10.67
T2.	Refer patients to medical professionals to address possible medical conditions.	123	2.2846	111	3.0991	115	8.93
T1.	Evaluate contact lens wear schedule preferences, needs, and goals when patients are considering or requesting contact lenses.	123	2.1301	112	2.3571	117	7.88

**Content Area 2
Contact Lens Fitting**

	Task Statements	N	Mean Frequency	N	Mean Importance	N	Task Criticality Index
T7.	Interpret contact lens prescriptions to understand vision corrections.	116	3.4052	104	3.3942	106	13.72
T11.	Wash hands before handling contact lenses.	113	2.4956	101	3.0198	106	11.21
T12.	Handle different contact lens types based on manufacturer's recommendations.	114	2.1754	97	2.4948	106	8.46
T13.	Dispense trial lenses for patients based on base curve and vision correction requirements.	115	1.8783	95	2.2947	106	7.11
T14.	Assess base curve, diameter, and visual acuity of trial contact lenses to determine fit.	115	.9913	95	1.9263	112	4.12
T8.	Perform keratotomy to measure curvature of patient cornea.	115	.8348	96	1.7708	113	3.35
T10.	Convert spectacle lens prescription to contact lens prescription.	116	.7759	94	1.4894	112	3.06
T9.	Modify curvature measurement to improve contact lens fit.	115	.6696	96	1.5208	112	2.67

Content Area 3
Patient Education and Training

	Task Statements	N	Mean Frequency	N	Mean Importance	N	Task Criticality Index
T20.	Educate patients about the need for secondary lens options and sun protection.	105	3.8476	99	3.7576	97	16.21
T17.	Educate patients about contact lens wear schedules.	105	2.8952	94	3.3191	96	12.02
T18.	Educate patients about the possible adverse effects of contact lenses.	105	2.6476	94	3.0851	96	10.70
T19.	Educate patients about the signs and symptoms of eye infections and corneal ulcers.	105	2.2571	94	2.9362	99	9.29
T16.	Train patients on methods for cleaning contact lenses.	105	2.1333	92	2.7717	98	8.78
T15.	Train patients on techniques for inserting and removing contact lenses.	106	1.7925	93	2.5161	101	7.40

Content Area 4
Contact Lens Dispensing and Patient Follow-Up

Task Statements	N	Mean Frequency	N	Mean Importance	N	Task Criticality Index
T21. Verify that patient prescriptions match the packaged contact lenses when dispensing.	99	4.7273	93	4.7527	93	22.76
T25. Refer patients to medical professionals to address prescription or fit problems.	99	3.2222	93	3.7634	92	13.50
T22. Address patient concerns with contact lenses or wear schedules.	99	2.9798	90	3.4000	92	12.40
T27. Provide copies of contact lens prescriptions to patients.	99	2.5657	86	2.5814	91	10.00
T26. Document prescription, assessment, and fitting information in patient records.	99	1.9798	86	2.4302	94	8.62
T23. Identify defects (e.g., tears, warping) in contact lenses and notify manufacturer.	99	1.8586	90	2.6889	93	6.98
T24. Perform follow-up assessment to evaluate comfort and fit of contact lenses.	99	1.0909	84	1.7619	97	4.60

**Content Area 5
Advertising and Supervising**

	Task Statements	N	Mean Frequency	N	Mean Importance	N	Task Criticality Index
T29.	Supervise contact lens dispenser trainees in accordance with laws and regulations.	97	2.4433	87	3.0230	94	10.78
T28.	Advertise contact lens dispenser services in accordance with laws and regulations.	97	2.2062	87	2.5517	93	9.42

APPENDIX C | TASK CRITICALITY INDEX RETAIL AND NONRETAIL COMPARISON

Side-by-Side Means Comparison for Criticality Indices of Retail and Nonretail*

Task Statement		N	Mean
T1. Evaluate contact lens wear schedule preferences, needs, and goals when patients are considering or requesting contact lenses.	retail	95	6.94
	nonretail	22	11.95
T2. Refer patients to medical professionals to address possible medical conditions.	retail	92	8.43
	nonretail	23	10.91
T3. Provide information regarding different types of contact lenses (e.g., soft vs. RPG, spherical vs. toric) and wear schedules.	retail	91	9.85
	nonretail	22	14.09
T4. Refer patients to optometrists or ophthalmologists to obtain current prescriptions.	retail	90	16.46
	nonretail	22	15.32
T5. Obtain patient authorization to request that optometrists or ophthalmologists provide patient prescriptions.	retail	88	12.73
	nonretail	22	14.14
T6. Review contact lens prescriptions provided by patients to ensure they are valid and current.	retail	88	22.76
	nonretail	22	21.32
T7. Interpret contact lens prescriptions to understand vision corrections.	retail	85	13.22
	nonretail	21	15.71
T8. Perform keratotomy to measure curvature of patient cornea.	retail	89	2.75
	nonretail	24	5.58
T9. Modify curvature measurement to improve contact lens fit.	retail	89	2.13
	nonretail	23	4.74
T10. Convert spectacle lens prescription to contact lens prescription.	retail	89	2.87
	nonretail	23	3.83
T11. Wash hands before handling contact lenses.	retail	85	9.09
	nonretail	21	19.76

T12. Handle different contact lens types based on manufacturer's recommendations.	retail	85	7.76
	nonretail	21	11.29
T13. Dispense trial lenses for patients based on base curve and vision correction requirements.	retail	85	5.95
	nonretail	21	11.81
T14. Assess base curve, diameter, and visual acuity of trial contact lenses to determine fit.	retail	89	3.00
	nonretail	23	8.43
T15. Train patients on techniques for inserting and removing contact lenses.	retail	79	5.66
	nonretail	22	13.64
	retail	76	6.92
	nonretail	22	15.18
T17. Educate patients about contact lens wear schedules.	retail	74	10.91
	nonretail	22	15.77
T18. Educate patients about the possible adverse effects of contact lenses.	retail	74	8.57
	nonretail	22	17.86
T19. Educate patients about the signs and symptoms of eye infections and corneal ulcers.	retail	77	7.57
	nonretail	22	15.32
T20. Educate patients about the need for secondary lens options and sun protection.	retail	75	15.61
	nonretail	22	18.23
T21. Verify that patient prescriptions match the packaged contact lenses when dispensing.	retail	71	22.62
	nonretail	22	23.23
T22. Address patient concerns with contact lenses or wear schedules.	retail	70	11.07
	nonretail	22	16.64
T23. Identify defects (e.g., tears, warping) in contact lenses and notify manufacturer.	retail	71	6.06
	nonretail	22	9.95

T24. Perform follow-up assessment to evaluate comfort and fit of contact lenses.	retail	74	3.36
	nonretail	23	8.57
T25. Refer patients to medical professionals to address prescription or fit problems.	retail	70	13.04
	nonretail	22	14.95
T26. Document prescription, assessment, and fitting information in patient records.	retail	71	7.04
	nonretail	23	13.48
T27. Provide copies of contact lens prescriptions to patients.	retail	70	9.34
	nonretail	21	12.19
T28. Advertise contact lens dispenser services in accordance with laws and regulations.	retail	71	8.45
	nonretail	22	12.55
T29. Supervise contact lens dispenser trainees in accordance with laws and regulations.	retail	72	10.18
	nonretail	22	12.73

**Highlighted tasks show significant differences ($p < .05$) in mean criticality between retail and nonretail responses. Significance for each task criticality comparison was determined using Welch's t-test.*

APPENDIX D | KNOWLEDGE IMPORTANCE RATINGS RETAIL AND NONRETAIL COMPARISON

Side-by-Side Means Comparison for Knowledge Importance Ratings of Retail and Nonretail

Knowledge Statement		N	Mean
K1.	Knowledge of patient eye conditions (e.g. dry eyes, corneal abrasion) that could affect contact lens use.	retail	70 2.3714
		nonretail	22 3.1818
K2.	Knowledge of common medical conditions and medications that could affect contact lens use.	retail	70 2.5000
		nonretail	22 3.2727
K3.	Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials.	retail	70 2.9429
		nonretail	22 3.3636
K4.	Knowledge of lifestyle factors and hobbies that affect contact lens selection.	retail	70 2.6857
		nonretail	22 3.1818
K5.	Knowledge of patient medical conditions that require referral to a medical professional.	retail	70 2.7714
		nonretail	22 3.2727
K6.	Knowledge of advantages and disadvantages of different types of contact lenses.	retail	70 3.0143
		nonretail	22 3.6364
K7.	Knowledge of current trends in contact lenses.	retail	69 3.0290
		nonretail	21 3.5714
K8.	Knowledge of the water and air content of different types of contact lenses.	retail	70 2.7143
		nonretail	22 3.2273
K9.	Knowledge of different brands of contact lenses and their base curves and diameters.	retail	70 3.5429
		nonretail	22 4.0455
K10.	Knowledge of requirements for patients to have prescriptions before contact lens fitting.	retail	69 3.2319
		nonretail	22 3.5909
K11.	Knowledge of requirements for patient consent for release of medical records.	retail	70 4.0857

		nonretail	22	3.9091
K12.	Knowledge of required elements for contact lens prescriptions.	retail	70	4.0714
		nonretail	22	3.6364
K13.	Knowledge of contact lens prescription expiration dates.	retail	70	4.6857
		nonretail	22	4.4545
K14.	Knowledge of anatomy and physiology of the eye.	retail	69	3.2464
		nonretail	22	3.4545
K15.	Knowledge of how to interpret contact lens prescriptions.	retail	69	4.3188
		nonretail	22	4.0455
K16.	Knowledge of methods to adjust base curve measurements.	retail	69	1.6087
		nonretail	22	2.9091
K17.	Knowledge of how to interpret keratotomy findings.	retail	69	1.5362
		nonretail	22	2.5909
K18.	Knowledge of methods to use a keratometer to determine base curve.	retail	69	1.5507
		nonretail	22	2.5909
K19.	Knowledge of base curves, diameters, and thicknesses of contact lenses.	retail	69	2.7391
		nonretail	22	3.1364
K20.	Knowledge of instruments used to verify contact lens parameters and fit.	retail	69	1.7536
		nonretail	22	2.6818
K21.	Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.	retail	69	1.5942
		nonretail	22	2.4091

K22.	Knowledge of methods for maintaining hygiene when handling contact lenses.	retail	69	3.6667
		nonretail	22	4.5455
K23.	Knowledge of methods for handling soft contact lenses.	retail	69	3.3623
		nonretail	22	4.0909
K24.	Knowledge of methods for handling hard contact lenses.	retail	69	3.0580
		nonretail	22	4.0000
K25.	Knowledge of methods for handling rigid gas permeable contact lenses.	retail	69	3.0435
		nonretail	22	3.8182
K26.	Knowledge of methods to perform visual acuity tests.	retail	69	1.7681
		nonretail	21	2.7143
K27.	Knowledge of methods to assess fit of contact lenses.	retail	69	1.6377
		nonretail	22	2.8636
K28.	Knowledge of procedures to use a slit lamp to assess the relationship between the cornea and the lens.	retail	69	1.4928
		nonretail	22	2.5455
K29.	Knowledge of methods for training patients to insert and remove contact lenses.	retail	68	2.2500
		nonretail	21	3.9048
K30.	Knowledge of techniques for inserting and removing soft contact lenses.	retail	68	2.4559
		nonretail	21	3.8571
K31.	Knowledge of techniques for inserting and removing hard contact lenses.	retail	68	2.3676
		nonretail	21	3.8095
K32.	Knowledge of techniques for inserting and removing rigid gas permeable contact lenses.	retail	68	2.3529
		nonretail	21	3.5714

K33.	Knowledge of contact lens solutions for cleaning and lubrication.	retail	68	2.7794
		nonretail	21	4.0476
K34.	Knowledge of contact lens wear schedules based on lens type.	retail	68	3.5441
		nonretail	21	4.0000
K35.	Knowledge of wear schedules for extended-wear contact lenses.	retail	68	3.3676
		nonretail	21	3.9524
K36.	Knowledge of adverse effects (e.g., eye infections) of contact lens wear.	retail	68	3.3676
		nonretail	21	4.0000
K37.	Knowledge of adverse effects of wearing contact lenses for more hours than recommended.	retail	68	3.4706
		nonretail	21	4.2381
K38.	Knowledge of adverse effects of not following manufacturer recommendations for extended-wear contact lenses.	retail	68	3.3971
		nonretail	21	3.9048
K39.	Knowledge of signs and symptoms of eye irritation and infection.	retail	68	2.9412
		nonretail	21	4.3333
K40.	Knowledge of signs and symptoms of corneal ulcers.	retail	68	2.6176
		nonretail	21	3.6190
K41.	Knowledge of the need for secondary lenses and sun protection when wearing contact lenses.	retail	68	3.7941
		nonretail	21	4.4286
K42.	Knowledge of ANSI standards for contact lenses.	retail	68	2.5735
		nonretail	21	3.5238
K43.	Knowledge of methods for addressing the underlying cause of contact lens-related problems.	retail	67	2.7313
		nonretail	21	3.0952

K44.	Knowledge of causes of common contact lens-related problems.	retail	68	2.9853
		nonretail	21	3.4762
K45.	Knowledge of methods to use a lensometer to read the power of a contact lens.	retail	68	1.9265
		nonretail	21	3.0952
K46.	Knowledge of procedures for using a slit lamp to assess fit of contact lenses.	retail	68	1.5294
		nonretail	21	2.7619
K47.	Knowledge of methods to evaluate fit of contact lens and patient comfort during follow-up consultation.	retail	68	1.6324
		nonretail	21	2.9048
K48.	Knowledge of laws and regulations related to post-fitting evaluation from prescribing medical professional.	retail	67	2.2090
		nonretail	21	3.2857
K49.	Knowledge of prescription or fit problems that require referral to medical professionals.	retail	68	2.7206
		nonretail	21	3.1905
K50.	Knowledge of methods for maintaining and recording patient information.	retail	68	4.1471
		nonretail	21	3.8571
K51.	Knowledge of laws and regulations related to providing contact lens prescriptions to patients.	retail	68	4.1471
		nonretail	20	3.7500
K52.	Knowledge of laws and regulations related to advertising contact lens dispenser services.	retail	67	2.6119
		nonretail	21	3.4286
K53.	Knowledge of laws and regulations related to supervising contact lens dispenser trainees.	retail	68	3.2500
		nonretail	21	3.8571

APPENDIX E | KNOWLEDGE IMPORTANCE RATINGS BY CONTENT AREA

**Content Area 1
Patient Assessment**

Knowledge Statements		N	Mean Importance
K13.	Knowledge of contact lens prescription expiration dates.	92	4.6304
K11.	Knowledge of requirements for patient consent for release of medical records.	92	4.0435
K12.	Knowledge of required elements for contact lens prescriptions.	92	3.9674
K9.	Knowledge of different brands of contact lenses and their base curves and diameters.	92	3.663
K10.	Knowledge of requirements for patients to have prescriptions before contact lens fitting.	91	3.3187
K6.	Knowledge of advantages and disadvantages of different types of contact lenses.	92	3.163
K7.	Knowledge of current trends in contact lenses.	90	3.1556
K3.	Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials.	92	3.0435
K5.	Knowledge of patient medical conditions that require referral to a medical professional.	92	2.8913
K8.	Knowledge of the water and air content of different types of contact lenses.	92	2.837
K4.	Knowledge of lifestyle factors and hobbies that affect contact lens selection.	92	2.8043
K2.	Knowledge of common medical conditions and medications that could affect contact lens use.	92	2.6848
K1.	Knowledge of patient eye conditions (e.g. dry eyes, corneal abrasion) that could affect contact lens use.	92	2.5652

**Content Area 2
Contact Lens Fitting**

Knowledge Statements		N	Mean Frequency
K15.	Knowledge of how to interpret contact lens prescriptions.	91	4.2527
K22.	Knowledge of methods for maintaining hygiene when handling contact lenses.	91	3.8791
K23.	Knowledge of methods for handling soft contact lenses.	91	3.5385
K14.	Knowledge of anatomy and physiology of the eye.	91	3.2967
K24.	Knowledge of methods for handling hard contact lenses.	91	3.2857
K25.	Knowledge of methods for handling rigid gas permeable contact lenses.	91	3.2308
K19.	Knowledge of base curves, diameters, and thicknesses of contact lenses.	91	2.8352
K26.	Knowledge of methods to perform visual acuity tests.	90	1.9889
K20.	Knowledge of instruments used to verify contact lens parameters and fit.	91	1.978
K27.	Knowledge of methods to assess fit of contact lenses.	91	1.9341
K16.	Knowledge of methods to adjust base curve measurements.	91	1.9231
K18.	Knowledge of methods to use a keratometer to determine base curve.	91	1.8022
K17.	Knowledge of how to interpret keratotomy findings.	91	1.7912
K21.	Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.	91	1.7912
K28.	Knowledge of procedures to use a slit lamp to assess the relationship between the cornea and the lens.	91	1.7473

Content Area 3
Patient Education and Training

	Knowledge Statements	N	Mean Frequency
K41.	Knowledge of the need for secondary lenses and sun protection when wearing contact lenses.	89	3.9438
K34.	Knowledge of contact lens wear schedules based on lens type.	89	3.6517
K37.	Knowledge of adverse effects of wearing contact lenses for more hours than recommended.	89	3.6517
K36.	Knowledge of adverse effects (e.g., eye infections) of contact lens wear.	89	3.5169
K38.	Knowledge of adverse effects of not following manufacturer recommendations for extended-wear contact lenses.	89	3.5169
K35.	Knowledge of wear schedules for extended-wear contact lenses.	89	3.5056
K39.	Knowledge of signs and symptoms of eye irritation and infection.	89	3.2697
K33.	Knowledge of contact lens solutions for cleaning and lubrication.	89	3.0787
K40.	Knowledge of signs and symptoms of corneal ulcers.	89	2.8539
K30.	Knowledge of techniques for inserting and removing soft contact lenses.	89	2.7865
K31.	Knowledge of techniques for inserting and removing hard contact lenses.	89	2.7079
K29.	Knowledge of methods for training patients to insert and remove contact lenses.	89	2.6404
K32.	Knowledge of techniques for inserting and removing rigid gas permeable contact lenses.	89	2.6404

Content Area 4
Contact Lens Dispensing and Patient Follow-Up

Knowledge Statements		N	Mean Frequency
K50.	Knowledge of methods for maintaining and recording patient information.	89	4.0787
K51.	Knowledge of laws and regulations related to providing contact lens prescriptions to patients.	88	4.0568
K44.	Knowledge of causes of common contact lens-related problems.	89	3.1011
K49.	Knowledge of prescription or fit problems that require referral to medical professionals.	89	2.8315
K43.	Knowledge of methods for addressing the underlying cause of contact lens-related problems.	88	2.8182
K42.	Knowledge of ANSI standards for contact lenses.	89	2.7978
K48.	Knowledge of laws and regulations related to post-fitting evaluation from prescribing medical professional.	88	2.4659
K45.	Knowledge of methods to use a lensometer to read the power of a contact lens.	89	2.2022
K47.	Knowledge of methods to evaluate fit of contact lens and patient comfort during follow-up consultation.	89	1.9326
K46.	Knowledge of procedures for using a slit lamp to assess fit of contact lenses.	89	1.8202

**Content Area 5
Advertising and Supervising**

Knowledge Statements		N	Mean Frequency
K53.	Knowledge of laws and regulations related to supervising contact lens dispenser trainees.	89	3.3933
K52.	Knowledge of laws and regulations related to advertising contact lens dispenser services.	88	2.8068

APPENDIX F | QUESTIONNAIRE INVITATION LETTER TO PRACTITIONERS



CALIFORNIA BOARD OF OPTOMETRY
2450 DEL PASO ROAD, SUITE 105 SACRAMENTO, CA 95834

P 916 575 7170 | F 916 575 7292 | WWW.OPTOMETRY.CA.GOV

April 5, 2019
Name
Address
City, State, Zip

Dear Contact Lens Dispenser:

The Board is conducting an occupational analysis (OA) of the CLD profession. The purpose of the OA is to identify the important tasks performed by currently working CLDs and the knowledge required to perform those tasks. Your participation in the OA is essential to this process. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and from different work settings.

As part of the study, a questionnaire has been developed to identify the important tasks that CLDs perform upon entry into the profession. The questionnaire will be available online until **April 26, 2019**, 24 hours a day, 7 days a week.

Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to your license or any other personal information. Individual responses will be combined with the responses of other CLDs and only group data will be analyzed.

Please follow one of these two steps to participate in this important project:

Go to the link: <https://www.surveymonkey.com/r/CLD2019OA>

OR

Scan the QR code:



For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week. The bottom of each page has a progress bar showing you what percentage of the questionnaire you have completed.

If you have any questions or need assistance from the Board, please contact [REDACTED] at [REDACTED]@dca.ca.gov

The Board welcomes your feedback and appreciates your time!

Sincerely,

Shara Murphy

Executive Officer

California State Board of Optometry

Please Note: If you have already received this Occupational Analysis questionnaire via email and have already taken the survey, please disregard this letter.

APPENDIX G | QUESTIONNAIRE INVITATION EMAIL TO PRACTITIONERS

Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Congratulations! You have been selected by California Board of Optometry to participate in the 2019 Contact Lens Dispenser (CLD) Occupational Analysis Survey. The purpose of the survey is to gather data on the job tasks performed by California-licensed CLDs as well as to specify the knowledge required to perform those tasks. Your participation is essential to the success of this project.

The survey is estimated to take 20 minutes to complete, but you do not need to complete it in a single session. You may return to it multiple times as long as you are using the same computer and web browser. Your individual responses will be kept confidential.

Please complete the entire survey by April 26, 2019. Click the button below to start the survey. Thank you for your participation!

[Begin Survey](#)

APPENDIX H | QUESTIONNAIRE

Dear Contact Lens Dispenser:

Thank you for participating in this study of the contact lens dispenser (CLD) profession in California, a project of the California State Board of Optometry (Board).

The Board is conducting an occupational analysis (OA) of the CLD profession. The purpose of the OA is to identify the important tasks performed by currently working CLDs and the knowledge required to perform those tasks.

Your participation in the OA is essential to this process. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and from different work settings.

Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to your license or any other personal information. Individual responses will be combined with the responses of other CLDs and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week. The bottom of each page has a progress bar showing you what percentage of the questionnaire you have completed.

To begin the survey, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by **April 26, 2019**.

If you have any questions or need assistance from the Board, please contact [REDACTED]@dca.ca.gov.

The Board welcomes your feedback and appreciates your time!

Sincerely,



Shara Murphy
Executive Officer
California State Board of Optometry



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part I - Personal Data

Complete this questionnaire only if you are currently licensed and working as a CLD in California.

The California State Board of Optometry recognizes that every CLD may not perform all of the tasks or use all of the knowledge contained in this questionnaire. However, your participation is essential, and your contribution will help establish standards for safe and effective contact lens dispensing in the State of California.



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part I - Personal Data

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of aiding in interpreting the task and knowledge ratings that are requested in Parts II and III. Please choose only one answer unless more than one is requested.

* 1. Do you currently work as a CLD in California?

- ☐ Yes
- ☐ No



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part I - Personal Data

2. How many years have you been licensed and working as a CLD in California?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ More than 20 years

3. How many hours per week do you work as a CLD?

- ☐ 9 hours or fewer
- ☐ 10-19 hours
- ☐ 20-29 hours
- ☐ 30-39 hours
- ☐ 40-49 hours
- ☐ 50 or more hours

4. Which title below most nearly matches your job title?

- ☐ Sole Owner / Principal
- ☐ Manager / Supervisor
- ☐ Ophthalmic Technician
- ☐ Sales Associate
- ☐ Contact Lens Fitter
- ☐ Licensed Optician
- ☐ Other (please specify)

5. Which of the following levels of education have you achieved? (check all that apply)

- ☐ On-the-job training
- ☐ Vocational program
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate
- ☐ Other (please specify)

6. Are you also licensed as a spectacle lens dispenser in California?

- ☐ Yes
- ☐ No

7. Which choice below better describes the location of your primary work setting?

- ☐ Urban (50,000 people or more)
- ☐ Rural (fewer than 50,000 people)



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part I - Personal Data

8. How would you describe your primary work setting?

- ☐ Retail
- ☐ Private practice
- ☐ Partnership
- ☐ Group practice
- ☐ Corporation
- ☐ Educational facility
- ☐ Private hospital
- ☐ HMO facility
- ☐ Military or veterans' hospital or clinic
- ☐ Federal facility (nonmilitary)
- ☐ State facility
- ☐ Other (please specify)

9. How many **registered** CLDs work within your primary work setting?

- ☐ 0
- ☐ 1-3
- ☐ 4-6
- ☐ 7 or more

10. How many **non-registered** employees perform work related to contact lens dispensing within your primary work setting?

- ☐ 0.
- ☐ 1-3
- ☐ 4-6
- ☐ 7 or more.



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part I - Personal Data

11. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

This part of the questionnaire contains 29 task statements. Please rate each task as it relates to effective performance of your current work as a CLD using the Frequency and Importance scales displayed below.

FREQUENCY RATING SCALE

HOW FREQUENTLY do you perform this task in your current work?

- 0 - DOES NOT APPLY. I do not perform this task in my current work.
- 1 - RARELY. I perform this task the least often in my current work relative to other tasks I perform.
- 2 - SELDOM. I perform this task less often than most other tasks I perform in my current work.
- 3 - SOMETIMES. I perform this task as often as other tasks I perform in my current work.
- 4 - OFTEN. I perform this task more often than most other tasks I perform in my current work.
- 5 - VERY OFTEN. This task is one of the tasks I perform most often in my current work relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this task for effective performance in your current work?

- 0 - DOES NOT APPLY. This task is not required for effective performance of my current work.
- 1 - NOT IMPORTANT. This task is not important for effective performance of my current work.
- 2 - FAIRLY IMPORTANT. This task is somewhat important for effective performance of my current work.
- 3 - IMPORTANT. This task is important for effective performance of my current work.
- 4 - VERY IMPORTANT. This task is very important for effective performance of my current work.
- 5 - CRITICALLY IMPORTANT. This task is extremely important for effective performance of my current work.



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part II - Task Ratings

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current work, rate the task "0" (zero) Frequency and "0" (zero) Importance.

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating, and then select the value based on your current work.



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part II - Task Ratings

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current work (Importance).

Patient Assessment

	Frequency	Importance
T1. Evaluate contact lens wear schedule preferences, needs, and goals when patients are considering or requesting contact lenses.	<input type="text"/>	<input type="text"/>
T2. Refer patients to medical professionals to address possible medical conditions.	<input type="text"/>	<input type="text"/>
T3. Provide information regarding different types of contact lenses (e.g., soft vs. RPG, spherical vs. toric) and wear schedules.	<input type="text"/>	<input type="text"/>
T4. Refer patients to optometrists or ophthalmologists to obtain current prescriptions.	<input type="text"/>	<input type="text"/>
T5. Obtain patient authorization to request that optometrists or ophthalmologists provide patient prescriptions.	<input type="text"/>	<input type="text"/>
T6. Review contact lens prescriptions provided by patients to ensure they are valid and current.	<input type="text"/>	<input type="text"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part II - Task Ratings

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current work (Importance).

Contact Lens Fitting

	Frequency	Importance
T7. Interpret contact lens prescriptions to understand vision corrections.	<input type="text"/>	<input type="text"/>
T8. Perform keratotomy to measure curvature of patient cornea.	<input type="text"/>	<input type="text"/>
T9. Modify curvature measurement to improve contact lens fit.	<input type="text"/>	<input type="text"/>
T10. Convert spectacle lens prescription to contact lens prescription.	<input type="text"/>	<input type="text"/>
T11. Wash hands before handling contact lenses.	<input type="text"/>	<input type="text"/>
T12. Handle different contact lens types based on manufacturer's recommendations.	<input type="text"/>	<input type="text"/>
T13. Dispense trial lenses for patients based on base curve and vision correction requirements.	<input type="text"/>	<input type="text"/>
T14. Assess base curve, diameter, and visual acuity of trial contact lenses to determine fit.	<input type="text"/>	<input type="text"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part II - Task Ratings

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current work (Importance).

Patient Education and Training

	Frequency	Importance
T15. Train patients on techniques for inserting and removing contact lenses.	<input type="text"/>	<input type="text"/>
T16. Train patients on methods for cleaning contact lenses.	<input type="text"/>	<input type="text"/>
T17. Educate patients about contact lens wear schedules.	<input type="text"/>	<input type="text"/>
T18. Educate patients about the possible adverse effects of contact lenses.	<input type="text"/>	<input type="text"/>
T19. Educate patients about the signs and symptoms of eye infections and corneal ulcers.	<input type="text"/>	<input type="text"/>
T20. Educate patients about the need for secondary lens options and sun protection.	<input type="text"/>	<input type="text"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part II - Task Ratings

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current work (Importance).

Contact Lens Dispensing and Patient Follow-Up

	Frequency	Importance
T21. Verify that patient prescriptions match the packaged contact lenses when dispensing.	<input type="text"/>	<input type="text"/>
T22. Address patient concerns with contact lenses or wear schedules.	<input type="text"/>	<input type="text"/>
T23. Identify defects (e.g., tears, warping) in contact lenses and notify manufacturer.	<input type="text"/>	<input type="text"/>
T24. Perform follow-up assessment to evaluate comfort and fit of contact lenses.	<input type="text"/>	<input type="text"/>
T25. Refer patients to medical professionals to address prescription or fit problems.	<input type="text"/>	<input type="text"/>
T26. Document prescription, assessment, and fitting information in patient records.	<input type="text"/>	<input type="text"/>
T27. Provide copies of contact lens prescriptions to patients.	<input type="text"/>	<input type="text"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part II - Task Ratings

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current work (Importance).

Scope of Practice

	Frequency	Importance
T28. Advertise contact lens dispenser services in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T29. Supervise contact lens dispenser trainees in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the questionnaire contains 53 knowledge statements. Please rate each knowledge statement based on how important you believe the knowledge is for effective performance of your current work as a CLD.

If the knowledge is NOT required for effective performance of your current work, rate the statement as "DOES NOT APPLY."

Please use the following scale to make your ratings:

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge for effective performance of tasks in your current work?

0 - DOES NOT APPLY. This knowledge is not required for effective performance of tasks in my current work.

1- NOT IMPORTANT. This knowledge is not important for effective performance of tasks in my current work.

2 - FAIRLY IMPORTANT. This knowledge is somewhat important for effective performance of tasks in my current work.

3 - IMPORTANT. This knowledge is important for effective performance of tasks in my current work.

4 - VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current work.

5 - CRITICALLY IMPORTANT. This knowledge is extremely important for effective performance of tasks in my current work.



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

17. How important is this knowledge for effective performance of tasks in your current work?

Patient Assessment

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K1. Knowledge of patient eye conditions (e.g. dry eyes, corneal abrasion) that could affect contact lens use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K2. Knowledge of common medical conditions and medications that could affect contact lens use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K3. Knowledge of contact lens wear schedules based on eye condition, lens type, and lens materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K4. Knowledge of lifestyle factors and hobbies that affect contact lens selection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K5. Knowledge of patient medical conditions that require referral to a medical professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K6. Knowledge of advantages and disadvantages of different types of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K7. Knowledge of current trends in contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K8. Knowledge of the water and air content of different types of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K9. Knowledge of different brands of contact lenses and their base curves and diameters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K10. Knowledge of requirements for patients to have prescriptions before contact lens fitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K11. Knowledge of requirements for patient consent for release of medical records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K12. Knowledge of required elements for contact lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K13. Knowledge of contact lens prescription expiration dates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

18. How important is this knowledge for effective performance of tasks in your current work?

Contact Lens Fitting

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K14. Knowledge of anatomy and physiology of the eye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K15. Knowledge of how to interpret contact lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K16. Knowledge of methods to adjust base curve measurements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K17. Knowledge of how to interpret keratotomy findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K18. Knowledge of methods to use a keratometer to determine base curve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K19. Knowledge of base curves, diameters, and thicknesses of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K20. Knowledge of instruments used to verify contact lens parameters and fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K21. Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K22. Knowledge of methods for maintaining hygiene when handling contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K23. Knowledge of methods for handling soft contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K24. Knowledge of methods for handling hard contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K25. Knowledge of methods for handling rigid gas permeable contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K26. Knowledge of methods to perform visual acuity tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K27. Knowledge of methods to assess fit of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K28. Knowledge of procedures to use a slit lamp to assess the relationship between the cornea and the lens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

18. How important is this knowledge for effective performance of tasks in your current work?

Contact Lens Fitting

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K14. Knowledge of anatomy and physiology of the eye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K15. Knowledge of how to interpret contact lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K16. Knowledge of methods to adjust base curve measurements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K17. Knowledge of how to interpret keratotomy findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K18. Knowledge of methods to use a keratometer to determine base curve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K19. Knowledge of base curves, diameters, and thicknesses of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K20. Knowledge of instruments used to verify contact lens parameters and fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K21. Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K22. Knowledge of methods for maintaining hygiene when handling contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K23. Knowledge of methods for handling soft contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K24. Knowledge of methods for handling hard contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K25. Knowledge of methods for handling rigid gas permeable contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K26. Knowledge of methods to perform visual acuity tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K27. Knowledge of methods to assess fit of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K28. Knowledge of procedures to use a slit lamp to assess the relationship between the cornea and the lens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

19. How important is this knowledge for effective performance of tasks in your current work?

Patient Education and Training

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K29. Knowledge of methods for training patients to insert and remove contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K30. Knowledge of techniques for inserting and removing soft contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K31. Knowledge of techniques for inserting and removing hard contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K32. Knowledge of techniques for inserting and removing rigid gas permeable contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K33. Knowledge of contact lens solutions for cleaning and lubrication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K34. Knowledge of contact lens wear schedules based on lens type.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K35. Knowledge of wear schedules for extended-wear contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K36. Knowledge of adverse effects (e.g., eye infections) of contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K37. Knowledge of adverse effects of wearing contact lenses for more hours than recommended.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K38. Knowledge of adverse effects of not following manufacturer recommendations for extended-wear contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K39. Knowledge of signs and symptoms of eye irritation and infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K40. Knowledge of signs and symptoms of corneal ulcers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K41. Knowledge of the need for secondary lenses and sun protection when wearing contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

19. How important is this knowledge for effective performance of tasks in your current work?

Patient Education and Training

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K29. Knowledge of methods for training patients to insert and remove contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K30. Knowledge of techniques for inserting and removing soft contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K31. Knowledge of techniques for inserting and removing hard contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K32. Knowledge of techniques for inserting and removing rigid gas permeable contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K33. Knowledge of contact lens solutions for cleaning and lubrication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K34. Knowledge of contact lens wear schedules based on lens type.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K35. Knowledge of wear schedules for extended-wear contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K36. Knowledge of adverse effects (e.g., eye infections) of contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K37. Knowledge of adverse effects of wearing contact lenses for more hours than recommended.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K38. Knowledge of adverse effects of not following manufacturer recommendations for extended-wear contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K39. Knowledge of signs and symptoms of eye irritation and infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K40. Knowledge of signs and symptoms of corneal ulcers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K41. Knowledge of the need for secondary lenses and sun protection when wearing contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

20. How important is this knowledge for effective performance of tasks in your current work?

Contact Lens Dispensing and Patient Follow-Up

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K42. Knowledge of ANSI standards for contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K43. Knowledge of methods for addressing the underlying cause of contact lens-related problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K44. Knowledge of causes of common contact lens-related problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K45. Knowledge of methods to use a lensometer to read the power of a contact lens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K46. Knowledge of procedures for using a slit lamp to assess fit of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K47. Knowledge of methods to evaluate fit of contact lens and patient comfort during follow-up consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K48. Knowledge of laws and regulations related to post-fitting evaluation from prescribing medical professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K49. Knowledge of prescription or fit problems that require referral to medical professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K50. Knowledge of methods for maintaining and recording patient information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K51. Knowledge of laws and regulations related to providing contact lens prescriptions to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

21. How important is this knowledge for effective performance of tasks in your current work?

Scope of Practice

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K52. Knowledge of laws and regulations related to advertising contact lens dispenser services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K53. Knowledge of laws and regulations related to supervising contact lens dispenser trainees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

21. How important is this knowledge for effective performance of tasks in your current work?

Scope of Practice

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K52. Knowledge of laws and regulations related to advertising contact lens dispenser services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K53. Knowledge of laws and regulations related to supervising contact lens dispenser trainees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Contact Lens Dispenser (CLD) Occupational Analysis Questionnaire

Thank you!

Thank you for taking the time to complete this questionnaire. The California State Board of Optometry values your contribution.

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OCCUPATIONAL ANALYSIS OF THE SPECTACLE LENS DISPENSER PROFESSION



CALIFORNIA STATE BOARD OF OPTOMETRY

OCCUPATIONAL ANALYSIS OF THE SPECTACLE LENS DISPENSER PROFESSION



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EXECUTIVE SUMMARY

The California State Board of Optometry (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of spectacle lens dispenser (SLD) practice in California. The purpose of the OA is to define current practice for SLDs in terms of the actual tasks that new SLDs must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the SLD profession that can then be used to review the National Opticianry Competency Examination (NOCE) developed by the American Board of Opticianry (ABO).

OPES test specialists began by researching the profession and conducting interviews with licensed SLDs working in locations throughout California. The purpose of these interviews was to identify the tasks performed by SLDs and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in SLD practice, along with statements representing the knowledge needed to perform those tasks.

In August 2019, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements. The workshop was comprised of licensed SLDs, or subject matter experts (SMEs), with diverse backgrounds in the profession (e.g., location of practice, years licensed, specialty). These SMEs also identified changes and trends in SLD practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge statement and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

After the workshop, OPES test specialists developed a three-part OA questionnaire to be completed by SLDs statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of licensed SLDs. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in October 2019.

In the first part of the OA questionnaire, SLDs were asked to provide demographic information relating to their work settings and practice. In the second part, SLDs were asked to rate specific tasks in terms of frequency (i.e., how often the SLD performs the task in the SLD's current work) and importance (i.e., how important the task is to effective performance of the SLD's current work). In the third part, SLDs were asked to rate specific knowledge statements in terms of how important each knowledge statement is to effective performance of the SLD's current work.

In November 2019, on behalf of the Board, OPES distributed the questionnaire to licensed SLDs in California who had an email address on file with the Board (a total of 643 SLDs), inviting them to complete the OA questionnaire online. Invitation letters were also sent by mail to the entire population of licensed SLDs (2,728). A total of 284 SLDs, or 10.4% of the SLDs receiving the invitation, responded by accessing the online OA questionnaire. The final sample size included in the data analysis was 223 respondents, or 8.2% of the population invited to

complete the questionnaire. This response rate reflects two adjustments: OPES excluded data from respondents who indicated they were not currently licensed and practicing as SLDs in California, and OPES excluded data from respondents who only responded to the demographics portion of the questionnaire. The demographic composition of the respondent sample appears representative of the SLD population in California.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data was analyzed, OPES conducted an additional workshop with SMEs in November 2019. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs in this workshop also established the final linkage between tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The SMEs then evaluated and confirmed the content area weights of the examination outline.

The examination outline is structured into six content areas weighted by criticality relative to the other content areas. This outline provides a description of the scope of practice for SLDs, and it also identifies the tasks and knowledge critical to safe and competent SLD practice in California at the time of licensure. Additionally, this examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to SLD practice in California.

At this time, California licensure as an SLD is granted by passing the NOCE.

OVERVIEW OF THE SLD EXAMINATION OUTLINE

Content Area	Content Area Description	Weight
1. Prescription Assessment	This area assesses a candidate's knowledge of interpreting patient spectacle lens prescriptions, neutralizing current eyewear, prescription requirements, and conditions for referral of patients to medical professionals.	16%
2. Eyewear Selection and Ordering	This area assesses a candidate's knowledge of assisting patients with frame and lens selection based on patient lifestyle, pre-fitting spectacle frames, and taking patient measurements.	30%
3. Manufacturing	This area assesses a candidate's knowledge of spectacle lens manufacturing, including frame measurements, calculating decentration, identifying optical centers, and mounting lenses into frames.	10%
4. Quality Control	This area assesses a candidate's knowledge of procedures for verifying that finished eyewear matches patient prescription and order specifications, is aligned and free from defects, and meets ANSI standards.	16%
5. Dispensing	This area assesses a candidate's knowledge of adjusting and repairing spectacle frames; educating patients on eyewear use, care, and warranty; and troubleshooting patient concerns.	25%
6. Advertising and Supervising	This area assesses a candidate's knowledge of laws and regulations related to advertising and supervising trainees.	3%
Total		100%

TABLE OF CONTENTS

EXECUTIVE SUMMARY	ii
CHAPTER 1 INTRODUCTION	1
PURPOSE OF THE OCCUPATIONAL ANALYSIS	1
CONTENT VALIDATION STRATEGY	1
PARTICIPATION OF SUBJECT MATTER EXPERTS	1
ADHERENCE TO LEGAL STANDARDS AND GUIDELINES	1
DESCRIPTION OF OCCUPATION	2
CHAPTER 2 OCCUPATIONAL ANALYSIS QUESTIONNAIRE	4
TASK AND KNOWLEDGE STATEMENTS	4
QUESTIONNAIRE DEVELOPMENT	5
PILOT STUDY	5
CHAPTER 3 RESPONSE RATE AND DEMOGRAPHICS	6
SAMPLING STRATEGY AND RESPONSE RATE	6
DEMOGRAPHIC SUMMARY	6
CHAPTER 4 DATA ANALYSIS AND RESULTS	19
RELIABILITY OF RATINGS	19
TASK CRITICALITY INDICES	20
KNOWLEDGE IMPORTANCE RATINGS	21
CHAPTER 5 EXAMINATION OUTLINE	22
TASK-KNOWLEDGE LINKAGE.....	22
CONTENT AREA WEIGHTS	22
CHAPTER 6 CONCLUSION	33

LIST OF TABLES

TABLE 1 – NUMBER OF YEARS LICENSED AS AN SLD	8
TABLE 2 – PRIMARY WORK SETTING	9
TABLE 3 – JOB TITLE	11
TABLE 4 – HOURS WORKED PER WEEK	12
TABLE 5 – OTHER LICENSES HELD	13
TABLE 6 – LOCATION OF PRIMARY WORK SETTING	14
TABLE 7 – NUMBER OF REGISTERED SLDs WORKING AT FACILITY	15
TABLE 8 – NUMBER OF NONREGISTERED SLDs WORKING AT FACILITY	16
TABLE 9 – EDUCATION AND TRAINING	17
TABLE 10 – RESPONDENTS BY REGION	18
TABLE 11 – TASK SCALE RELIABILITY	19
TABLE 12 – KNOWLEDGE SCALE RELIABILITY	20
TABLE 13 – PRELIMINARY CONTENT AREA WEIGHTS	23
TABLE 14 – FINAL CONTENT AREA WEIGHTS	23
TABLE 15 – EXAMINATION OUTLINE FOR THE SLD PROFESSION	24

LIST OF FIGURES

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN SLD.....	8
FIGURE 2 – PRIMARY WORK SETTING.....	10
FIGURE 3 – JOB TITLE	11
FIGURE 4 – HOURS WORKED PER WEEK.....	12
FIGURE 5 – OTHER LICENSES HELD	13
FIGURE 6 – LOCATION OF PRIMARY WORK SETTING.....	14
FIGURE 7 – NUMBER OF REGISTERED SLDs WORKING AT FACILITY.....	15
FIGURE 8 – NUMBER OF NONREGISTERED SLDs WORKING AT FACILITY.....	16
FIGURE 9 – EDUCATION AND TRAINING	17

LIST OF APPENDICES

APPENDIX A RESPONDENTS BY REGION	34
APPENDIX B CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA.....	39
APPENDIX C KNOWLEDGE IMPORTANCE RATINGS BY CONTENT AREA.....	48
APPENDIX D QUESTIONNAIRE INVITATION LETTER TO PRACTITIONERS	56
APPENDIX E QUESTIONNAIRE INVITATION EMAIL TO PRACTITIONERS	58
APPENDIX F QUESTIONNAIRE	60

CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The California State Board of Optometry (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of spectacle lens dispenser (SLD) practice in California. The purpose of the OA is to identify the critical activities performed by SLDs in California. The results of this OA provide a description of practice for the SLD profession that can then be used to review the National Opticianry Competency Examination (NOCE) developed by the American Board of Opticianry (ABO).

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by practicing SLDs. OPES incorporated the technical expertise of California SLDs throughout the OA process to ensure that the identified task and knowledge statements directly reflect requirements for performance in current practice.

PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected California SLDs to participate as subject matter experts (SMEs) during the OA. These SMEs were selected from a broad range of work settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current SLD practice during the development phase of the OA. The SMEs also provided technical expertise during the workshop that was convened to evaluate and refine the content of task and knowledge statements before administration of the OA questionnaire. After the administration of the OA questionnaire, OPES convened an additional group of SMEs to review the results and finalize the examination outline, which ultimately provides the basis of the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purpose of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.

- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the tasks and knowledge required for practice.

DESCRIPTION OF OCCUPATION

The SLD occupation is described as follows in sections 2559.1 – 2559.6 of the California Business and Professions Code:

2559.1. On and after January 1, 1988, no individual may fit and adjust spectacle lenses unless the registration requirement of Section 2550 is complied with, and unless (1) the individual is a duly registered spectacle lens dispenser as provided in Section 2559.2 or (2) the individual performs the fitting and adjusting under the direct responsibility and supervision of a duly registered spectacle lens dispenser whose certificate of registration is then conspicuously and prominently displayed on the premises. A supervising registered dispenser shall be on the registered premises when an unregistered technician fits and adjusts spectacle lenses, allowing for usual and customary absences including illness and vacation.

2559.2. (a) An individual shall apply for registration as a registered spectacle lens dispenser on forms prescribed by the board. The board shall register an individual as a registered spectacle lens dispenser upon satisfactory proof that the individual has passed the registry examination of the American Board of Opticianry or any successor agency to that board. In the event the board should determine, after hearing, that the registry examination is not appropriate to determine entry level competence as a spectacle lens dispenser or is not designed to measure specific job performance requirements, the board may thereafter prescribe or administer a written examination that meets those specifications. If an applicant for renewal has not engaged in the full-time or substantial part-time practice of fitting and adjusting spectacle lenses within the last five years then the board may require the applicant to take and pass the examination referred to in this section as a condition of registration. Any examination prescribed or administered by the board shall be given at least twice each year on dates publicly announced at least 90 days before the examination dates. The board is authorized to contract for administration of an examination.

(b) The board may deny registration where there are grounds for denial under the provisions of Division 1.5 (commencing with Section 475).

(c) The board shall issue a certificate to each qualified individual stating that the individual is a registered spectacle lens dispenser.

(d) Any individual who had been approved as a manager of dispensing operations of a registered dispensing optician under the provisions of Section 2552 as it existed before January 1, 1988, and who had not been subject to any disciplinary action under the provisions of Section 2555.2 shall be exempt from the examination requirement set forth in this section and shall be issued a certificate as a registered spectacle lens dispenser, provided an application for that certificate is filed with the board on or before December 31, 1989.

(e) A registered spectacle lens dispenser is authorized to fit and adjust spectacle lenses at any place of business holding a certificate of registration under Section 2553 provided that the certificate of the registered spectacle lens dispenser is displayed in a conspicuous place at the place of business where he or she is fitting and adjusting.

2559.3. A certificate issued to a registered spectacle lens dispenser may, in the discretion of the board, be suspended or revoked for violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter, or for incompetence, gross negligence, or repeated similar negligent acts performed by the certificate holder. A certificate may also be suspended or revoked if the individual certificate holder has been convicted of a felony as provided in Section 2555.1.

Any proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

2559.4. This article shall not apply to an assistant fitting spectacle lenses pursuant to Section 2544 if the assistant is acting under the direct responsibility and supervision of a physician and surgeon or optometrist who engages in the practice of fitting spectacle lenses for his or her patients.

2559.5. This article shall become operative on January 1, 1988. However, the board may, prior to that date, accept and process applications, including the collection of fees, and perform other functions necessary to implement this article.

2559.6. No spectacle lens prescription that is issued on or after January 1, 1999, shall be dispensed unless the prescription meets the requirements of Section 2541.1. No spectacle lens prescription shall be dispensed after the expiration date of the prescription unless authorized pursuant to subdivision (e) of Section 2541.1. A person violating this section shall not be guilty of a misdemeanor pursuant to Section 2558. A violation of this section shall be considered unprofessional conduct by the board that issued the dispenser's certificate to practice. A registered dispensing optician may defend this proceeding by establishing that the expiration date of the prescription was not established consistent with Section 2541.1. Nothing in this section shall be construed to authorize a registered dispensing optician to fill a prescription after the expiration date or to make any judgment regarding the appropriateness of the expiration date.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASK AND KNOWLEDGE STATEMENTS

To develop task and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., laws and regulations, articles, industry publications) and from interviews with SLD SMEs.

In August 2019, OPES test specialists facilitated a workshop with 10 SLDs from diverse backgrounds (e.g., years licensed, work setting, and work location) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness.

OPES presented the task and knowledge statements to the SMEs, and they assigned each statement to a content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge statement and every knowledge statement had a related task. The SMEs also verified proposed demographic questions for the OA questionnaire, including questions regarding scope of practice and work setting, and identified changes and trends in SLD practice.

Once the lists of task and knowledge statements and the demographic questions were verified, OPES used this information to develop an online questionnaire that was sent to California SLDs for completion and evaluation.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit SLDs' ratings of the task and knowledge statements. The surveyed SLDs were instructed to rate each task in terms of how often they perform the task (Frequency) and in terms of how important the task is to the effective performance of their current work (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge is to the effective performance of their current work (Importance). The OA questionnaire also included a demographic section for the purpose of developing an accurate profile of the respondents. The OA questionnaire can be found in Appendix F.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The pilot study was reviewed by the Board and then sent to 10 SMEs who had participated in the task and knowledge statement development workshop. The respondents provided information about the technical accuracy of the task and knowledge statements, online navigation, and ease of use of the study. OPES used this feedback to develop the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In November 2019, on behalf of the Board, OPES distributed a questionnaire to licensed SLDs in California who had an email address on file with the Board (a total of 643 SLDs), inviting them to complete the OA questionnaire online. Invitation letters were also sent by mail to the entire population of SLDs (a total of 2,728 SLDs). The invitation letter and email can be found in Appendices D and E.

Of the 2,728 SLDs in the sample, 284 SLDs (10.4%) responded by accessing the online questionnaire. The final sample size included in the data analysis was 223 respondents, or 8.2% of the SLDs who were invited to complete the questionnaire. This response rate reflects two adjustments: OPES excluded data from respondents who indicated they were not currently licensed and practicing as SLDs in California, and OPES excluded data from respondents who only completed the demographics portion of the questionnaire. Because respondents were permitted to skip items, response rates vary from item to item. The respondent sample appears to be representative of the population of California SLDs based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 36.3% of the respondents included in the analysis reported having been licensed for 5 years or fewer, 15.2% for 6-10 years, 18.8% for 11-20 years, and 29.6% for more than 20 years.

Table 2 and Figure 2 show that 34.1% of respondents reported working for a big box store, while 24.2% reported working for an independent optical store, and 22.4% reported working for a national chain optical store. Table 3 and Figure 3 show that 48.9% of respondents reported their job title as licensed optician, and 21.5% reported their job title as manager/supervisor.

Table 4 and Figure 4 show that the greatest percentage of respondents (42.6%) reported working between 40-49 hours per week, and 40.8% reported working 30-39 hours per week. Table 5 and Figure 5 show that 72.2% of respondents reported that they have a registered dispensing optician (RDO) license, and 28.3% reported that they are a licensed contact lens dispenser.

When asked to indicate the location of their primary work setting, 88.8% of the respondents reported that they work in an urban area. See Table 6 and Figure 6.

As shown in Table 7 and Figure 7, 65.9% of respondents reported having 1-3 other registered SLDs in their facility, and 17.5% reported having 4-6 other registered SLDs. As shown in Table 8 and Figure 8, 49.3% reported having 1-3 nonregistered SLDs working in their facility, and 27.4% reported working with no nonregistered SLDs.

When asked to report their education and training, 54.3% reported having on-the-job training and 26% reported having attended vocational schools. See Table 9 and Figure 9.

More detailed demographic information from respondents can be found in Tables 1-10 and Figures 1-9.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN SLD

YEARS	NUMBER (N)	PERCENT
0-5 years	81	36.3
6-10 years	34	15.2
11-20 years	42	18.8
More than 20 years	66	29.6
Total	223	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN SLD

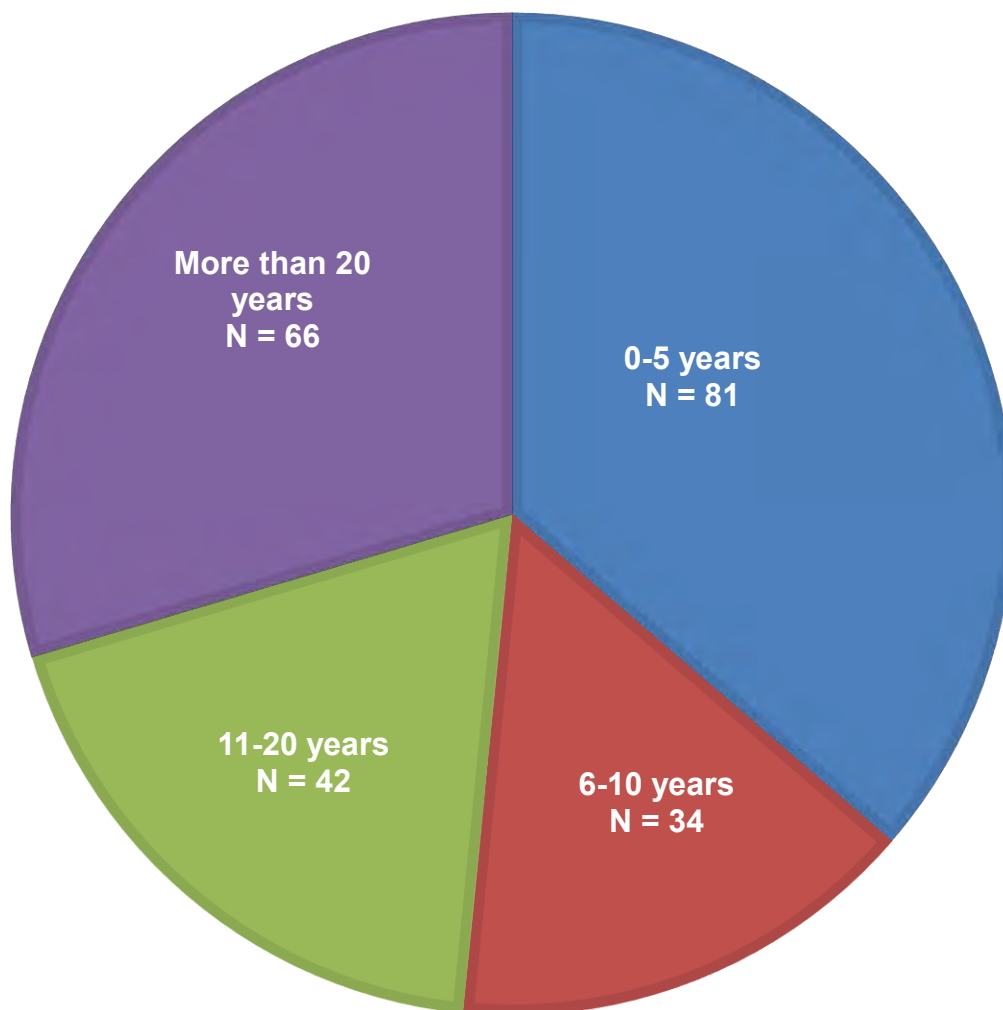


TABLE 2 – PRIMARY WORK SETTING

SETTING	NUMBER (N)	PERCENT
Big box store (for example, Walmart, Costco, Target)	76	34.1
Optical laboratory	5	2.2
Independent optical store	54	24.2
Local chain optical store	7	3.1
Regional chain optical store	4	1.8
National chain optical store	50	22.4
Private hospital	1	0.4
HMO facility	4	1.8
Military/veterans' hospital or clinic	2	0.9
Educational facility	1	0.4
Federal facility (nonmilitary)	1	0.4
State facility	2	0.9
Other	15	6.7
Missing	1	0.4
Total	223	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 2 – PRIMARY WORK SETTING

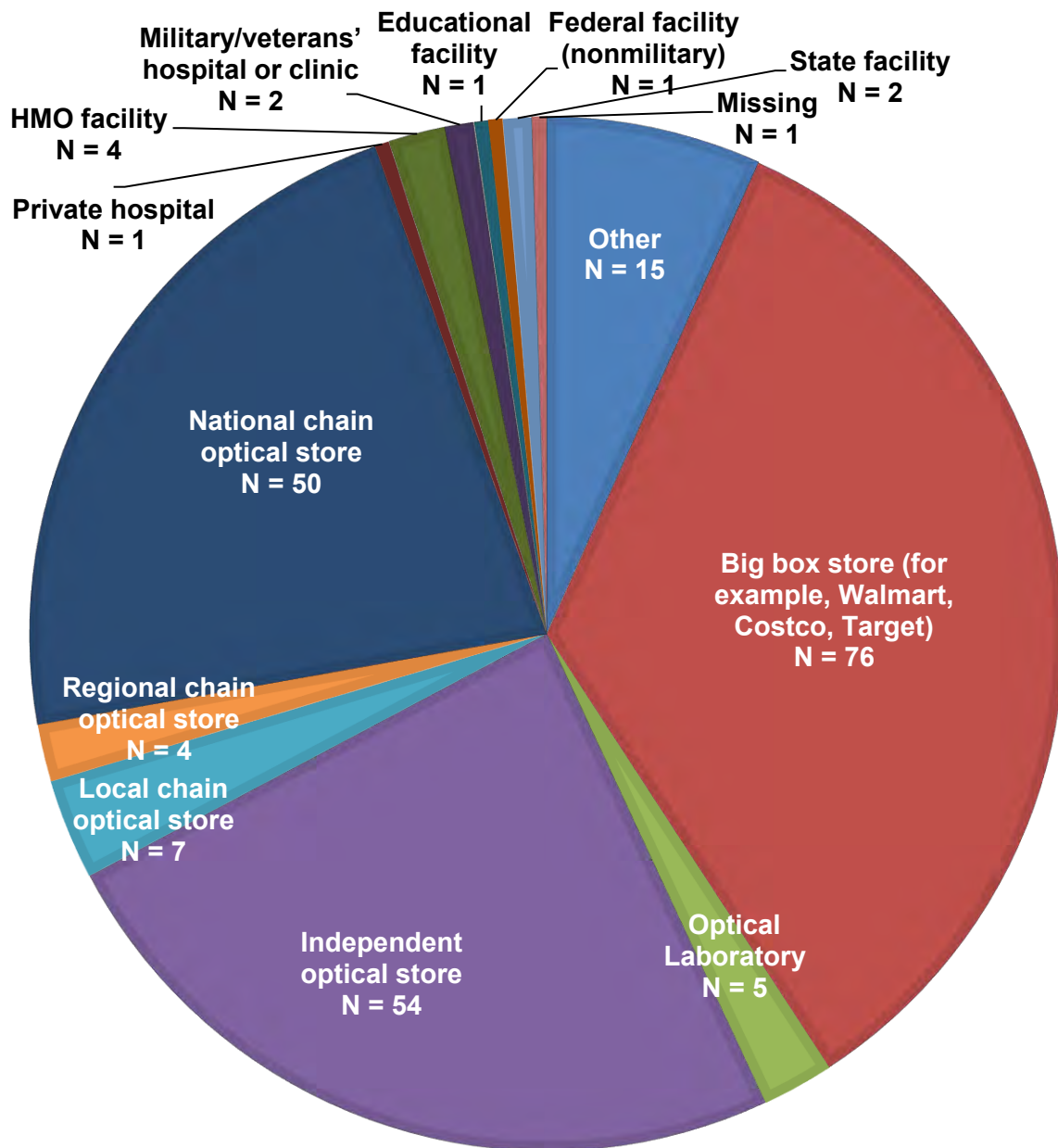


TABLE 3 – JOB TITLE

TITLE	NUMBER (N)	PERCENT
Sole Owner / Principal	28	12.6
Manager/Supervisor	48	21.5
Optical Technician	7	3.1
Optical Lab Technician	3	1.3
Spectacle Lens Dispenser	12	5.4
Licensed Optician	109	48.9
Other	16	7.2
Missing	0	0.0
Total	223	100

FIGURE 3 – JOB TITLE

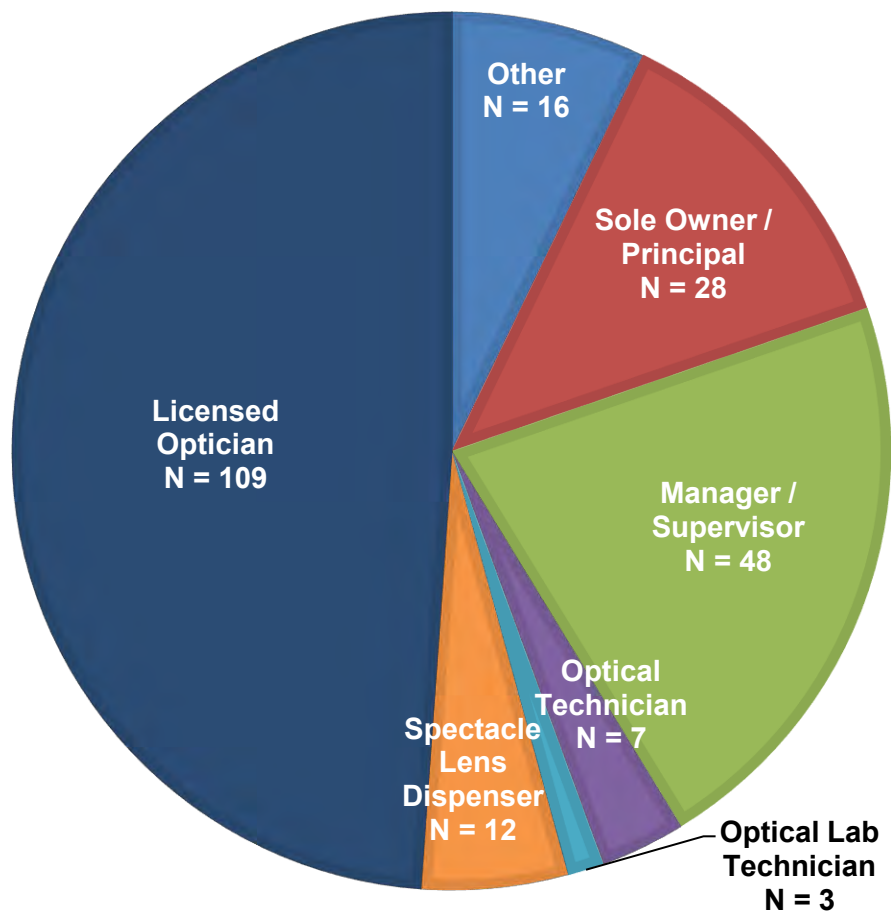


TABLE 4 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
9 hours or fewer	6	2.7
10-19 hours	6	2.7
20-29 hours	16	7.2
30-39 hours	91	40.8
40-49 hours	95	42.6
50 or more hours	9	4.0
Missing	0	0.0
Total	223	100

FIGURE 4 – HOURS WORKED PER WEEK

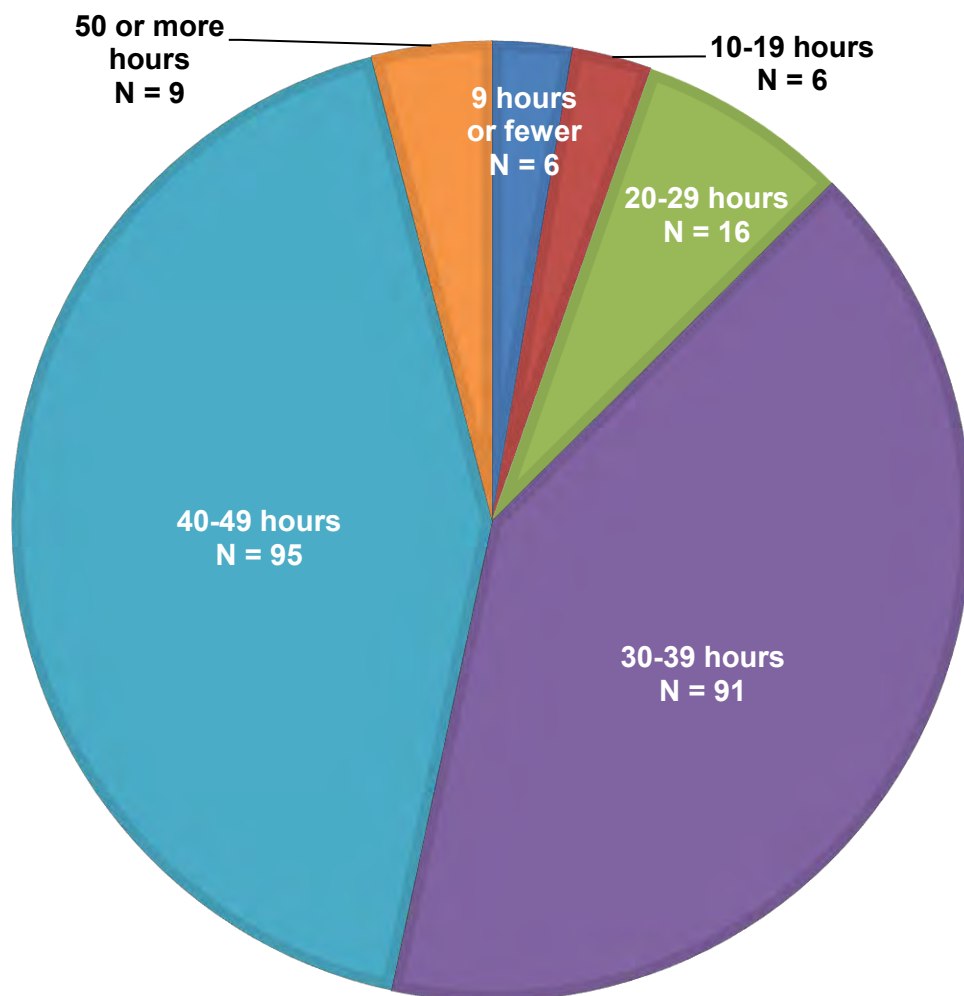


TABLE 5 – OTHER LICENSES HELD*

License	NUMBER (N)	PERCENT
Registered Dispensing Optician (RDO)	161	72.2
Contact Lens Dispenser (CLD)	63	28.3

*NOTE: Respondents were asked to select all that apply.

FIGURE 5 – OTHER LICENSES HELD

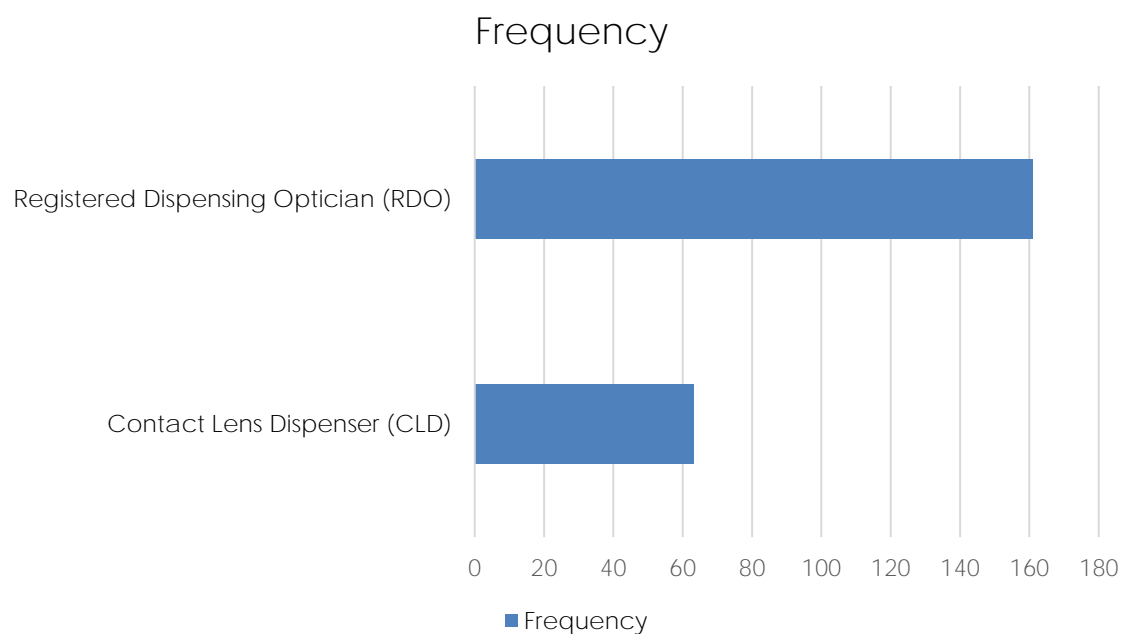


TABLE 6 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (50,000 people or more)	198	88.8
Rural (fewer than 50,000 people)	25	11.2
Total	223	100

FIGURE 6 – LOCATION OF PRIMARY WORK SETTING

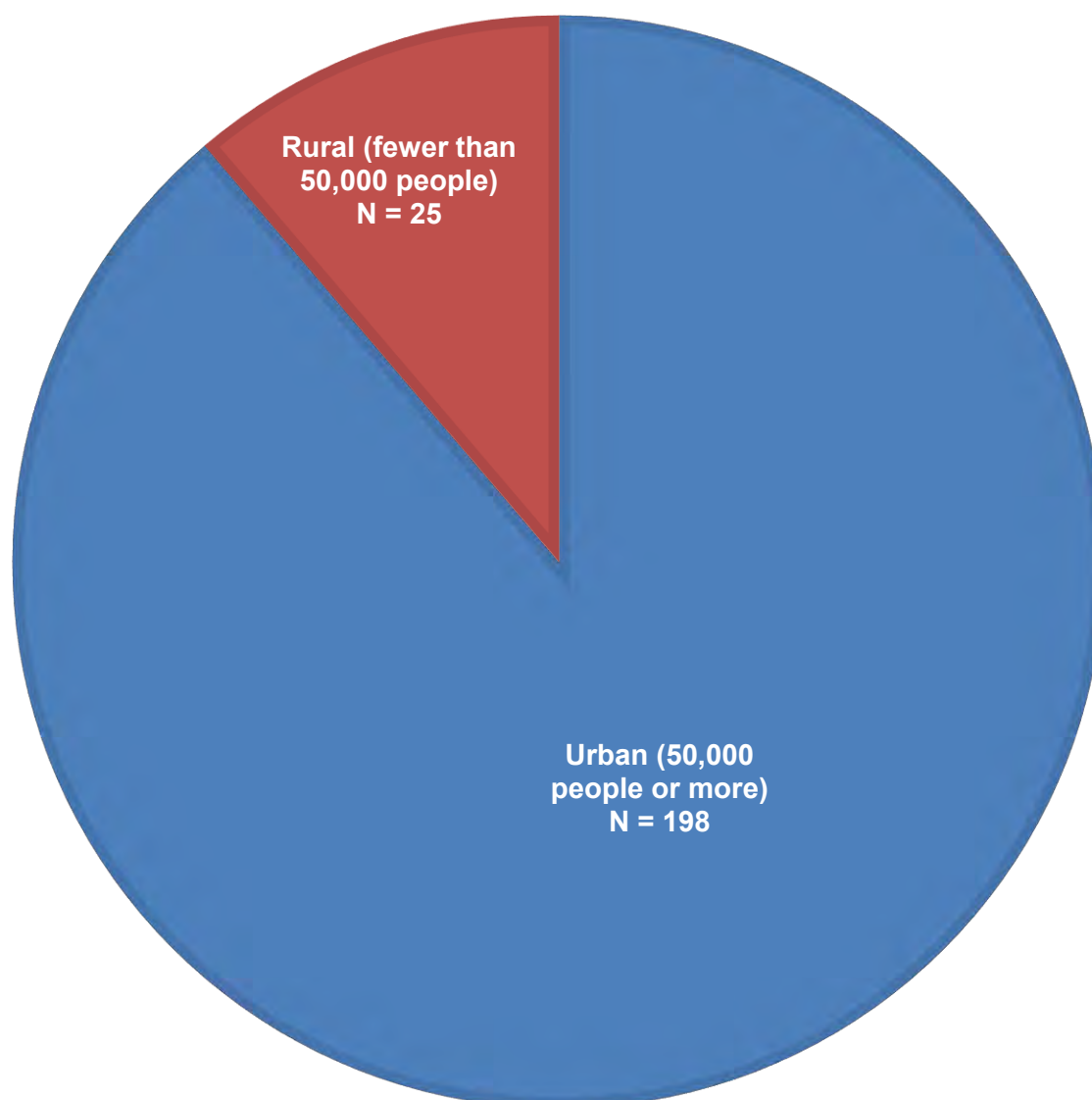


TABLE 7 – NUMBER OF REGISTERED SLDs WORKING AT FACILITY

SLDs	NUMBER (N)	PERCENT
0	20	9.0
1-3	147	65.9
4-6	39	17.5
7 or more	16	7.2
Missing	1	0.4
Total	223	100

FIGURE 7 – NUMBER OF REGISTERED SLDs WORKING AT FACILITY

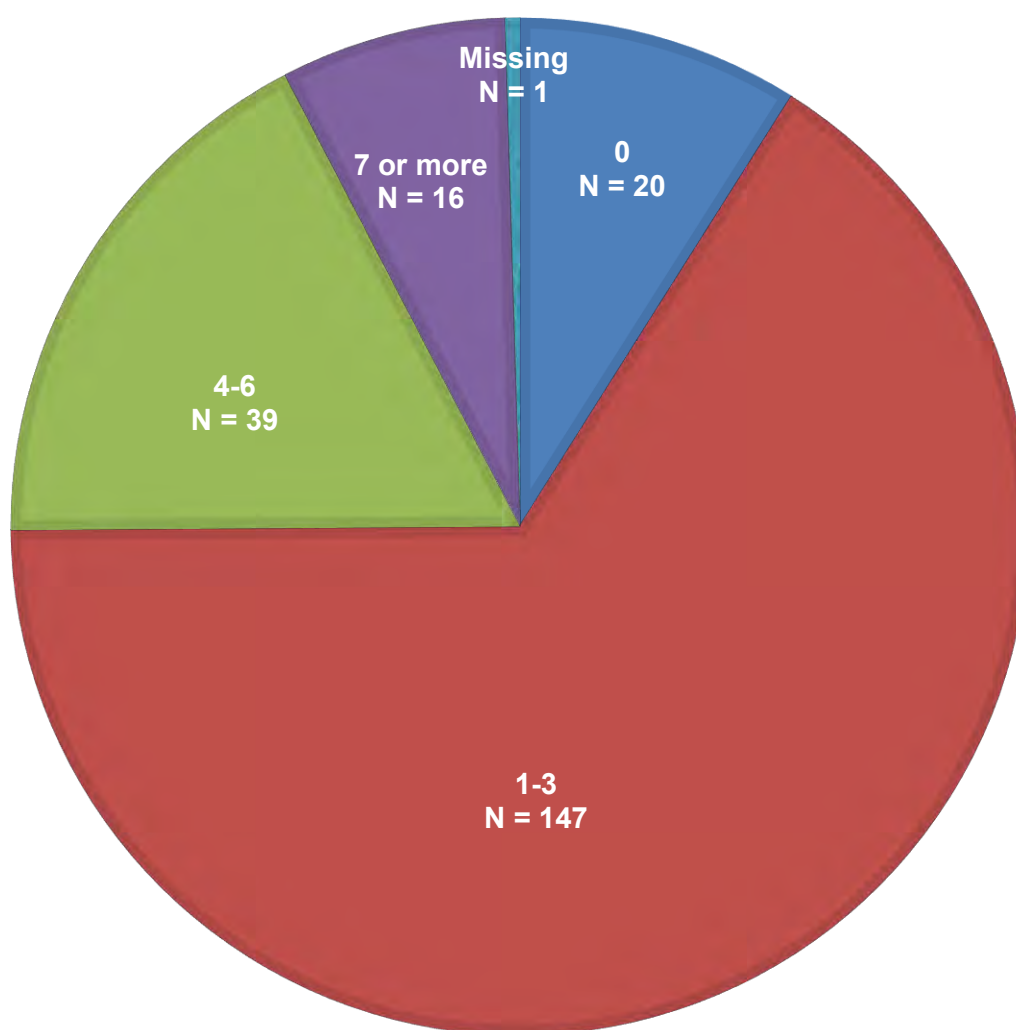


TABLE 8 – NUMBER OF NONREGISTERED SLDs WORKING AT FACILITY

SLDs	NUMBER (N)	PERCENT
0	61	27.4
1-3	110	49.3
4-6	27	12.1
7 or more	25	11.2
Total	223	100

FIGURE 8 – NUMBER OF NONREGISTERED SLDs WORKING AT FACILITY

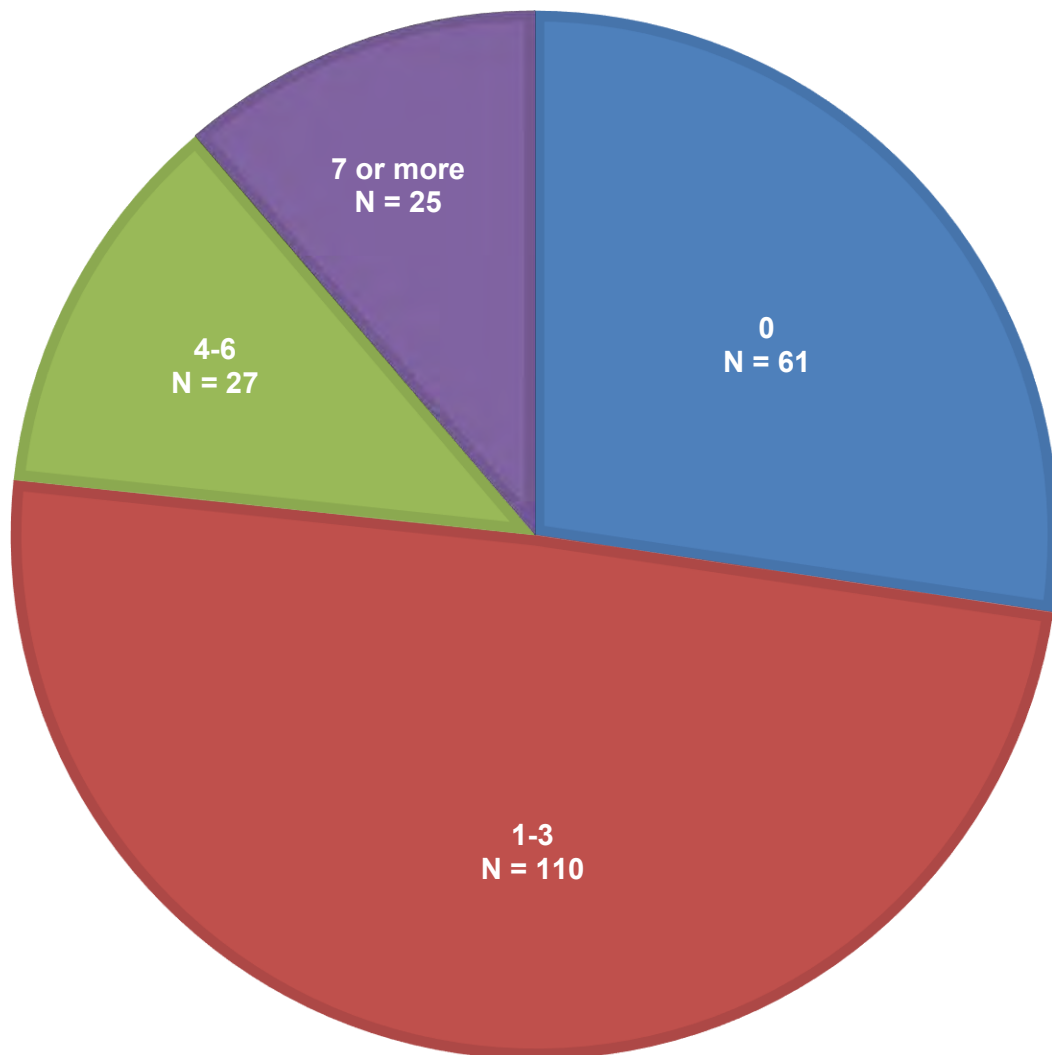


TABLE 9 – EDUCATION AND TRAINING*

EDUCATION	NUMBER (N)	PERCENT
On-the-job training	121	54.3
Vocational program	58	26.0
Associate degree	48	21.5
Bachelor's degree	53	23.8
Master's degree	7	3.1
Doctorate	2	0.9
Other	15	6.7

*NOTE: Respondents were asked to select all that apply.

FIGURE 9 – EDUCATION AND TRAINING

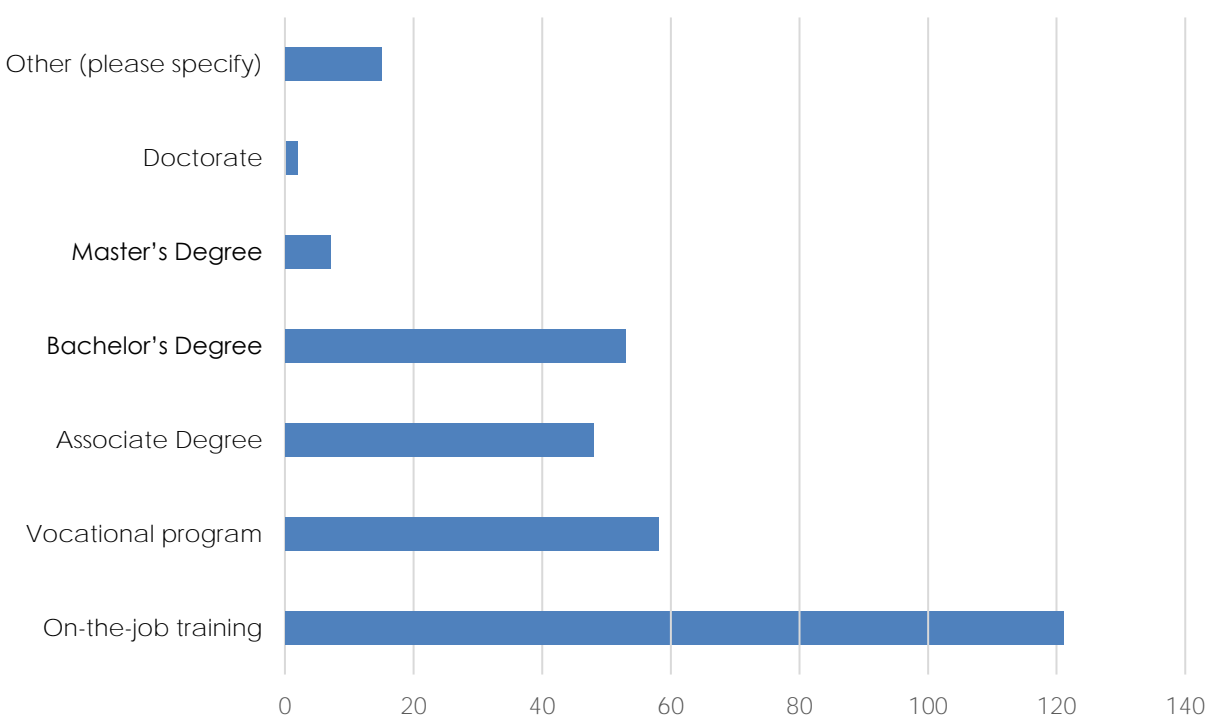


TABLE 10 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	79	35.4
San Francisco Bay Area	41	18.4
San Joaquin Valley	21	9.4
Sacramento Valley	16	7.2
San Diego County and Vicinity	22	9.9
Shasta-Cascade	2	0.9
Riverside and Vicinity	23	10.3
Sierra Mountain Valley	3	1.3
North Coast	2	0.9
South Coast and Central Coast	13	5.8
Missing	1	0.4
Total	223	100*

* NOTE: Percentages do not add to 100 due to rounding.

Appendix A shows a more detailed breakdown of the frequencies by region.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings obtained by the questionnaire results with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task statement rating scale in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (frequency $\alpha = .910$; importance $\alpha = .929$). Table 12 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge statement importance across content areas were also highly reliable ($\alpha = .962$). These results indicate that the responding SLDs rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Vision Pretest	9	.934	.937
2. Prescription Assessment	6	.688	.718
3. Eyewear Selection and Ordering	13	.848	.883
4. Manufacturing	5	.821	.811
5. Quality Control	5	.865	.883
6. Dispensing	9	.922	.916
7. Laws and Regulations	3	.928	.524
Total	50	.910	.929

TABLE 12 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. Vision Pretest	14	.948
2. Prescription Assessment	10	.844
3. Eyewear Selection and Ordering	22	.939
4. Manufacturing	7	.906
5. Quality Control	12	.893
6. Dispensing	12	.906
7. Laws and Regulations	3	.652
Total	80	.962

TASK CRITICALITY INDICES

OPES convened a workshop consisting of six SMEs in November 2019. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective SLD practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index and evaluated the mean importance ratings for all knowledge statements.

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (F_i) and the importance rating (I_i) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

$$\text{Task criticality index} = \text{mean } [(F_i) \times (I_i)]$$

The task statements were sorted in descending order of their criticality index and by content area. The task statements, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

The SMEs who participated in the November 2019 workshop evaluated the task criticality indices derived from the questionnaire results. SMEs were provided with the mean criticality indices across all respondents.

OPES test specialists instructed the SMEs to identify a cutoff value to determine if any of the tasks did not have a high enough criticality index to be retained. Based on the SMEs' judgment of the relative importance of tasks to SLD practice, the SMEs determined that no cutoff value should be established for content areas 2 through 7 and that all task statements would remain in the examination outline. For content area 1, the SMEs identified a cutoff value of 7.0 and eliminated tasks 3 through 9.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by content area and in descending order, are presented in Appendix C.

The SMEs who participated in the November 2019 workshop that evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to SLD practice, the SMEs determined that no cutoff value should be established. However, the SMEs determined that any knowledge statements only associated with eliminated tasks should be eliminated. All other knowledge statements remained in the examination outline.

In further evaluating the tasks and knowledge statements, the SMEs determined that T2, T15, T33, and K18 should be reworded for clarity. The SMEs also determined that T48, "Provide copies of spectacle lens prescriptions to patients after eye exams," addressed a responsibility of optometrists, and should not be included on the examination outline for SLDs.

CHAPTER 5 | EXAMINATION OUTLINE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the November 2019 workshop reviewed the preliminary assignments of the task and knowledge statements to content areas from the August 2019 workshop. The SMEs established the final linkage of specific knowledge statements to task statements.

The SMEs reviewed the content areas and wrote descriptions for each content area. The SMEs also renamed content area 7 (originally titled Laws and Regulations) to Advertising and Supervising. Additionally, the SMEs determined that content area 1 should be eliminated and the remaining associated tasks and knowledges moved to content area 2; the content area numbering was adjusted to reflect this change as seen in Tables 13 and 14.

CONTENT AREA WEIGHTS

The SMEs in the November 2019 workshop were asked to evaluate the tasks within each content area and determine whether they should be categorized into subareas. The SMEs determined that no subareas were needed.

The SMEs were also asked to finalize the weights for the content areas on the SLD examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the following elements for each content area: the group of tasks and knowledge statements, the linkage established between the tasks and knowledge, and the relative importance of the tasks to SLD practice in California. The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to SLD practice in California. The preliminary and final content area weights for the SLD examination outline are presented in Tables 13 and 14.

TABLE 13 – PRELIMINARY CONTENT AREA WEIGHTS

Content Area	Weight
1. Vision Pretest	8%
2. Prescription Assessment	13%
3. Eyewear Selection and Ordering	32%
4. Manufacturing	8%
5. Quality Control	13%
6. Dispensing	22%
7. Laws and Regulations	5%
Total*	100%

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 14 – FINAL CONTENT AREA WEIGHTS

Content Area	Weight
1. Prescription Assessment	16%
2. Eyewear Selection and Ordering	30%
3. Manufacturing	10%
4. Quality Control	16%
5. Dispensing	25%
6. Advertising and Supervising	3%
Total	100%

The examination outline for the SLD profession is presented in Table 15.

TABLE 15 – EXAMINATION OUTLINE FOR THE SLD PROFESSION

1. PRESCRIPTION ASSESSMENT		16%	This area assesses a candidate's knowledge of interpreting patient spectacle lens prescriptions, neutralizing current eyewear, prescription requirements, and conditions for referral of patients to medical professionals.
TASKS		ASSOCIATED KNOWLEDGE STATEMENTS	
T1.	Obtain patient medical and vision history.	K1.	Knowledge of common medical conditions and medications that could affect spectacle use.
		K2.	Knowledge of anatomy and physiology of the eye.
		K3.	Knowledge of methods to obtain patient medical and vision history.
T2.	Neutralize current eyewear to determine existing prescription.	K4.	Knowledge of methods for identifying refractive errors in patient prescriptions.
		K5.	Knowledge of interpreting lensometer findings.
T10.	Review spectacle lens prescriptions provided by patients to ensure they are valid and current.	K15.	Knowledge of requirements for patients to have prescriptions before ordering spectacle lenses.
		K16.	Knowledge of required elements for spectacle lens prescriptions.
		K17.	Knowledge of spectacle lens prescription expiration dates.
		K78.	Knowledge of laws and regulations related to spectacle lens prescriptions.
T11.	Refer patients to optometrists or ophthalmologists to obtain current prescriptions.	K15.	Knowledge of requirements for patients to have prescriptions before ordering spectacle lenses.
		K16.	Knowledge of required elements for spectacle lens prescriptions.
		K18.	Knowledge of patient medical conditions that should be monitored or evaluated by a medical professional.
T12.	Obtain patient authorization to contact optometrists or ophthalmologists for patient prescriptions.	K16.	Knowledge of required elements for spectacle lens prescriptions.
		K17.	Knowledge of spectacle lens prescription expiration dates.
		K19.	Knowledge of HIPAA requirements for patient consent for release of medical records.
T13.	Verify insurance eligibility to determine eyewear coverage.	K20.	Knowledge of methods for obtaining eligibility information from patients and third-party vision insurance carriers.
		K21.	Knowledge of third-party vision insurance carriers and network coverage.

T14. Interpret spectacle lens prescriptions to understand vision corrections.	K22. Knowledge of how to interpret spectacle lens prescriptions. K23. Knowledge of methods for identifying the quantity and direction of prescribed prism. K24. Knowledge of types of specialty and occupational lenses.
T15. Recommend patients visit medical professional to address possible medical conditions.	K18. Knowledge of patient medical conditions that should be monitored or evaluated by a medical professional.

2. EYEWEAR SELECTION AND ORDERING		30%	This area assesses a candidate's knowledge of assisting patients with frame and lens selection based on patient lifestyle, pre-fitting spectacle frames, and taking patient measurements.
TASKS		ASSOCIATED KNOWLEDGE STATEMENTS	
T16.	Determine spectacle frame design by evaluating patient prescription and needs.	K25.	Knowledge of lifestyle factors and hobbies that affect eyewear selection.
		K26.	Knowledge of advantages and disadvantages of different types of spectacle frame design and materials.
		K27.	Knowledge of different brands and styles of lenses and frames.
		K28.	Knowledge of different frame materials (for example, titanium, acetate, optyl).
		K29.	Knowledge of current trends in spectacle frames.
		K30.	Knowledge of methods for educating patients about eyewear designs and features.
T17.	Determine types of spectacle lens materials (for example, glass, CR-39, polycarbonate, trivex, high-index) by evaluating patient prescription and needs.	K31.	Knowledge of methods for matching frames to patients' facial characteristics.
		K25.	Knowledge of lifestyle factors and hobbies that affect eyewear selection.
		K27.	Knowledge of different brands and styles of lenses and frames.
		K30.	Knowledge of methods for educating patients about eyewear designs and features.
		K32.	Knowledge of current trends in spectacle lenses.
T18.	Determine spectacle lens type and design (for example, single vision, multifocal) by evaluating patient prescription and needs.	K33.	Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).
		K24.	Knowledge of types of specialty and occupational lenses.
		K25.	Knowledge of lifestyle factors and hobbies that affect eyewear selection.
		K30.	Knowledge of methods for educating patients about eyewear designs and features.
		K33.	Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).
		K34.	Knowledge of different designs of multifocal lenses (for example, progressive, bifocal, trifocal).

T19. Determine secondary lens options (for example, occupational, low vision, sports vision, blue light protection) and sun protection by evaluating patient prescription and needs.	K24. Knowledge of types of specialty and occupational lenses. K25. Knowledge of lifestyle factors and hobbies that affect eyewear selection. K27. Knowledge of different brands and styles of lenses and frames. K30. Knowledge of methods for educating patients about eyewear designs and features. K33. Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective). K35. Knowledge of the need for secondary lenses and sun protection.
T20. Convert spectacle lens prescriptions to intermediate or reading lenses.	K24. Knowledge of types of specialty and occupational lenses. K36. Knowledge of methods for modifying spectacle lens prescriptions for intermediate or reading powers.
T22. Determine out-of-pocket costs to assist patient with spectacle selection.	K37. Knowledge of methods for calculating out-of-pocket eyewear costs.
T23. Pre-adjust spectacle frame using four point alignment.	K38. Knowledge of tools used to adjust spectacle frames during pre-fitting. K39. Knowledge of methods for pre-adjusting spectacle frames.
T24. Pre-adjust spectacle frame on patient to ensure optimal fit.	K38. Knowledge of tools used to adjust spectacle frames during pre-fitting. K39. Knowledge of methods for pre-adjusting spectacle frames. K40. Knowledge of frame tilt (for example, pantoscopic, retroscopic, orthoscopic). K41. Knowledge of the effect of frame tilt on fit. K43. Knowledge of instruments used to measure vertex distance.
T25. Fit and adjust frame on patient to ensure accurate measurement.	K39. Knowledge of methods for pre-adjusting spectacle frames. K40. Knowledge of frame tilt (for example, pantoscopic, retroscopic, orthoscopic). K41. Knowledge of the effect of frame tilt on fit. K42. Knowledge of tools used to adjust spectacle frames. K43. Knowledge of instruments used to measure vertex distance.

T26. Measure vertical fitting heights to determine vertical position of the lens.	K40. Knowledge of frame tilt (for example, pantoscopic, retroscopic, orthoscopic). K41. Knowledge of the effect of frame tilt on fit. K43. Knowledge of instruments used to measure vertex distance. K44. Knowledge of methods for using a pupillary distance ruler.
T27. Measure horizontal pupillary distance to determine optical center.	K44. Knowledge of methods for using a pupillary distance ruler. K45. Knowledge of methods for using a pupillometer.
T28. Verify prescribed prism and determine specialty lenses (for example, slab-off).	K22. Knowledge of how to interpret spectacle lens prescriptions. K23. Knowledge of methods for identifying the quantity and direction of prescribed prism. K24. Knowledge of types of specialty and occupational lenses. K27. Knowledge of different brands and styles of lenses and frames. K34. Knowledge of different designs of multifocal lenses (for example, progressive, bifocal, trifocal). K46. Knowledge of the effect of bifocal lenses on image jump (for example, slab-off).

3. MANUFACTURING		10%	This area assesses a candidate's knowledge of spectacle lens manufacturing, including frame measurements, calculating decentration, identifying optical centers, and mounting lenses into frames.
TASKS		ASSOCIATED KNOWLEDGE STATEMENTS	
T29.	Determine base curve based on prescription information.	K47.	Knowledge of methods to identify ideal base curve.
		K48.	Knowledge of methods to use a lens clock to identify base curve.
T30.	Determine frame measurements for manufacturing.	K49.	Knowledge of frame dimensions (for example, distance between lenses, effective diameter, frame wrap).
T31.	Calculate horizontal and vertical decentration.	K49.	Knowledge of frame dimensions (for example, distance between lenses, effective diameter, frame wrap).
		K23.	Knowledge of methods for identifying the quantity and direction of prescribed prism.
		K50.	Knowledge of methods for calculating horizontal and vertical decentration.
		K52.	Knowledge of methods for identifying and calculating induced prism.
		K53.	Knowledge of methods for finishing lenses (for example, tracing, blocking, edging, tinting).
T32.	Identify optical center of lens using a lensometer.	K23.	Knowledge of methods for identifying the quantity and direction of prescribed prism.
		K51.	Knowledge of methods for interpreting lensometer findings to identify optical center of lens.
		K52.	Knowledge of methods for identifying and calculating induced prism.
T33.	Mount edged lenses into frames.	K53.	Knowledge of methods for finishing lenses (for example, tracing, blocking, edging, tinting).
		K81.	Knowledge of methods and techniques for inserting lenses into frames.

4. QUALITY CONTROL		16%	This area assesses a candidate's knowledge of procedures for verifying that finished eyewear matches patient prescription and order specifications, is aligned and free from defects, and meets ANSI standards.
TASKS		ASSOCIATED KNOWLEDGE STATEMENTS	
T34.	Verify spectacles received from laboratory match doctors' prescriptions.	K22.	Knowledge of how to interpret spectacle lens prescriptions.
		K54.	Knowledge of common transcription errors.
		K55.	Knowledge of procedures for comparing spectacles received to doctors' prescriptions.
		K59.	Knowledge of methods for interpreting lensometer findings to verify that lenses received from the lab match current prescription.
T35.	Verify spectacles received from laboratory match order specifications.	K56.	Knowledge of procedures for comparing spectacles received to order specifications.
T36.	Identify defects (for example, crazing, distortion) in spectacle lenses.	K57.	Knowledge of methods for interpreting lensometer findings to identify defects during the manufacturing process.
		K58.	Knowledge of procedures for identifying lens defects.
T37.	Verify spectacles received from laboratory meet ANSI standards (for example, lens thickness, prescription, prism, tolerance).	K52.	Knowledge of methods for identifying and calculating induced prism.
		K60.	Knowledge of methods to measure spectacle lens thickness using calipers.
		K61.	Knowledge of ANSI standards for spectacle lenses.
T38.	Adjust spectacle frame using four point alignment.	K40.	Knowledge of frame tilt (for example, pantoscopic, retroscopic, orthoscopic).
		K41.	Knowledge of the effect of frame tilt on fit.
		K62.	Knowledge of instruments used to verify spectacle parameters and fit.
		K63.	Knowledge of tools used to adjust spectacle frames during manufacturing.
		K64.	Knowledge of methods for adjusting spectacle frames during manufacturing.
		K65.	Knowledge of bench alignment techniques (for example, four point alignment).

5. DISPENSING		25%	This area assesses a candidate's knowledge of adjusting and repairing spectacle frames; educating patients on eyewear use, care, and warranty; and troubleshooting patient concerns.
TASKS		ASSOCIATED KNOWLEDGE STATEMENTS	
T39.	Adjust spectacle frame on patient to ensure optimal fit.	K40.	Knowledge of frame tilt (for example, pantoscopic, retroscopic, orthoscopic).
		K41.	Knowledge of the effect of frame tilt on fit.
		K66.	Knowledge of tools used to adjust spectacle frames to fit patient.
		K67.	Knowledge of methods for adjusting spectacle frames to fit patient.
T40.	Educate patients on use of multifocal lenses.	K68.	Knowledge of facial features and anatomy that affect spectacle fit.
		K24.	Knowledge of types of specialty and occupational lenses.
		K46.	Knowledge of the effect of bifocal lenses on image jump (for example, slab-off).
T41.	Train patients on methods for cleaning and maintaining spectacle lenses.	K69.	Knowledge of side effects during adaptation period.
		K70.	Knowledge of methods and materials for cleaning and maintaining spectacle lenses.
T42.	Educate patients on the adaptation period for spectacle lenses.	K69.	Knowledge of side effects during adaptation period.
T43.	Assess patient comfort and vision clarity with new spectacles.	K71.	Knowledge of methods of assessing visual acuity (for example, Snellen chart, Jaeger card).
T44.	Address patient concerns with spectacles.	K72.	Knowledge of methods for troubleshooting common patient concerns.
		K73.	Knowledge of after-sale services available to patients.
T45.	Refer patients to prescribing doctor to address prescription problems.	K74.	Knowledge of patient prescription problems that require referral to a medical professional.
T46.	Provide patients with eyewear warranty information.	K75.	Knowledge of eyewear manufacturer warranty policies.
T47.	Perform common eyewear repairs to extend life of spectacles.	K76.	Knowledge of parts used in eyewear repairs.
		K77.	Knowledge of methods for repairing eyewear.

6. ADVERTISING AND SUPERVISING		3%	This area assesses a candidate's knowledge of laws and regulations related to advertising and supervising trainees.
TASKS		ASSOCIATED KNOWLEDGE STATEMENTS	
T49.	Advertise spectacle lens dispenser services in accordance with laws and regulations.	K79.	Knowledge of laws and regulations related to advertising spectacle lens dispenser services.
T50.	Supervise spectacle lens dispenser trainees in accordance with laws and regulations.	K80.	Knowledge of laws and regulations related to supervising spectacle lens dispenser trainees.

CHAPTER 6 | CONCLUSION

The OA of SLD practice described in this report provides a comprehensive description of current SLD practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent SLD practice. Results of this OA provide information regarding current practice that can be used to review the National Opticianry Competency Examination (NOCE) developed by the American Board of Opticianry (ABO).

By adopting the SLD examination outline contained in this report, the Board ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	61
Orange	18
TOTAL	79

NORTH COAST

County of Practice	Frequency
Mendocino	1
Sonoma	1
TOTAL	2

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	17
San Bernardino	6
TOTAL	23

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	1
Sacramento	13
Yolo	1
Yuba	1
TOTAL	16

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
San Diego	22
TOTAL	22

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	3
Contra Costa	9
Marin	4
Napa	1
San Francisco	4
San Mateo	6
Santa Clara	10
Santa Cruz	2
Solano	2
TOTAL	41

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	4
Kern	6
San Joaquin	5
Stanislaus	5
Tulare	1
TOTAL	21

SHASTA-CASCADE

County of Practice	Frequency
Shasta	1
Tehama	1
TOTAL	2

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Placer	3
TOTAL	3

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	2
San Luis Obispo	4
Santa Barbara	4
Ventura	3
TOTAL	13

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

**Content Area 1
Vision Pretest**

	Task Statements	N	Mean Frequency	N	Mean Importance	N	Task Criticality Index
T2.	Neutralize current eyewear to determine baseline prescription.*	219	3.24	203	3.14	204	12.96
T1.	Obtain patient medical and vision history.	220	2.99	203	3.17	207	12.43
T4.	Perform autorefraction to determine baseline for new prescription.	217	1.62	198	1.95	210	6.30
T5.	Assess patient visual acuity using Snellen chart.	216	1.57	198	1.97	209	5.76
T3.	Perform tonometry to determine intraocular pressure.	217	1.35	198	1.74	210	5.26
T9.	Perform retinal photography to monitor the condition of the retina.	218	1.22	197	1.78	212	4.67
T8.	Assess patient peripheral vision using visual field analyzer.	217	1.28	196	1.67	209	4.61
T6.	Assess patient for color blindness using Ishihara test.	218	1.05	197	1.38	211	3.27
T7.	Assess patient depth perception using stereopsis test.	218	1.02	195	1.36	211	3.18

*T2 was modified by SMEs (reworded for clarity). "Baseline" was changed to "existing." (See Chapter 4.)

Note: Shaded task statements were deleted by SMEs. (See Chapter 4.)

Content Area 2
Prescription Assessment

Task Statements	N	Mean Frequency	N	Mean Importance	N	Criticality Index
T10. Review spectacle lens prescriptions provided by patients to ensure they are valid and current.	212	4.73	198	4.63	198	22.28
T14. Interpret spectacle lens prescriptions to understand vision corrections.	211	4.63	197	4.51	195	21.47
T13. Verify insurance eligibility to determine eyewear coverage.	212	4.08	196	3.97	199	17.90
T11. Refer patients to optometrists or ophthalmologists to obtain current prescriptions.	212	3.62	195	3.89	195	15.44
T12. Obtain patient authorization to contact optometrists or ophthalmologists for patient prescriptions.	212	3.27	196	3.73	197	13.68
T15. Refer patients to medical professional to address possible medical conditions.*	212	2.32	194	3.43	198	9.99

*T15 was modified by SMEs (reworded for clarity). "Refer patients to" was changed to "Recommend patients visit."
(See Chapter 4.)

Content Area 3
Eyewear Selection and Ordering

Task Statements	N	Mean Frequency	N	Mean Importance	N	Criticality Index
T27. Measure horizontal pupillary distance to determine optical center.	199	4.78	185	4.62	184	22.30
T17. Determine types of spectacle lens materials (for example, glass, CR-39, polycarbonate, trivex, high-index) by evaluating patient prescription and needs.	199	4.82	184	4.51	183	21.95
T18. Determine spectacle lens type and design (for example, single vision, multifocal) by evaluating patient prescription and needs.	199	4.77	184	4.54	183	21.84
T25. Fit and adjust frame on patient to ensure accurate measurement.	200	4.71	187	4.54	186	21.58
T16. Determine spectacle frame design by evaluating patient prescription and needs.	198	4.75	185	4.35	183	21.03
T26. Measure vertical fitting heights to determine vertical position of the lens.	199	4.58	185	4.53	185	21.02
T24. Pre-adjust spectacle frame on patient to ensure optimal fit.	199	4.57	187	4.30	186	20.04
T23. Pre-adjust spectacle frame using four point alignment.	200	4.52	187	4.13	186	19.16
T19. Determine secondary lens options (for example, occupational, low vision, sports vision, blue light protection) and sun protection by evaluating patient prescription and needs.	199	4.51	186	4.09	185	18.86
T22. Determine out-of-pocket costs to assist patient with spectacle selection.	199	4.19	186	3.68	185	16.68

T20. Convert spectacle lens prescriptions to intermediate or reading lenses.	200	3.82	185	3.94	185	15.80
T28. Verify prescribed prism and determine specialty lenses (for example, slab-off).	200	3.26	187	3.97	188	14.04
T21. Assess base curve and material of current spectacle lenses.	199	3.58	186	3.67	186	13.89

**Content Area 4
Manufacturing**

Task Statements	N	Mean Frequency	N	Mean Importance	N	Criticality Index
T32. Identify optical center of lens using a lensometer.	194	3.99	180	4.03	181	17.24
T30. Determine frame measurements for manufacturing.	194	3.33	175	3.42	182	13.85
T31. Calculate horizontal and vertical decentration.	194	2.70	179	3.08	182	11.07
T29. Determine base curve based on prescription information.	193	2.87	177	3.01	179	10.59
T33. Finish lenses to prepare for insertion into frame.*	193	2.19	175	2.71	185	9.24

*T33 was modified by SMEs. For clarity, it was reworded to: "Mount edged lenses into frames." (See Chapter 4.)

**Content Area 5
Quality Control**

Task Statements	N	Mean Frequency	N	Mean Importance	N	Criticality Index
T35. Verify spectacles received from laboratory match order specifications.	188	4.47	175	4.47	177	20.97
T34. Verify spectacles received from laboratory match doctors' prescriptions.	188	4.43	174	4.47	176	20.93
T38. Adjust spectacle frame using four point alignment.	187	4.61	175	4.24	175	20.16
T36. Identify defects (for example, crazing, distortion) in spectacle lenses.	188	4.37	176	4.38	176	20.02
T37. Verify spectacles received from laboratory meet ANSI standards (for example, lens thickness, prescription, prism tolerance).	188	3.96	173	4.10	176	18.10

Content Area 6
Dispensing

Task Statements	N	Mean Frequency	N	Mean Importance	N	Criticality Index
T39. Adjust spectacle frame on patient to ensure optimal fit.	188	4.72	175	4.47	175	21.41
T40. Educate patients on use of multifocal lenses.	187	4.63	175	4.51	174	21.18
T43. Assess patient comfort and vision clarity with new spectacles.	188	4.63	177	4.36	176	20.80
T44. Address patient concerns with spectacles.	188	4.47	176	4.40	175	20.04
T42. Educate patients on the adaptation period for spectacle lenses.	188	4.57	176	4.27	175	19.78
T41. Train patients on methods for cleaning and maintaining spectacle lenses.	188	4.49	176	4.06	175	18.76
T47. Perform common eyewear repairs to extend life of spectacles.	188	4.43	177	3.92	176	17.94
T46. Provide patients with eyewear warranty information.	188	4.27	177	3.72	176	16.85
T45. Refer patients to medical professionals to address prescription problems.	188	3.39	177	3.93	177	14.09

**Content Area 7
Laws and Regulations**

Task Statements	N	Mean Frequency	N	Mean Importance	N	Criticality Index
T50. Supervise spectacle lens dispenser trainees in accordance with laws and regulations.	187	2.86	169	3.40	176	12.62
T48. Provide copies of spectacle lens prescriptions to patients after eye exams.	188	2.86	171	2.85	181	11.96
T49. Advertise spectacle lens dispenser services in accordance with laws and regulations.	187	2.79	172	2.83	179	11.28

Note: Shaded task statement was deleted by SMEs. (See Chapter 4.)

APPENDIX C | KNOWLEDGE IMPORTANCE RATINGS BY CONTENT AREA

**Content Area 1
Vision Pretest**

Knowledge Statements	N	Mean Importance
K5. Knowledge of interpreting lensometer findings.	184	4.3207
K4. Knowledge of methods for identifying refractive errors in patient prescriptions.	185	3.5892
K3. Knowledge of methods to obtain patient medical and vision history.	185	3.2865
K2. Knowledge of anatomy and physiology of the eye.	185	3.1946
K1. Knowledge of common medical conditions and medications that could affect spectacle use.	185	2.8486
K10. Knowledge of methods to interpret a Snellen chart.	185	2.2703
K9. Knowledge of methods to perform visual acuity tests.	185	2.1135
K8. Knowledge of methods to perform autorefraction.	185	1.9622
K7. Knowledge of signs and symptoms of abnormal intraocular pressure.	185	1.7838
K6. Knowledge of methods and procedures to perform tonometry.	184	1.7663
K13. Knowledge of methods for using a visual field analyzer to assess peripheral vision.	185	1.7297
K12. Knowledge of methods for administering stereopsis test to assess depth perception.	185	1.5892
K11. Knowledge of methods for administering Ishihara test to identify color blindness.	185	1.5838
K14. Knowledge of methods for operating a fundus camera.	185	1.5243

*Shaded knowledge statements deleted by SMEs because they were only associated with eliminated tasks. (See Chapter 4.)

**Content Area 2
Prescription Assessment**

Knowledge Statements	N	Mean Importance
K22. Knowledge of how to interpret spectacle lens prescriptions.	184	4.6793
K16. Knowledge of required elements for spectacle lens prescriptions.	181	4.5801
K17. Knowledge of spectacle lens prescription expiration dates.	183	4.5683
K15. Knowledge of requirements for patients to have prescriptions before ordering spectacle lenses.	185	4.4270
K25. Knowledge of lifestyle factors and hobbies that affect eyewear selection.	184	4.3315
K23. Knowledge of methods for identifying the quantity and direction of prescribed prism.	184	4.2446
K24. Knowledge of types of specialty and occupational lenses.	183	4.2240
K19. Knowledge of requirements for patient consent for release of medical records.	184	4.0380
K20. Knowledge of methods for obtaining eligibility information from patients and third-party vision insurance carriers.	184	3.9076
K21. Knowledge of third-party vision insurance carriers and network coverage.	184	3.8152
K18. Knowledge of patient medical conditions that require referral to a medical professional.*	184	3.1196

*K18 was modified by SMEs (reworded for clarity); “that require referral to” was changed to “that should be monitored or evaluated by.” (See Chapter 4.)

Content Area 3
Eyewear Selection and Ordering

Knowledge Statements	N	Mean Importance
K34. Knowledge of different designs of multifocal lenses (for example, progressive, bifocal, trifocal).	184	4.5815
K33. Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).	185	4.5405
K45. Knowledge of methods for using a pupillometer.	185	4.5297
K35. Knowledge of the need for secondary lenses and sun protection.	184	4.4565
K26. Knowledge of advantages and disadvantages of different types of spectacle frame design and materials.	183	4.4317
K40. Knowledge of frame tilt (for example, pantoscopic, retroscopic, orthoscopic).	185	4.3946
K36. Knowledge of methods for modifying spectacle lens prescriptions for intermediate or reading powers.	185	4.3838
K38. Knowledge of tools used to adjust spectacle frames during pre-fitting.	185	4.3838
K41. Knowledge of the effect of frame tilt on fit.	185	4.3730
K39. Knowledge of methods for pre-adjusting spectacle frames.	185	4.3405
K44. Knowledge of methods for using a pupillary distance ruler.	185	4.2865
K42. Knowledge of tools used to pre-adjust spectacle frames.	185	4.2162
K27. Knowledge of different brands and styles of lenses and frames.	182	4.1319
K31. Knowledge of methods for matching frames to patients' facial characteristics.	184	4.1033
K28. Knowledge of different frame materials (for example, titanium, acetate, optyl).	183	4.0765
K30. Knowledge of methods for educating patients about eyewear designs and features.	182	4.0110
K37. Knowledge of methods for calculating out-of-pocket eyewear costs.	184	3.9674
K32. Knowledge of current trends in spectacle lenses.	184	3.9511
K46. Knowledge of the effect of bifocal lenses on image jump (for example, slab-off).	185	3.9459
K29. Knowledge of current trends in spectacle frames.	183	3.7596
K43. Knowledge of instruments used to measure vertex distance.	185	3.5568
K47. Knowledge of methods to identify ideal base curve.	183	3.1421

**Content Area 4
Manufacturing**

Knowledge Statements	N	Mean Importance
K51. Knowledge of methods for interpreting lensometer findings to identify optical center of lens.	181	4.0939
K49. Knowledge of frame dimensions (for example, distance between lenses, effective diameter, frame wrap).	182	3.9560
K52. Knowledge of methods for identifying and calculating induced prism.	182	3.6429
K48. Knowledge of methods to use a lens clock to identify base curve.	182	3.5385
K50. Knowledge of methods for calculating horizontal and vertical decentration.	182	3.3846
K53. Knowledge of methods for finishing lenses (for example, tracing, blocking, edging, tinting).	182	2.5824

**Content Area 5
Quality Control**

Knowledge Statements	N	Mean Importance
K59. Knowledge of methods for interpreting lensometer findings to verify that lenses received from the lab match current prescription.	179	4.5251
K56. Knowledge of procedures for comparing spectacles received to order specifications.	179	4.4972
K61. Knowledge of ANSI standards for spectacle lenses.	179	4.3352
K58. Knowledge of procedures for identifying lens defects.	179	4.2793
K57. Knowledge of methods for interpreting lensometer findings to identify defects during the manufacturing process.	179	4.2291
K65. Knowledge of bench alignment techniques (for example, four point alignment).	179	4.2067
K62. Knowledge of instruments used to verify spectacle parameters and fit.	179	4.1508
K60. Knowledge of methods to measure spectacle lens thickness using calipers.	179	3.5140
K63. Knowledge of tools used to adjust spectacle frames during manufacturing.	179	3.3911
K64. Knowledge of methods for adjusting spectacle frames during manufacturing.	178	3.0281

**Content Area 6
Dispensing**

Knowledge Statements	N	Mean Importance
K72. Knowledge of methods for troubleshooting common patient concerns.	178	4.5562
K67. Knowledge of methods for adjusting spectacle frames to fit patient.	177	4.5367
K66. Knowledge of tools used to adjust spectacle frames to fit patient.	176	4.4545
K69. Knowledge of side effects during spectacle or lens adaptation period.	178	4.3596
K68. Knowledge of facial features and anatomy that affect spectacle fit.	177	4.3220
K70. Knowledge of procedures for cleaning and maintaining spectacle lenses.	177	4.2712
K73. Knowledge of after-sale services available to patients.	178	4.2191
K76. Knowledge of parts used in eyewear repairs.	178	4.1348
K74. Knowledge of patient prescription problems that require referral to a medical professional.	178	3.8989
K75. Knowledge of eyewear manufacturer warranty policies.	178	3.7921
K71. Knowledge of methods of assessing visual acuity (for example, Snellen chart, Jaeger card).	177	3.1582

**Content Area 7
Laws and Regulations**

Knowledge Statements	N	Mean Importance
K78. Knowledge of laws and regulations related to spectacle lens prescriptions.	179	4.4134
K77. Knowledge of methods for repairing eyewear.	178	4.2978
K80. Knowledge of laws and regulations related to supervising spectacle lens dispenser trainees.	178	3.7303
K79. Knowledge of laws and regulations related to advertising spectacle lens dispenser services.	178	3.5955

*Shaded knowledge statements deleted by SMEs because they were only associated with eliminated tasks. (See Chapter 4.)

APPENDIX D | QUESTIONNAIRE INVITATION LETTER TO PRACTITIONERS



October 16, 2019

Name
Address
City, State, Zip

Dear Spectacle Lens Dispenser:

The Board is conducting an occupational analysis (OA) of the SLD profession. The purpose of the OA is to identify the important tasks performed by currently working SLDs and the knowledge required to perform those tasks. Your participation in the OA is essential to this process. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and from different work settings.

As part of the study, a questionnaire has been developed to identify the important tasks that SLDs perform upon entry into the profession. The questionnaire will be available online until **November 4, 2019**, 24 hours a day, 7 days a week. Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to your license or any other personal information. Individual responses will be combined with the responses of other SLDs and only group data will be analyzed.

Please follow one of these two steps to participate in this important project:

Go to the link: <https://www.surveymonkey.com/r/SLD2019OA>

OR

Scan the QR code:



For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week. The bottom of each page has a progress bar showing you what percentage of the questionnaire you have completed.

If you have any questions or need assistance from the Board, please contact [REDACTED] at [REDACTED]@dca.ca.gov. The Board welcomes your feedback and appreciates your time!

Sincerely,

Shara Murphy, Executive Officer

Please Note: If you have already received this Occupational Analysis questionnaire via email and have already taken the survey, please disregard this letter.

APPENDIX E | QUESTIONNAIRE INVITATION EMAIL TO PRACTITIONERS

Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

We're conducting an Occupational Analysis of the Spectacle Lens Dispenser profession. Your participation is important for the success of the study, and the Board values your input. Please click the button below to start the survey. Thank you for your participation!

[Begin Survey](#)

APPENDIX F | QUESTIONNAIRE



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Cover Letter

Dear Registered Spectacle Lens Dispenser:

Thank you for participating in this study of the Spectacle Lens dispenser (SLD) profession in California, a project of the California State Board of Optometry (Board).

The Board is conducting an occupational analysis (OA) of the SLD profession. The purpose of the OA is to identify the important tasks performed by currently working SLDs and the knowledge required to perform those tasks.

Your participation in the OA is essential to this process. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and from different work settings.

Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to your license or any other personal information. Individual responses will be combined with the responses of other SLDs and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week. The bottom of each page has a progress bar showing you what percentage of the questionnaire you have completed.

To begin the survey, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by November 4, 2019.

If you have any questions or need assistance from the Board, please contact [redacted] at [redacted]@dca.ca.gov.

The Board welcomes your feedback and appreciates your time!

Sincerely,

A handwritten signature in black ink, appearing to read "Shara Murphy".

Shara Murphy
Executive Officer
California State Board of Optometry



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part I - Personal Data

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of aiding in interpreting the task and knowledge ratings that are requested in Parts II and III. Please choose only one answer unless more than one is requested.

*** 1. Do you currently work as a SLD in California?**

☐ Yes

☐ No



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part I - Personal Data

Complete this questionnaire only if you are currently licensed and working as an SLD in California.

This questionnaire contains a broad range of tasks performed by individuals who work in optical settings. Every SLD may not perform all of the tasks or use all of the knowledge contained in this questionnaire. However, your participation is essential, and your contribution will help establish standards for safe and effective spectacle lens dispensing in the State of California.



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part I - Personal Data

2. How many years have you been licensed and working as an SLD in California?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ More than 20 years

3. How many hours per week do you work as an SLD?

- ☐ 9 hours or fewer
- ☐ 10-19 hours
- ☐ 20-29 hours
- ☐ 30-39 hours
- ☐ 40-49 hours
- ☐ 50 or more hours

4. Which title below most nearly matches your job title?

- ☐ Sole Owner / Principal
- ☐ Manager / Supervisor
- ☐ Optical Technician
- ☐ Optical Lab Technician
- ☐ Sales Associate
- ☐ Spectacle Lens Dispenser
- ☐ Licensed Optician
- ☐ Other (please specify)

5. Which of the following levels of education have you achieved? (check all that apply)

- ☐ On-the-job training
- ☐ Vocational program
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate
- ☐ Other (please specify)

6. Do you hold either of the following licenses? (Select all that apply)

- ☐ Contact Lens Dispenser (CLD)
- ☐ Registered Dispensing Optician (RDO)

7. Which choice below better describes the location of your primary work setting?

- ☐ Urban (50,000 people or more)
- ☐ Rural (fewer than 50,000 people)



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part I - Personal Data

8. How would you describe your primary work setting?

- ☐ Big box store (for example, Walmart, Costco, Target)
- ☐ Optical Laboratory
- ☐ Independent optical store
- ☐ Local chain optical store
- ☐ Regional chain optical store
- ☐ National chain optical store
- ☐ Private hospital
- ☐ HMO facility
- ☐ Military/veterans' hospital or clinic
- ☐ Educational facility
- ☐ Federal facility (nonmilitary)
- ☐ State facility
- ☐ Other (please specify)

9. How many registered SLDs work within your primary work setting?

- ☐ 0
- ☐ 1-3
- ☐ 4-6
- ☐ 7 or more

10. How many non-registered employees perform work related to spectacle lens dispensing within your primary work setting?

- ☐ 0
- ☐ 1-3
- ☐ 4-6
- ☐ 7 or more



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part I - Personal Data

11. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

This part of the questionnaire contains 50 task statements. Please rate each task as it relates to effective performance of your current work as an SLD using the **Frequency** and **Importance** scales displayed below.

FREQUENCY RATING SCALE

HOW FREQUENTLY do you perform this task in your current work?

- 0 - DOES NOT APPLY.** I do not perform this task in my current work.
- 1 - RARELY.** I perform this task the least often in my current work relative to other tasks I perform.
- 2 - SELDOM.** I perform this task less often than most other tasks I perform in my current work.
- 3 - SOMETIMES.** I perform this task as often as other tasks I perform in my current work.
- 4 - OFTEN.** I perform this task more often than most other tasks I perform in my current work.
- 5 - VERY OFTEN.** This task is one of the tasks I perform most often in my current work relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this task for effective performance in your current work?

- 0 - DOES NOT APPLY.** This task is not required for effective performance in my current work.
- 1 - NOT IMPORTANT.** This task is not important for effective performance in my current work.
- 2 - FAIRLY IMPORTANT.** This task is somewhat important for effective performance in my current work.
- 3 - IMPORTANT.** This task is important for effective performance in my current work.
- 4 - VERY IMPORTANT.** This task is very important for effective performance in my current work.
- 5 - CRITICALLY IMPORTANT.** This task is extremely important for effective performance in my current work.



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part II - Task Ratings

Your **Frequency** and **Importance** ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is **NOT** part of your current work, rate the task "0" (zero) **Frequency** and "0" (zero) **Importance**.

The boxes for rating the **Frequency** and **Importance** of each task have drop-down lists. Click on the "down" arrow in each box to see the rating, and then select the value based on your current work.



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part II - Task Ratings

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Vision Pretest

	Frequency	Importance
T01. Obtain patient medical and vision history.	<input type="text"/>	<input type="text"/>
T02. Neutralize current eyewear to determine baseline prescription.	<input type="text"/>	<input type="text"/>
T03. Perform tonometry to determine intraocular pressure.	<input type="text"/>	<input type="text"/>
T04. Perform autorefraction to determine baseline for new prescription.	<input type="text"/>	<input type="text"/>
T05. Assess patient visual acuity using Snellen chart.	<input type="text"/>	<input type="text"/>
T06. Assess patient for color blindness using Ishihara test.	<input type="text"/>	<input type="text"/>
T07. Assess patient depth perception using stereopsis test.	<input type="text"/>	<input type="text"/>
T08. Assess patient peripheral vision using visual field analyzer.	<input type="text"/>	<input type="text"/>
T09. Perform retinal photography to monitor the condition of the retina.	<input type="text"/>	<input type="text"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part II - Task Ratings

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Prescription Assessment

	Frequency	Importance
T10. Review spectacle lens prescriptions provided by patients to ensure they are valid and current.	<input type="text"/>	<input type="text"/>
T11. Refer patients to optometrists or ophthalmologists to obtain current prescriptions.	<input type="text"/>	<input type="text"/>
T12. Obtain patient authorization to contact optometrists or ophthalmologists for patient prescriptions.	<input type="text"/>	<input type="text"/>
T13. Verify insurance eligibility to determine eyewear coverage.	<input type="text"/>	<input type="text"/>
T14. Interpret spectacle lens prescriptions to understand vision corrections.	<input type="text"/>	<input type="text"/>
T15. Refer patients to medical professional to address possible medical conditions.	<input type="text"/>	<input type="text"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part II - Task Ratings

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Eyewear Selection and Ordering

	Frequency	Importance
T16. Determine spectacle frame design by evaluating patient prescription and needs.	<input type="text"/>	<input type="text"/>
T17. Determine types of spectacle lens materials (for example, glass, CR-39, polycarbonate, trivex, high-index) by evaluating patient prescription and needs.	<input type="text"/>	<input type="text"/>
T18. Determine spectacle lens type and design (for example, single vision, multifocal) by evaluating patient prescription and needs.	<input type="text"/>	<input type="text"/>
T19. Determine secondary lens options (for example, occupational, low vision, sports vision, blue light protection) and sun protection by evaluating patient prescription and needs.	<input type="text"/>	<input type="text"/>
T20. Convert spectacle lens prescriptions to intermediate or reading lenses.	<input type="text"/>	<input type="text"/>
T21. Assess base curve and material of current spectacle lenses.	<input type="text"/>	<input type="text"/>
T22. Determine out-of-pocket costs to assist patient with spectacle selection.	<input type="text"/>	<input type="text"/>
T23. Pre-adjust spectacle frame using four point alignment.	<input type="text"/>	<input type="text"/>
T24. Pre-adjust spectacle frame on patient to ensure optimal fit.	<input type="text"/>	<input type="text"/>
T25. Fit and adjust frame on patient to ensure accurate measurement.	<input type="text"/>	<input type="text"/>
T26. Measure vertical fitting heights to determine vertical position of the lens.	<input type="text"/>	<input type="text"/>
T27. Measure horizontal pupillary distance to determine optical center.	<input type="text"/>	<input type="text"/>
T28. Verify prescribed prism and determine specialty lenses (for example, slab-off).	<input type="text"/>	<input type="text"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part II - Task Ratings

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Manufacturing

	Frequency	Importance
T29. Determine base curve based on prescription information.	<input type="text"/>	<input type="text"/>
T30. Determine frame measurements for manufacturing.	<input type="text"/>	<input type="text"/>
T31. Calculate horizontal and vertical decentration.	<input type="text"/>	<input type="text"/>
T32. Identify optical center of lens using a lensometer.	<input type="text"/>	<input type="text"/>
T33. Finish lenses to prepare for insertion into frame.	<input type="text"/>	<input type="text"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part II - Task Ratings

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Quality Control

	Frequency	Importance
T34. Verify spectacles received from laboratory match doctors' prescriptions.	<input type="text"/>	<input type="text"/>
T35. Verify spectacles received from laboratory match order specifications.	<input type="text"/>	<input type="text"/>
T36. Identify defects (for example, crazing, distortion) in spectacle lenses.	<input type="text"/>	<input type="text"/>
T37. Verify spectacles received from laboratory meet ANSI standards (for example, lens thickness, prescription, prism tolerance).	<input type="text"/>	<input type="text"/>
T38. Adjust spectacle frame using four point alignment.	<input type="text"/>	<input type="text"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Copy of page: Part II - Task Ratings

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Dispensing

	Frequency	Importance
T39. Adjust spectacle frame on patient to ensure optimal fit.	<input type="text"/>	<input type="text"/>
T40. Educate patients on use of multifocal lenses.	<input type="text"/>	<input type="text"/>
T41. Train patients on methods for cleaning and maintaining spectacle lenses.	<input type="text"/>	<input type="text"/>
T42. Educate patients on the adaptation period for spectacle lenses.	<input type="text"/>	<input type="text"/>
T43. Assess patient comfort and vision clarity with new spectacles.	<input type="text"/>	<input type="text"/>
T44. Address patient concerns with spectacles.	<input type="text"/>	<input type="text"/>
T45. Refer patients to medical professionals to address prescription problems.	<input type="text"/>	<input type="text"/>
T46. Provide patients with eyewear warranty information.	<input type="text"/>	<input type="text"/>
T47. Perform common eyewear repairs to extend life of spectacles.	<input type="text"/>	<input type="text"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Copy of page: Part II - Task Ratings

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Laws and Regulations

	Frequency	Importance
T48. Provide copies of spectacle lens prescriptions to patients after eye exams.	<input type="text"/>	<input type="text"/>
T49. Advertise spectacle lens dispenser services in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T50. Supervise spectacle lens dispenser trainees in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the questionnaire contains 80 knowledge statements. Please rate each knowledge statement based on how **important** you believe the knowledge is for effective performance of your current work as an SLD.

If the knowledge is **NOT** required for effective performance of your current work, rate the statement as "**DOES NOT APPLY.**"

Please use the following scale to make your ratings:

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge for effective performance of tasks in your current work?

0 - DOES NOT APPLY. This knowledge is not required for effective performance of tasks in my current work.

1- NOT IMPORTANT. This knowledge is not important for effective performance of tasks in my current work.

2 - FAIRLY IMPORTANT. This knowledge is somewhat important for effective performance of tasks in my current work.

3 - IMPORTANT. This knowledge is important for effective performance of tasks in my current work.

4 - VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current work.

5 - CRITICALLY IMPORTANT. This knowledge is extremely important for effective performance of tasks in my current work.

19. How important is this knowledge for effective performance of tasks in your current work?

Vision Pretest

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K01. Knowledge of common medical conditions and medications that could affect spectacle use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K02. Knowledge of anatomy and physiology of the eye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K03. Knowledge of methods to obtain patient medical and vision history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K04. Knowledge of methods for identifying refractive errors in patient prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K05. Knowledge of interpreting lensometer findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K06. Knowledge of methods and procedures to perform tonometry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K07. Knowledge of signs and symptoms of abnormal intraocular pressure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K08. Knowledge of methods to perform autorefraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K09. Knowledge of methods to perform visual acuity tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K10. Knowledge of methods to interpret a Snellen chart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K11. Knowledge of methods for administering Ishihara test to identify color blindness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K12. Knowledge of methods for administering stereopsis test to assess depth perception.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K13. Knowledge of methods for using a visual field analyzer to assess peripheral vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K14. Knowledge of methods for operating a fundus camera.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

20. How important is this knowledge for effective performance of tasks in your current work?

Prescription Assessment

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K15. Knowledge of requirements for patients to have prescriptions before ordering spectacle lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K16. Knowledge of required elements for spectacle lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K17. Knowledge of spectacle lens prescription expiration dates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K18. Knowledge of patient medical conditions that require referral to a medical professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K19. Knowledge of requirements for patient consent for release of medical records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K20. Knowledge of methods for obtaining eligibility information from patients and third-party vision insurance carriers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K21. Knowledge of third-party vision insurance carriers and network coverage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K22. Knowledge of how to interpret spectacle lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K23. Knowledge of methods for identifying the quantity and direction of prescribed prism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K24. Knowledge of types of specialty and occupational lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

21. How important is this knowledge for effective performance of tasks in your current work?

Eyewear Selection and Ordering

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K25. Knowledge of lifestyle factors and hobbies that affect eyewear selection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K26. Knowledge of advantages and disadvantages of different types of spectacle frame design and materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K27. Knowledge of different brands and styles of lenses and frames.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K28. Knowledge of different frame materials (for example, titanium, acetate, optyl).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K29. Knowledge of current trends in spectacle frames.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K30. Knowledge of methods for educating patients about eyewear designs and features.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K31. Knowledge of methods for matching frames to patients' facial characteristics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K32. Knowledge of current trends in spectacle lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K33. Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K34. Knowledge of different designs of multifocal lenses (for example, progressive, bifocal, trifocal).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K35. Knowledge of the need for secondary lenses and sun protection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K36. Knowledge of methods for modifying spectacle lens prescriptions for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

intermediate or reading powers.

K37. Knowledge of methods for calculating out-of-pocket eyewear costs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K38. Knowledge of tools used to adjust spectacle frames during pre-fitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K39. Knowledge of methods for pre-adjusting spectacle frames.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K40. Knowledge of frame tilt (for example pantoscopic, retoscopic, orthoscopic).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K41. Knowledge of the effect of frame tilt on fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K42. Knowledge of tools used to pre-adjust spectacle frames.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K43. Knowledge of instruments used to measure vertex distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K44. Knowledge of methods for using a pupillary distance ruler.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K45. Knowledge of methods for using a pupilometer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K46. Knowledge of the effect of bifocal lenses on image jump (for example, slab off).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

22. How important is this knowledge for effective performance of tasks in your current work?

Manufacturing

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K47. Knowledge of methods to identify ideal base curve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K48. Knowledge of methods to use a lens clock to identify base curve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K49. Knowledge of frame dimensions (for example, distance between lenses, effective diameter, frame wrap).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K50. Knowledge of methods for calculating horizontal and vertical decentration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K51. Knowledge of methods for interpreting lensometer findings to identify optical center of lens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K52. Knowledge of methods for identifying and calculating induced prism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K53. Knowledge of methods for finishing lenses (for example, tracing, blocking, edging, tinting).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Part III - Knowledge Ratings

23. How important is this knowledge for effective performance of tasks in your current work?

Quality Control

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K54. Knowledge of common transcription errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K55. Knowledge of procedures for comparing spectacles received to doctors' prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K56. Knowledge of procedures for comparing spectacles received to order specifications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K57. Knowledge of methods for interpreting lensometer findings to identify defects during the manufacturing process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K58. Knowledge of procedures for identifying lens defects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K59. Knowledge of methods for interpreting lensometer findings to verify that lenses received from the lab match current prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K60. Knowledge of methods to measure spectacle lens thickness using calipers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K61. Knowledge of ANSI standards for spectacle lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K62. Knowledge of instruments used to verify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

spectacle parameters and fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K63. Knowledge of tools used to adjust spectacle frames during manufacturing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K64. Knowledge of methods for adjusting spectacle frames during manufacturing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K65. Knowledge of bench alignment techniques (for example, four point alignment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Copy of page: Part III - Knowledge Ratings

24. How important is this knowledge for effective performance of tasks in your current work?

Dispensing

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K66. Knowledge of tools used to adjust spectacle frames to fit patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K67. Knowledge of methods for adjusting spectacle frames to fit patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K68. Knowledge of facial features and anatomy that affect spectacle fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K69. Knowledge of side effects during spectacle or lens adaptation period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K70. Knowledge of procedures for cleaning and maintaining spectacle lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K71. Knowledge of methods of assessing visual acuity (for example, Snellen chart, Jaeger card).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K72. Knowledge of methods for troubleshooting common patient concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K73. Knowledge of after-sale services available to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K74. Knowledge of patient prescription problems that require referral to a medical professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K75. Knowledge of eyewear manufacturer warranty policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K76. Knowledge of parts used in eyewear repairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K77. Knowledge of methods for repairing eyewear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Copy of page: Part III - Knowledge Ratings

25. How important is this knowledge for effective performance of tasks in your current work?

Laws and Regulations

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K78. Knowledge of laws and regulations related to spectacle lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K79. Knowledge of laws and regulations related to advertising spectacle lens dispenser services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K80. Knowledge of laws and regulations related to supervising spectacle lens dispenser trainees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Spectacle Lens Dispenser (SLD) Occupational Analysis Questionnaire

Thank you!

Thank you for taking the time to complete this questionnaire. The California State Board of Optometry values your contribution.

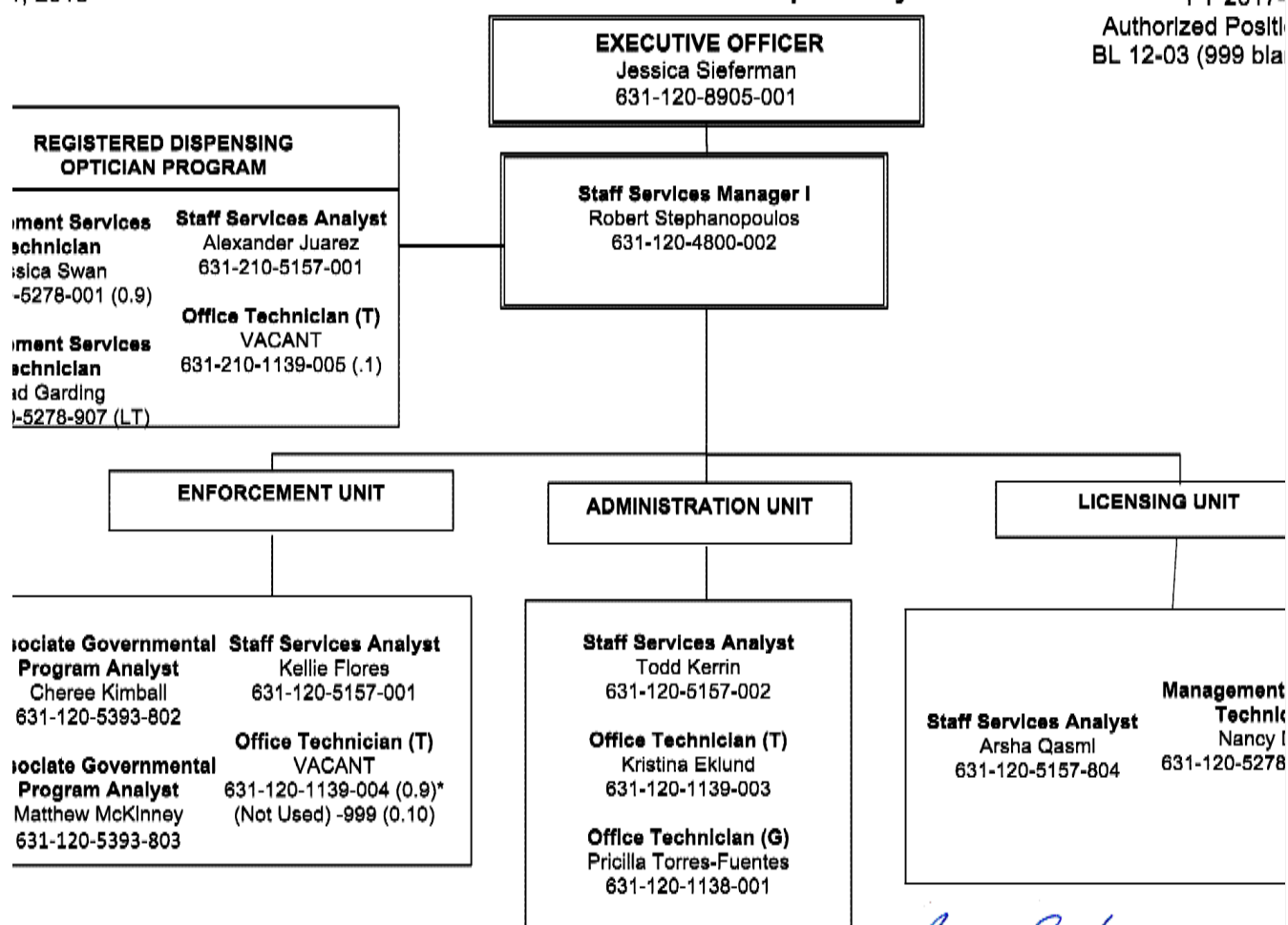
Section 13 – Attachments

D1 – Year End Organizational Charts

1, 2018


**Department of Consumer Affairs
California State Board of Optometry**

CURRENT
FY 2017-
Authorized Position
BL 12-03 (999 bla



positions are CORI designated.

is based on positions effective 7/1/2012, due to 0.60 salary savings required by BL 12-03.


Jessica Sieferman, Executive Officer

6/11

Personnel Analyst

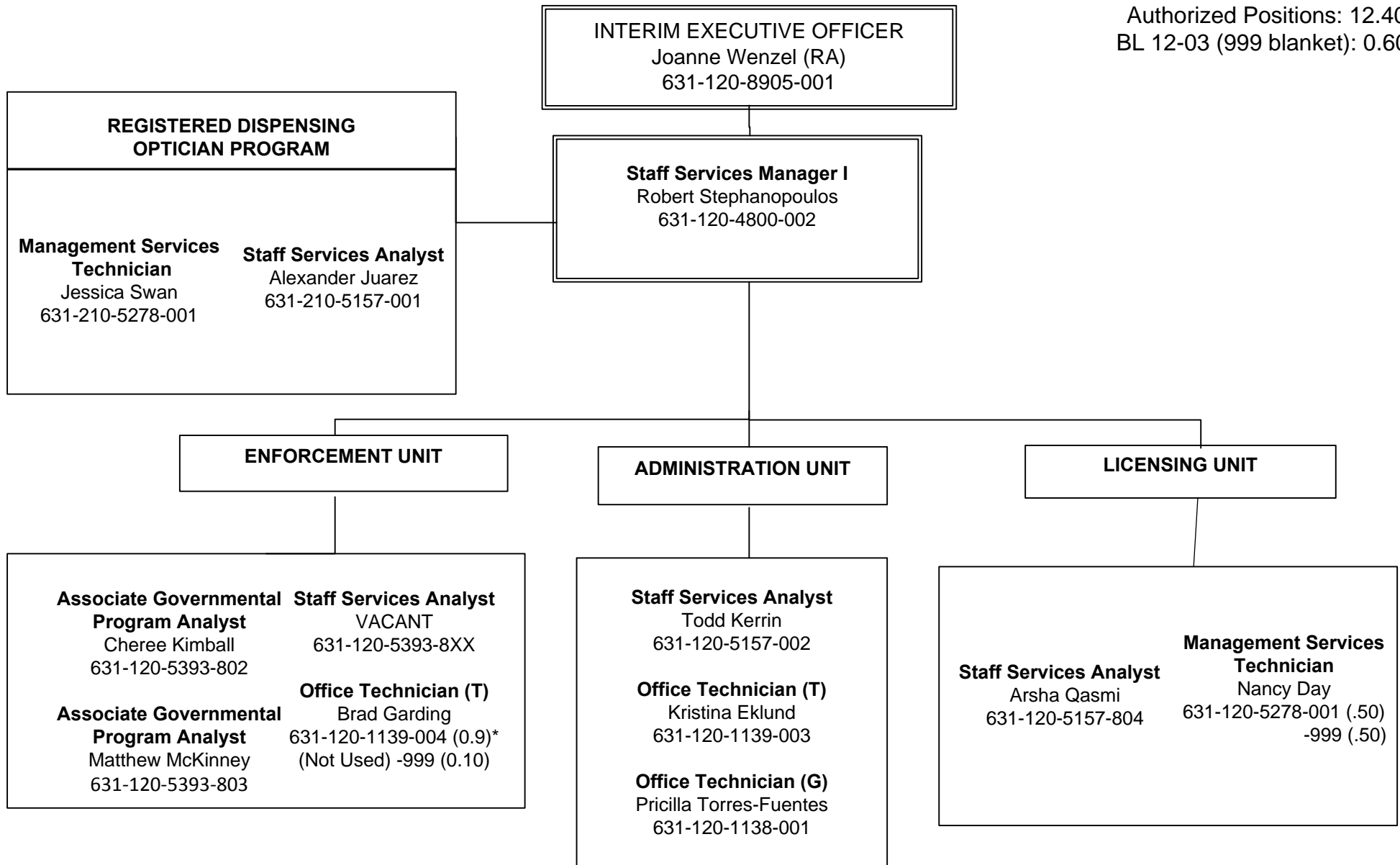
August 23, 2018

**Department of Consumer Affairs
California State Board of Optometry**

CURRENT

FY 2017-18

Authorized Positions: 12.40
BL 12-03 (999 blanket): 0.60*



NOTE: All positions are CORI designated.

*Reduced Time base of positions effective 7/1/2012, due to 0.60 salary savings required by BL 12-03.

Joanne Wenzel, Executive Officer

Date

Personnel Analyst

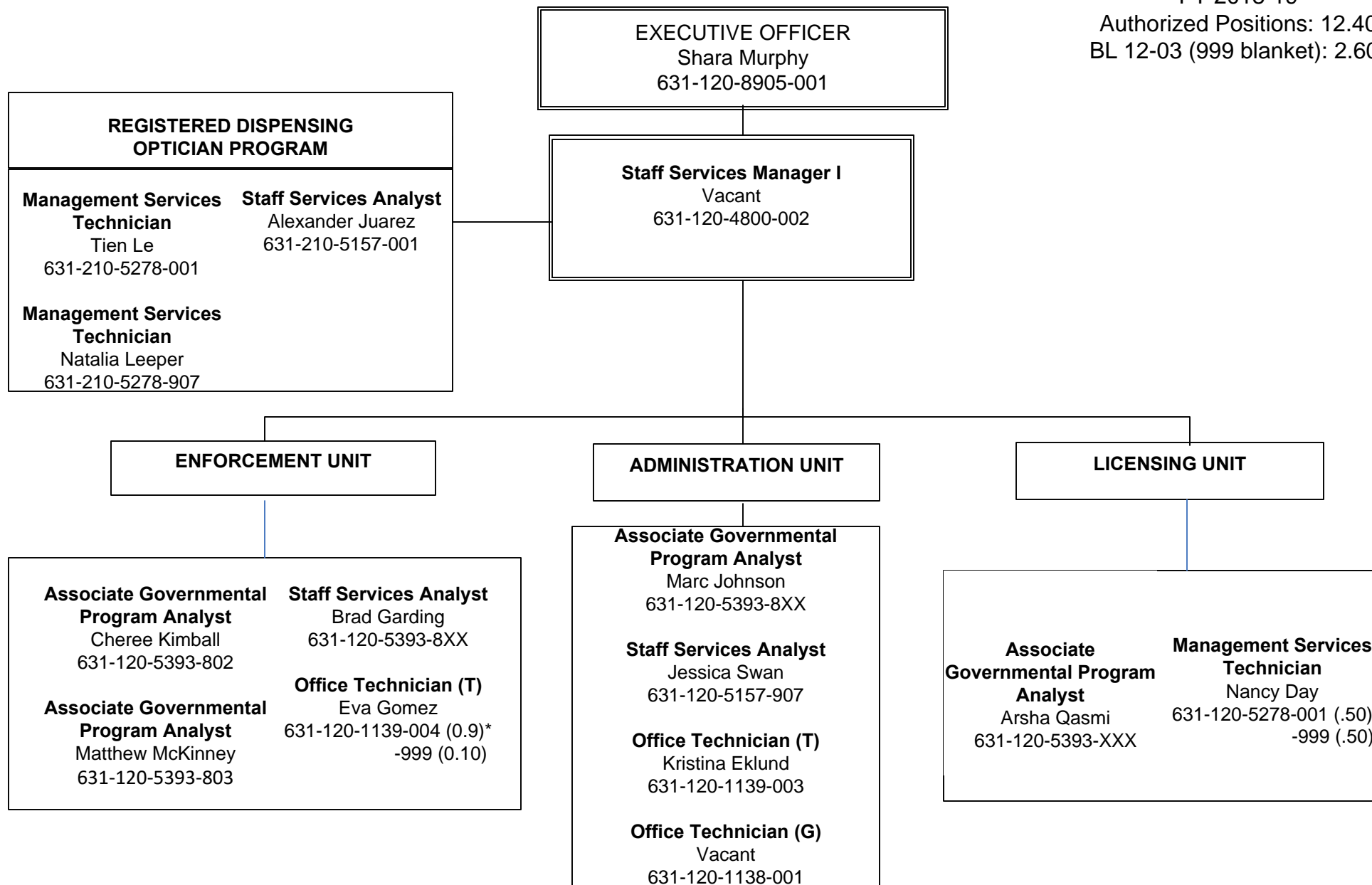
483
Date

September 13, 2019

**Department of Consumer Affairs
California State Board of Optometry**

CURRENT
FY 2018-19

Authorized Positions: 12.40
BL 12-03 (999 blanket): 2.60*



NOTE: All positions are CORI designated.

*Reduced Time base of positions effective 7/1/2012, due to 0.60 salary savings required by BL 12-03.

Shara Murphy, Executive Officer

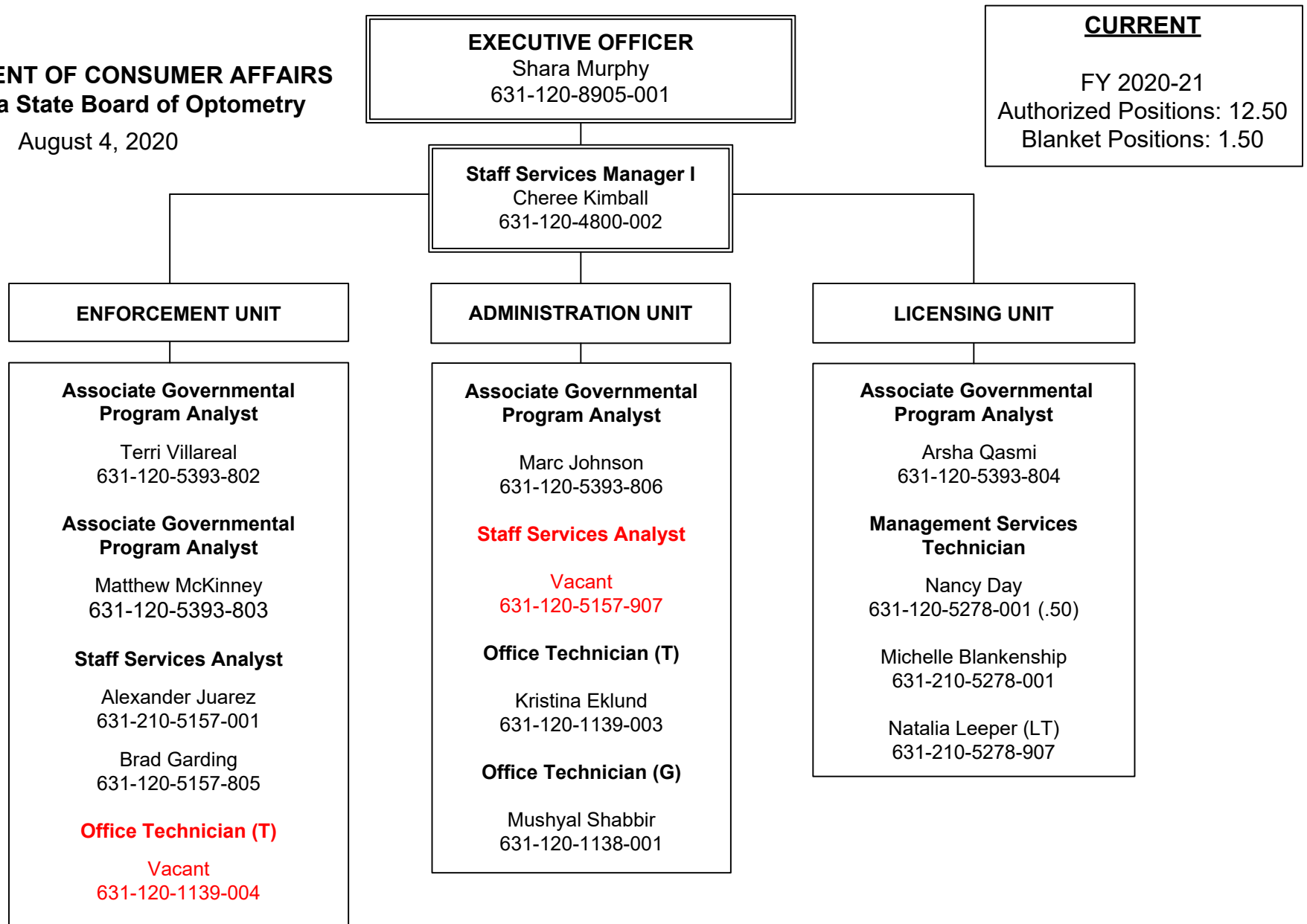
Date

Personnel Analyst

484
Date

**DEPARTMENT OF CONSUMER AFFAIRS
California State Board of Optometry**

August 4, 2020



All positions are CORI designated.
LT = Limited Term

Shara Murphy, Executive Officer

Date

Classification and Recruitment Analyst

Date

Section 13 – Attachments

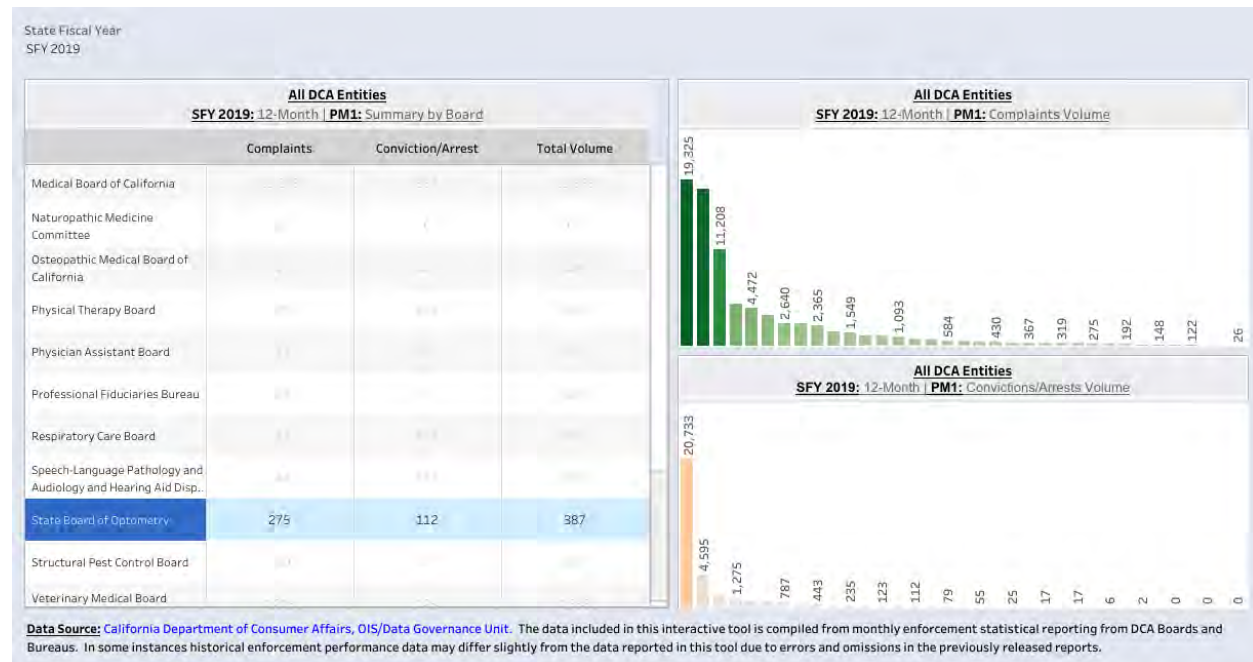
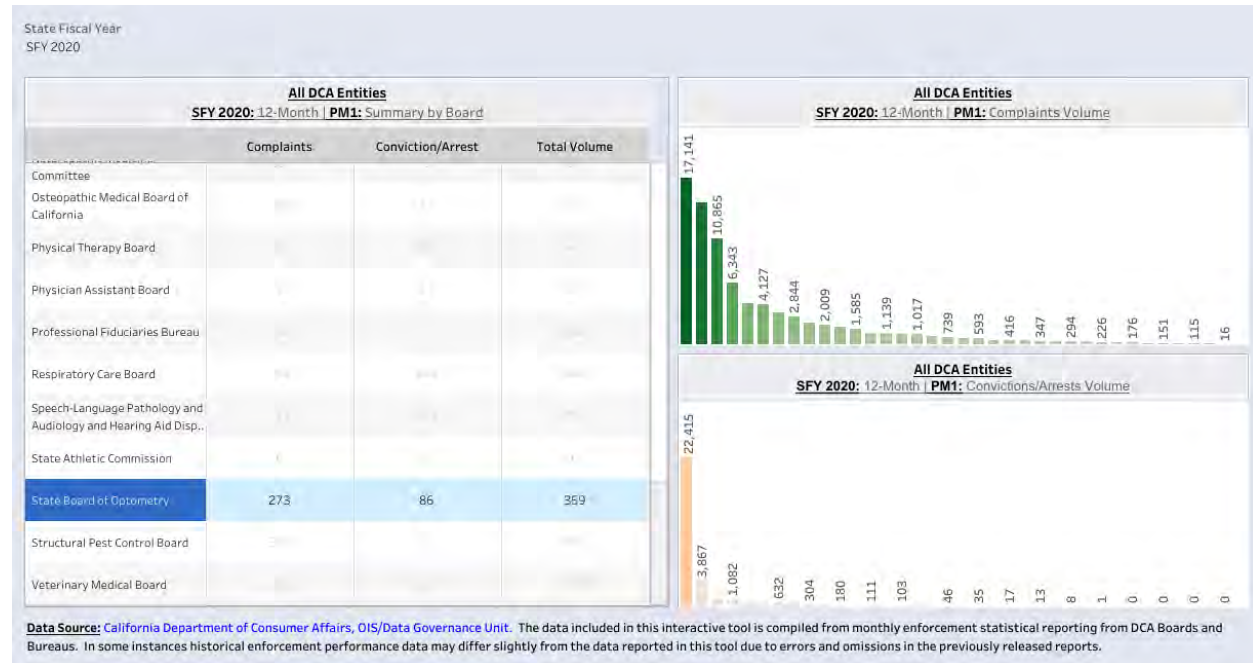
E1 – E3

Annual and quarterly enforcement performance measures; Processing Times for Applications

E4

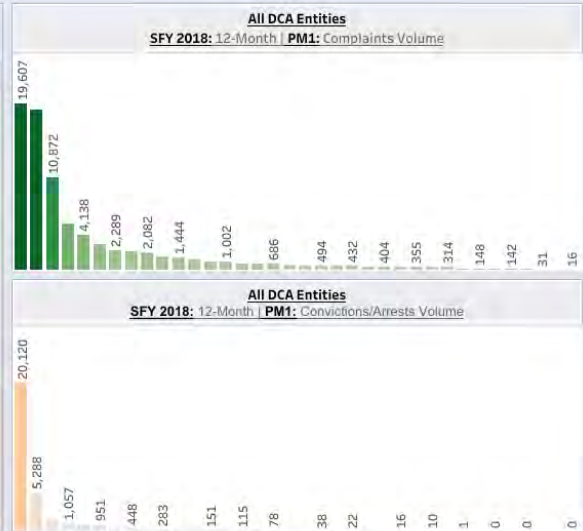
**Department of Consumer Affairs Complaint
Prioritization Guidelines**

Performance Measure 1: Intake Volume



State Fiscal Year
SFY 2018

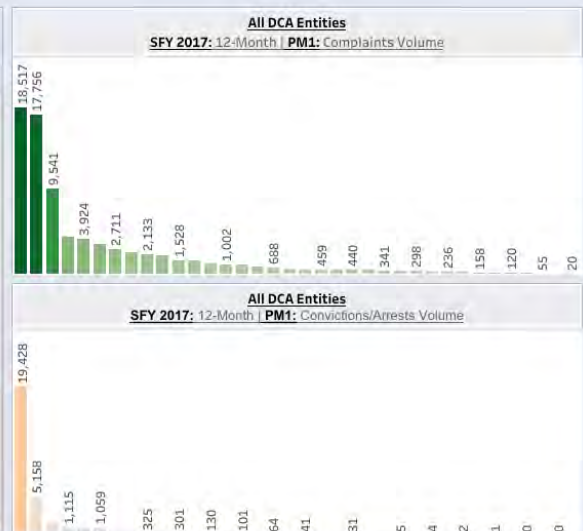
All DCA Entities			
SFY 2018: 12-Month PM1: Summary by Board			
	Complaints	Conviction/Arrest	Total Volume
Landscape Architects Technical Committee	0	0	0
Medical Board of California	0	0	0
Naturopathic Medicine Committee	0	0	0
Osteopathic Medical Board of California	0	0	0
Physical Therapy Board	0	0	0
Physician Assistant Board	0	0	0
Professional Fiduciaries Bureau	0	0	0
Respiratory Care Board	0	0	0
Speech-Language Pathology and Audiology and Hearing Aid Disp.	0	0	0
State Board of Optometry	337	115	452
Structural Pest Control Board	0	0	0



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

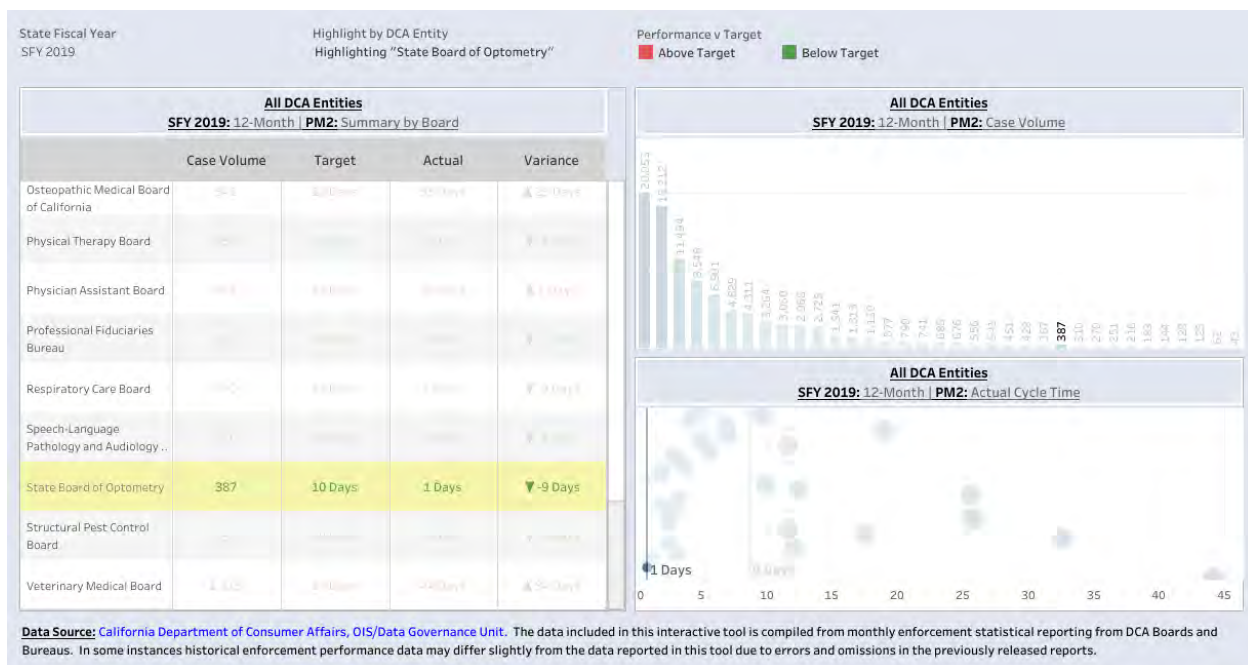
State Fiscal Year
SFY 2017

All DCA Entities			
SFY 2017: 12-Month PM1: Summary by Board			
	Complaints	Conviction/Arrest	Total Volume
Landscape Architects Technical Committee	0	0	0
Medical Board of California	0	0	0
Naturopathic Medicine Committee	0	0	0
Osteopathic Medical Board of California	0	0	0
Physical Therapy Board	0	0	0
Physician Assistant Board	0	0	0
Professional Fiduciaries Bureau	0	0	0
Respiratory Care Board	0	0	0
Speech-Language Pathology and Audiology and Hearing Aid Disp.	0	0	0
State Board of Optometry	260	31	291
Structural Pest Control Board	0	0	0



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Performance Measure 2: Intake Cycle Time

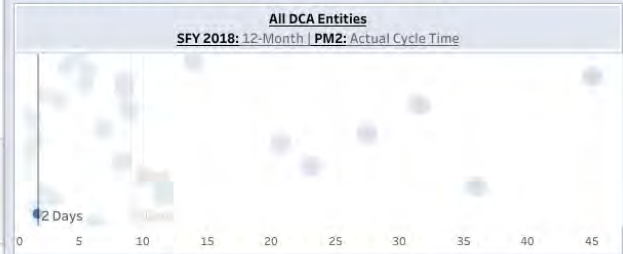
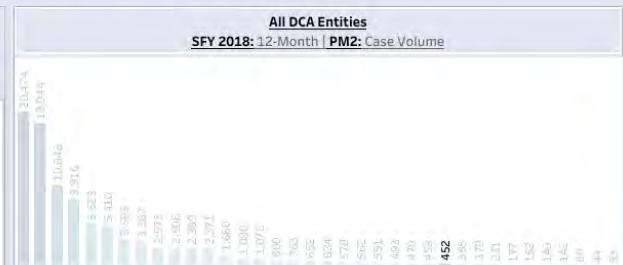


State Fiscal Year
SFY 2018

Highlight by DCA Entity
Highlighting "State Board of Optometry"

Performance v Target
Above Target Below Target

All DCA Entities SFY 2018: 12-Month PM2: Summary by Board				
	Case Volume	Target	Actual	Variance
Naturopathic Medicine Committee	1	200 Cases	0 Cases	▲ 1 Days
Osteopathic Medical Board of California	1	100 Cases	0 Cases	▲ 1 Days
Physical Therapy Board	800	100 Cases	100 Cases	▼ 3 Days
Physician Assistant Board	1	100 Cases	100 Cases	▲ 1 Days
Professional Fiduciaries Bureau	1	100 Cases	100 Cases	▼ 1 Days
Respiratory Care Board	1	100 Cases	100 Cases	▼ 5 Days
Speech-Language Pathology and Audiology ..	1	100 Cases	100 Cases	▼ 4 Days
State Board of Optometry	452	7 Days	2 Days	▼ -5 Days
Structural Pest Control Board	1	100 Cases	100 Cases	▼ 2 Days



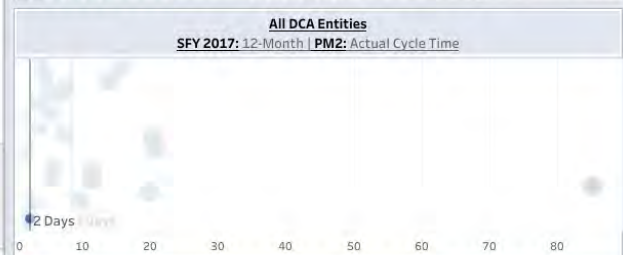
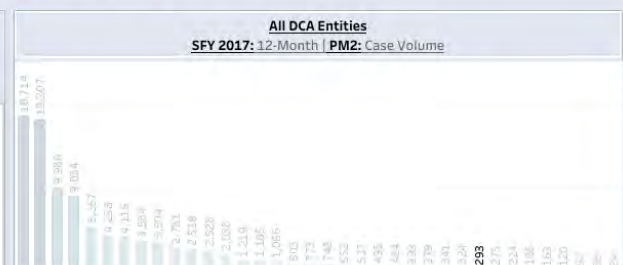
Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

State Fiscal Year
SFY 2017

Highlight by DCA Entity
Highlighting "State Board of Optometry"

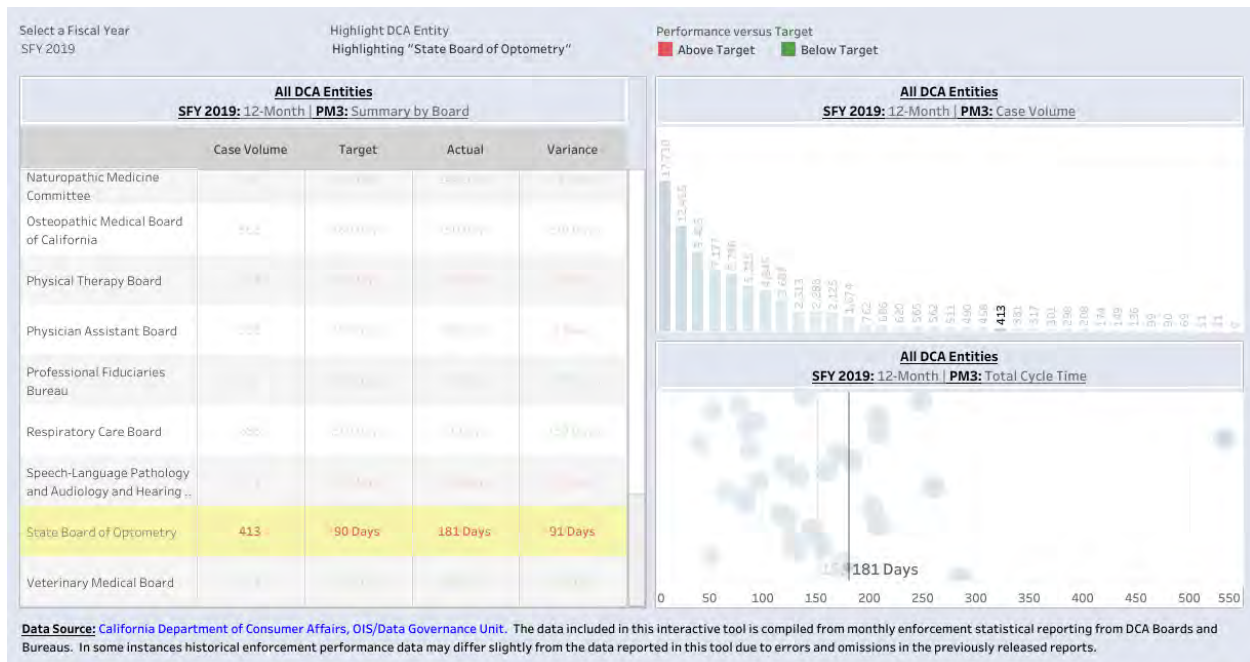
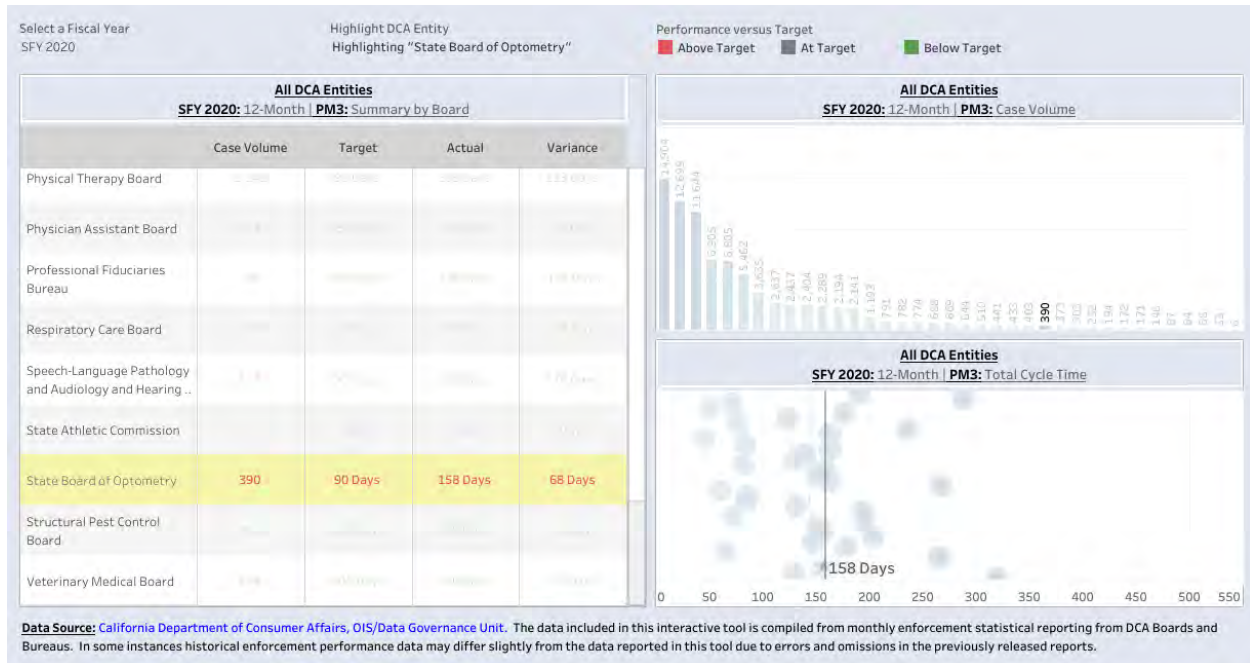
Performance v Target
Above Target Below Target

All DCA Entities SFY 2017: 12-Month PM2: Summary by Board				
	Case Volume	Target	Actual	Variance
Naturopathic Medicine Committee	1	200 Cases	0 Cases	▲ 1 Days
Osteopathic Medical Board of California	1	100 Cases	0 Cases	▲ 1 Days
Physical Therapy Board	100	100 Cases	100 Cases	▼ 3 Days
Physician Assistant Board	1	100 Cases	100 Cases	▲ 1 Days
Professional Fiduciaries Bureau	1	100 Cases	100 Cases	▼ 1 Days
Respiratory Care Board	1	100 Cases	100 Cases	▼ 5 Days
Speech-Language Pathology and Audiology ..	1	100 Cases	100 Cases	▼ 4 Days
State Board of Optometry	293	7 Days	2 Days	▼ -5 Days
Structural Pest Control Board	1	100 Cases	100 Cases	▼ 2 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Performance Measure 3: Investigation Cycle Time

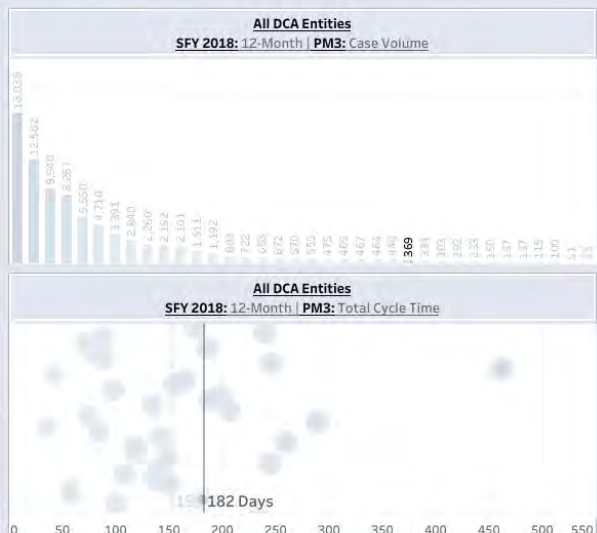


Select a Fiscal Year
SFY 2018

Highlight DCA Entity
Highlighting "State Board of Optometry"

Performance versus Target
Above Target Below Target

All DCA Entities SFY 2018: 12-Month PM3: Summary by Board				
	Case Volume	Target	Actual	Variance
Medical Board of California	13,035	12,562	12,562	0
Naturopathic Medicine Committee	5,480	5,480	5,480	0
Osteopathic Medical Board of California	5,550	5,550	5,550	0
Physical Therapy Board	4,710	4,710	4,710	0
Physician Assistant Board	3,891	3,891	3,891	0
Professional Fiduciaries Bureau	2,840	2,840	2,840	0
Respiratory Care Board	2,360	2,360	2,360	0
Speech-Language Pathology and Audiology and Hearing...	2,152	2,152	2,152	0
State Board of Optometry	369	90 Days	182 Days	92 Days



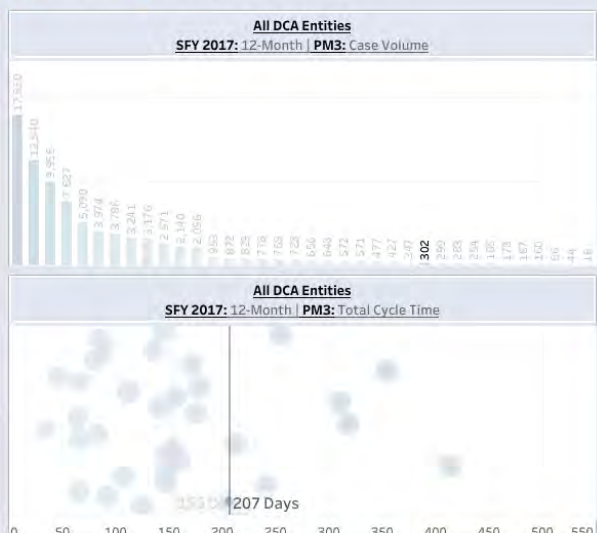
Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a Fiscal Year
SFY 2017

Highlight DCA Entity
Highlighting "State Board of Optometry"

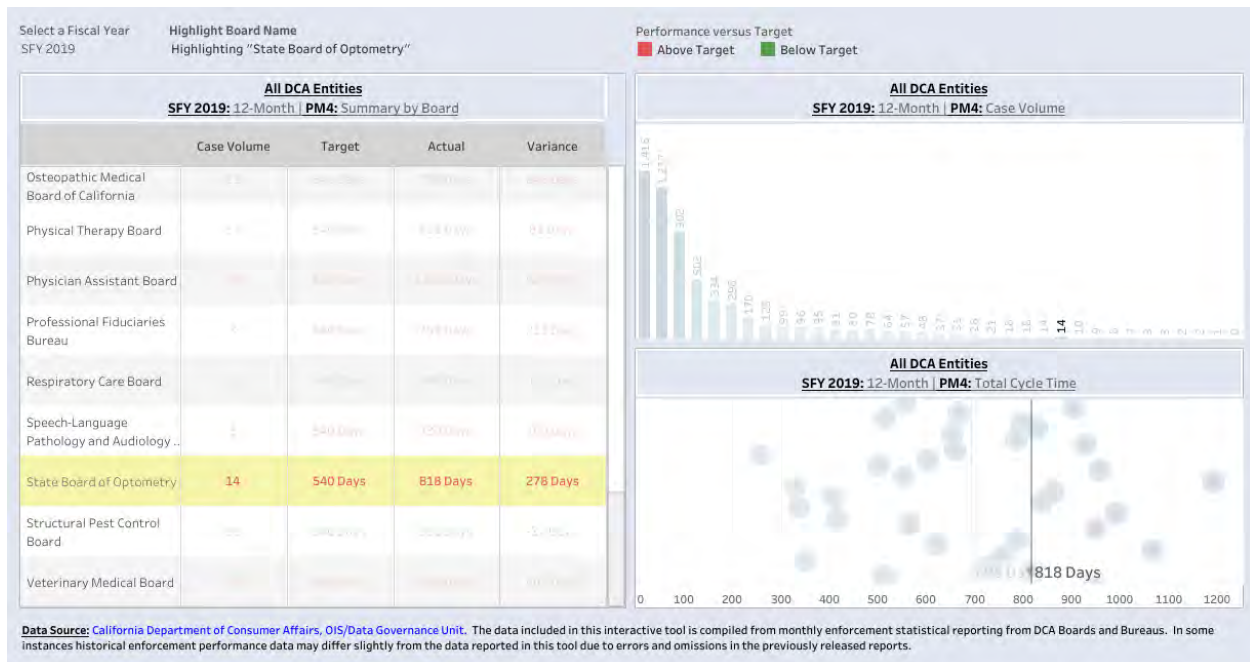
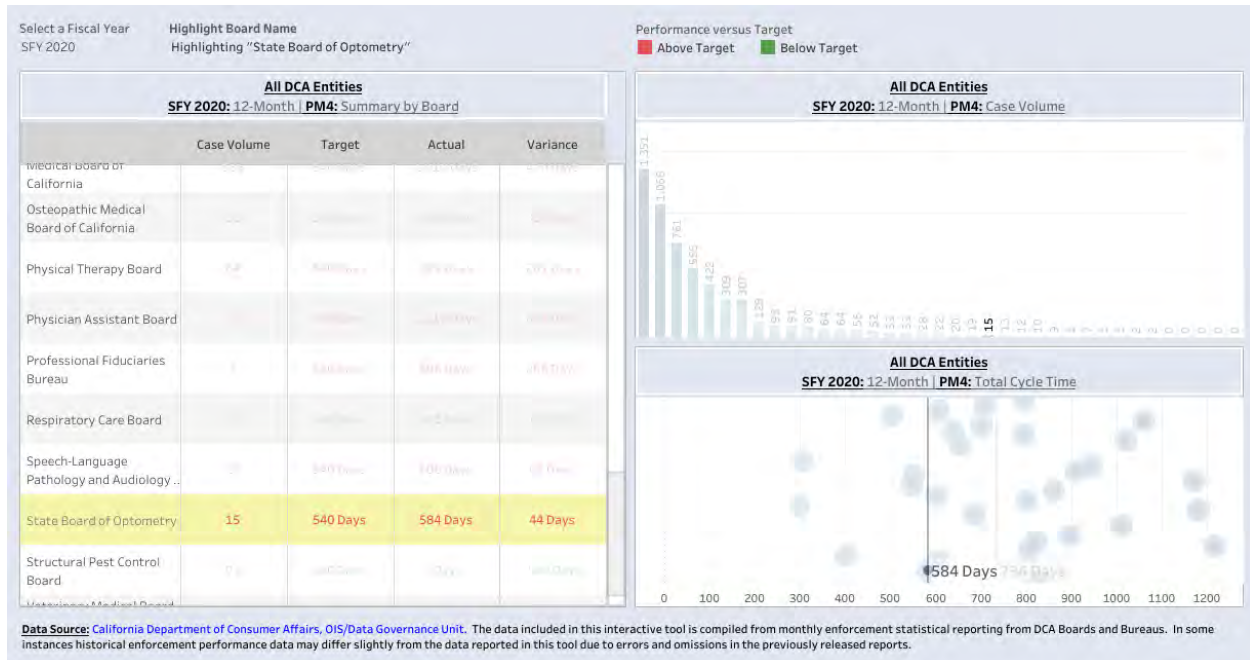
Performance versus Target
Above Target Below Target

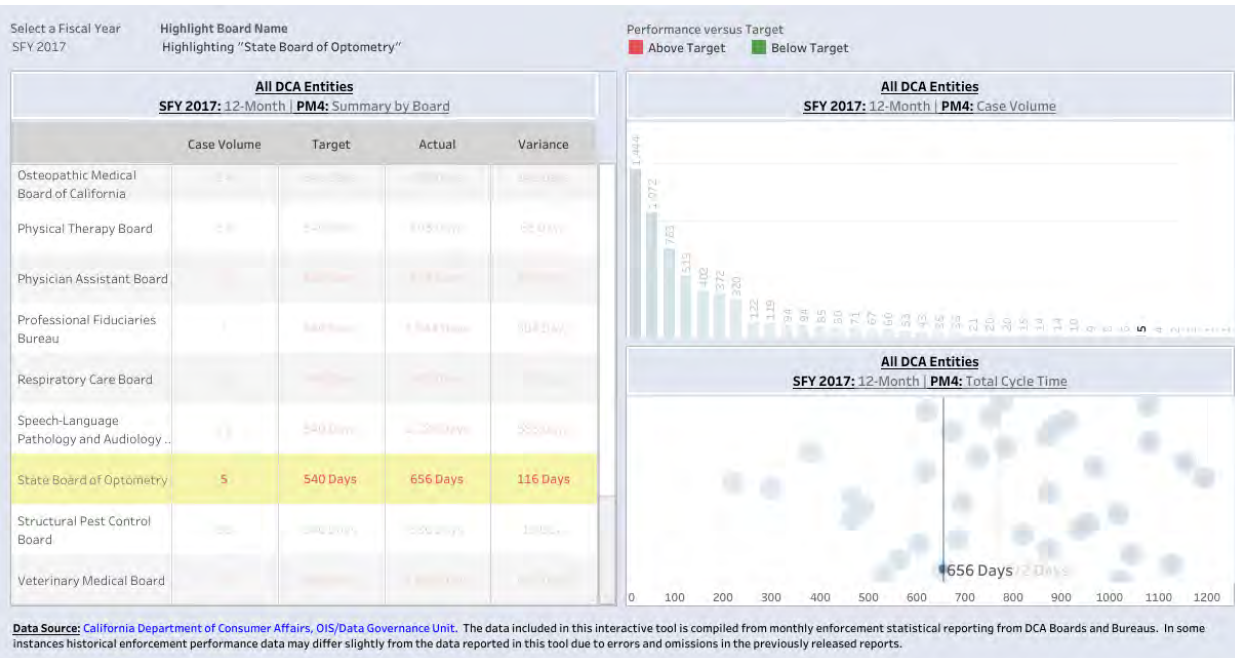
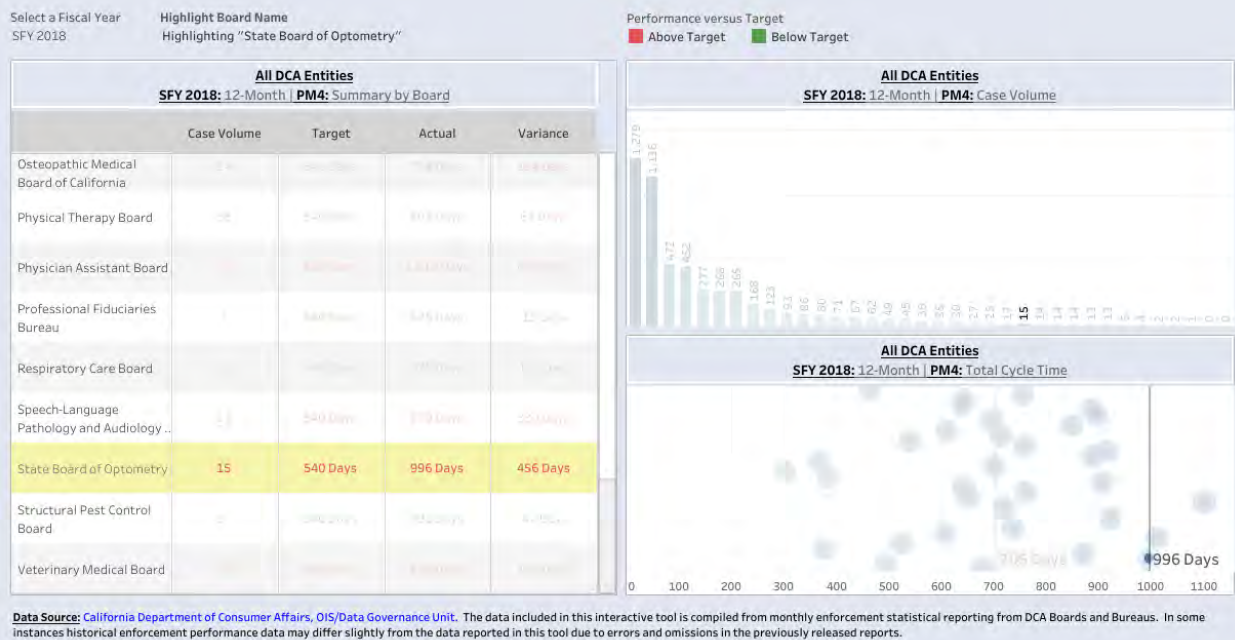
All DCA Entities SFY 2017: 12-Month PM3: Summary by Board				
	Case Volume	Target	Actual	Variance
Medical Board of California	12,540	12,540	12,540	0
Naturopathic Medicine Committee	5,456	5,456	5,456	0
Osteopathic Medical Board of California	5,090	5,090	5,090	0
Physical Therapy Board	4,374	4,374	4,374	0
Physician Assistant Board	3,786	3,786	3,786	0
Professional Fiduciaries Bureau	2,811	2,811	2,811	0
Respiratory Care Board	2,571	2,571	2,571	0
Speech-Language Pathology and Audiology and Hearing...	2,340	2,340	2,340	0
State Board of Optometry	302	90 Days	207 Days	117 Days



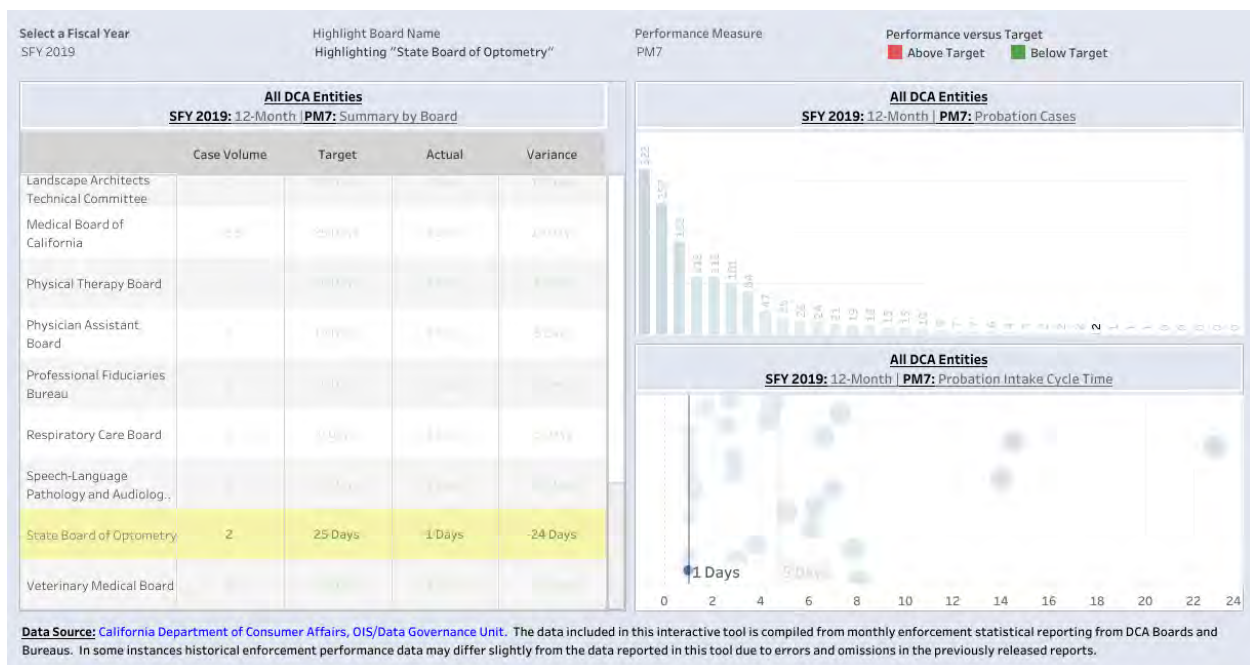
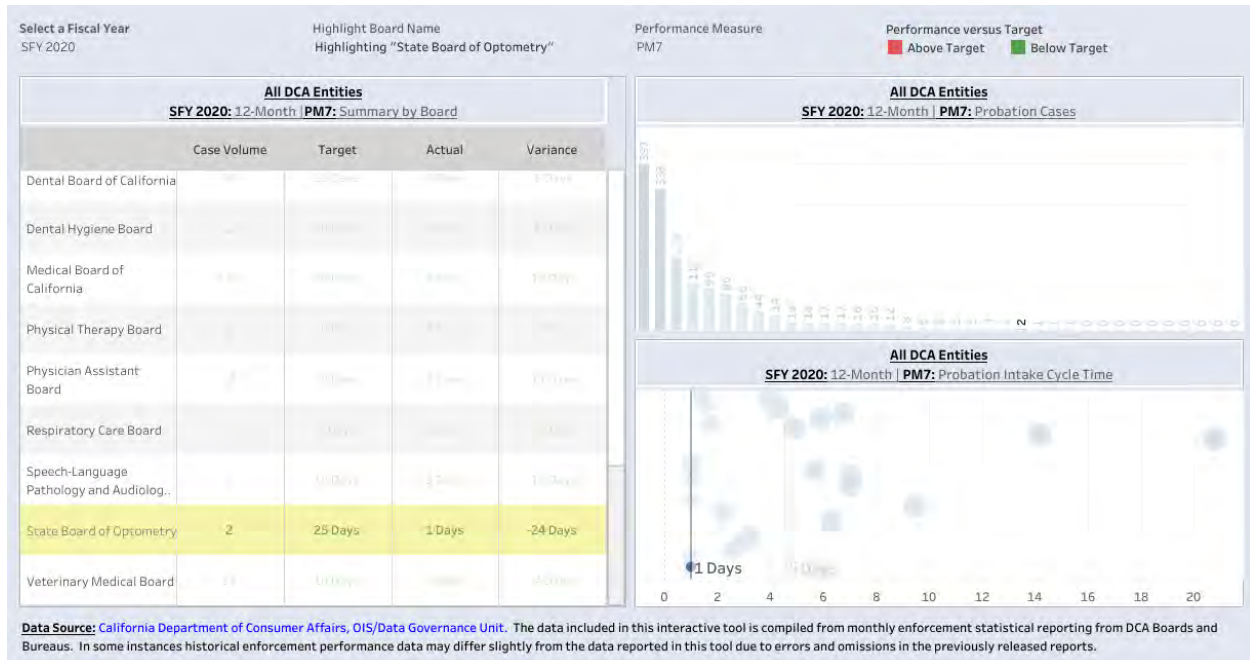
Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Performance Measure 4: Formal Discipline Cycle Time (Annual)





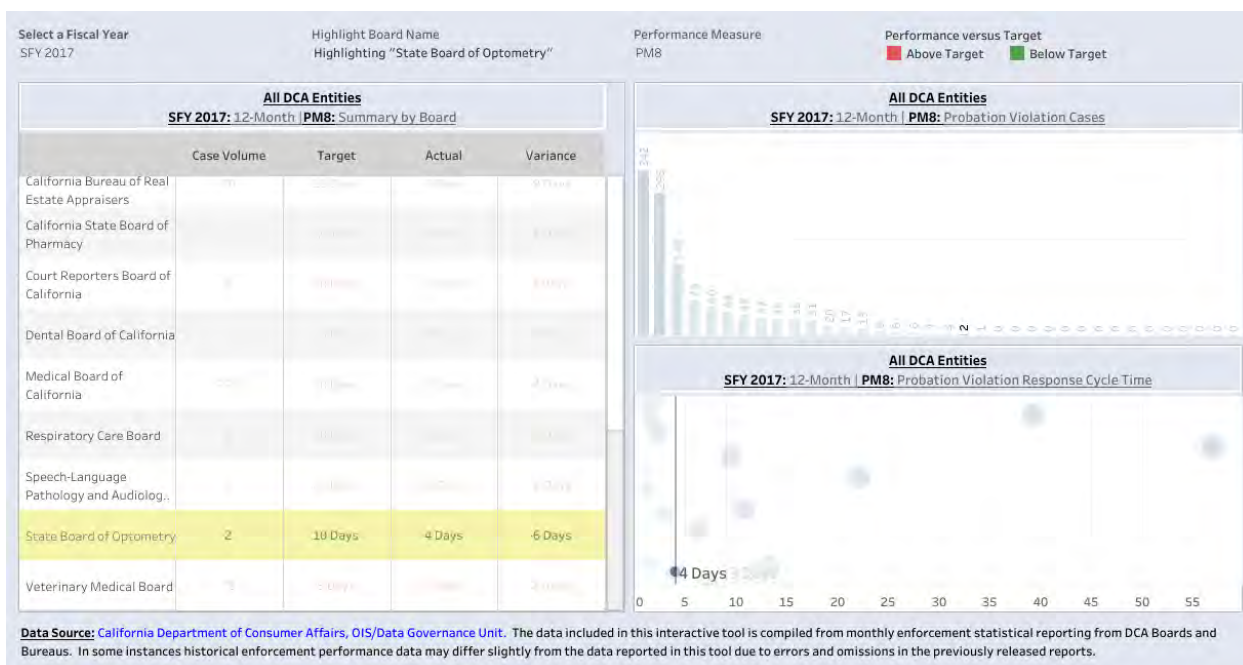
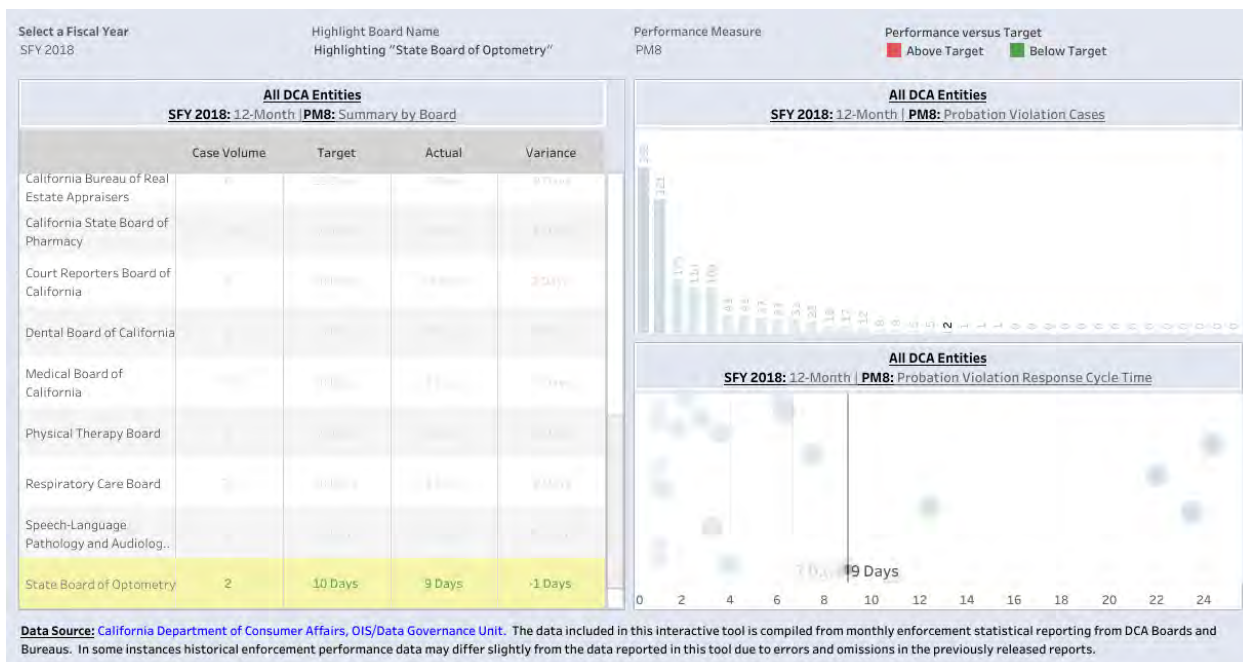
Performance Measure 7: Probation Cases





Performance Measure 8: Probation Cases

No data reported for FY 2020 or 2019



Performance Measure 1: Intake Volume

FY 2020





FY 2019





FY 2018





FY 2017

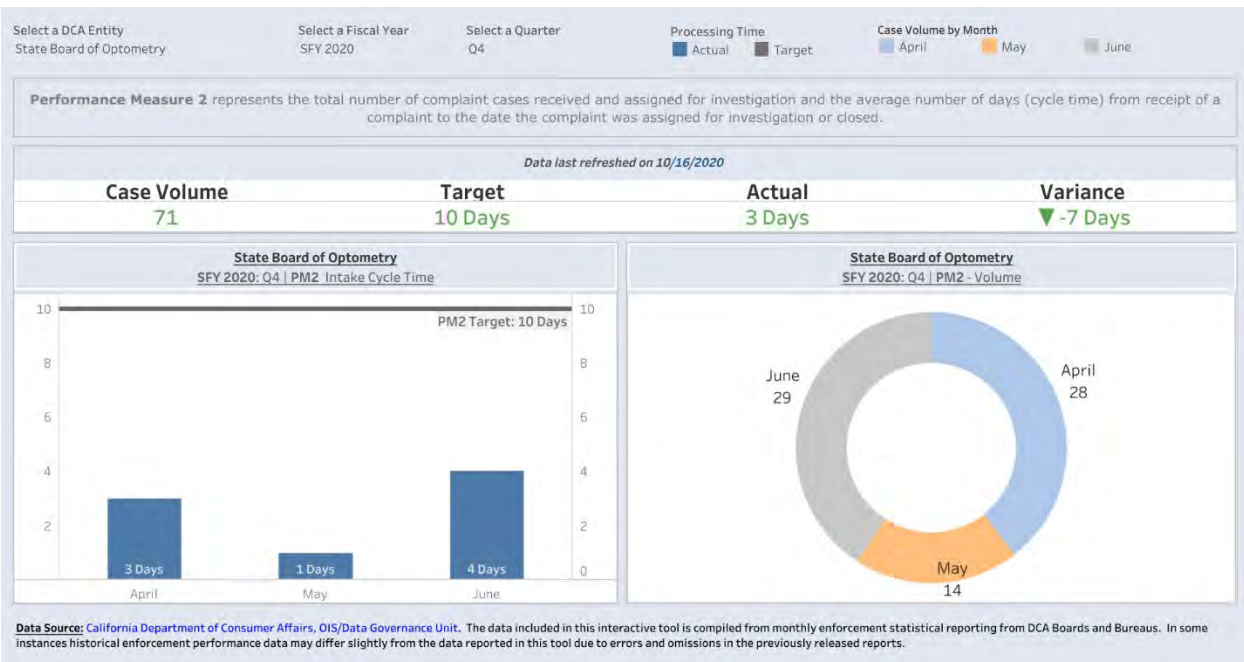
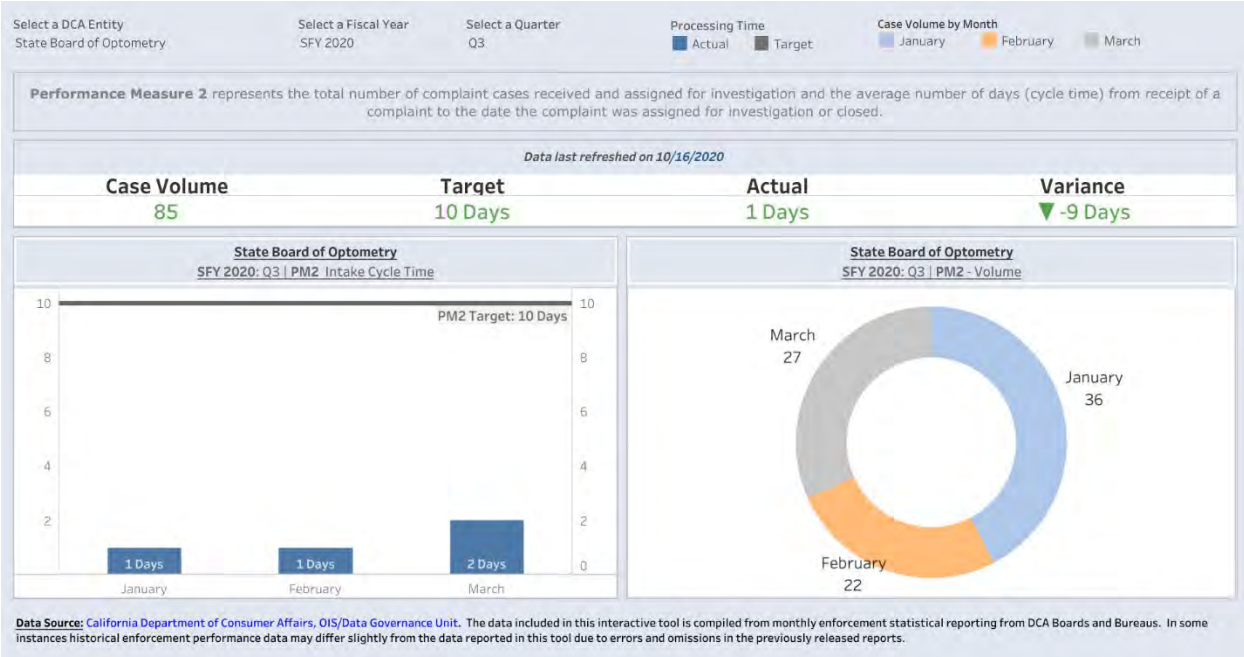




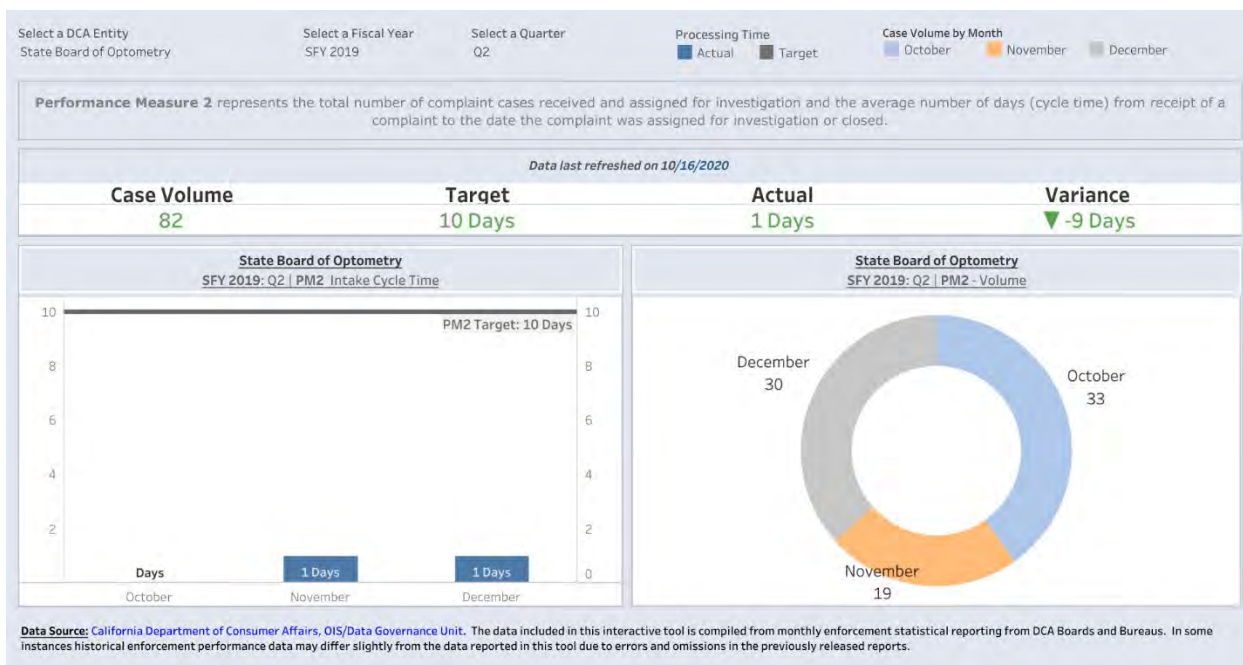
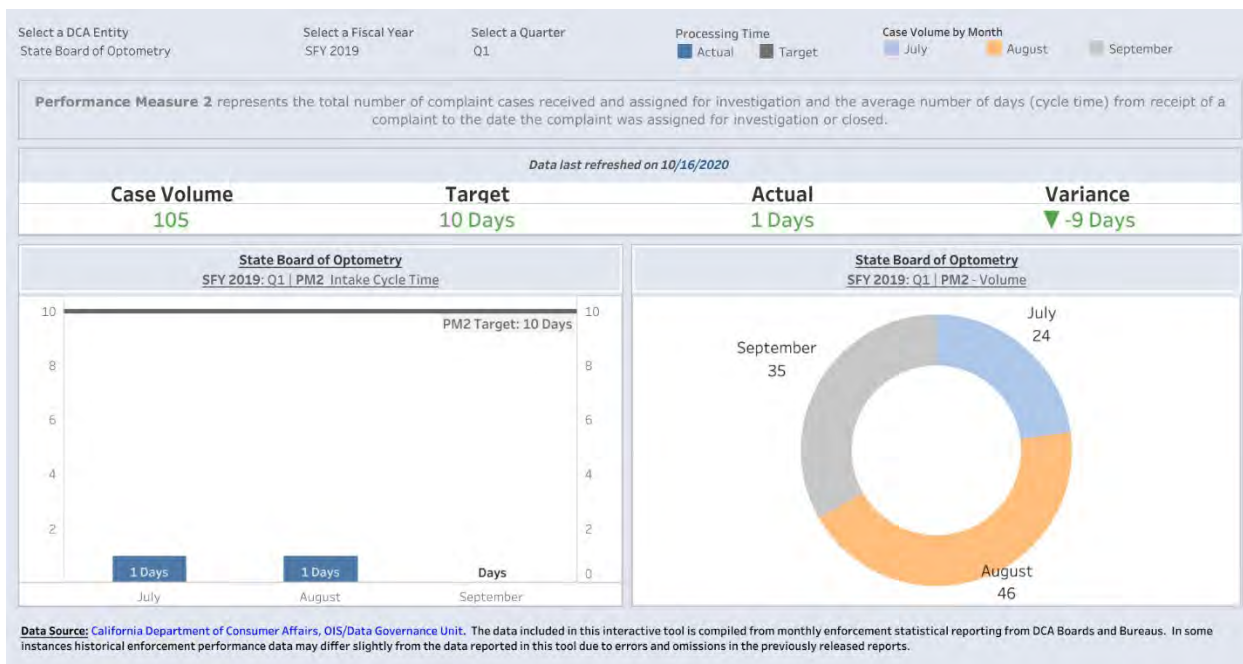
Performance Measure 2: Intake Cycle Time

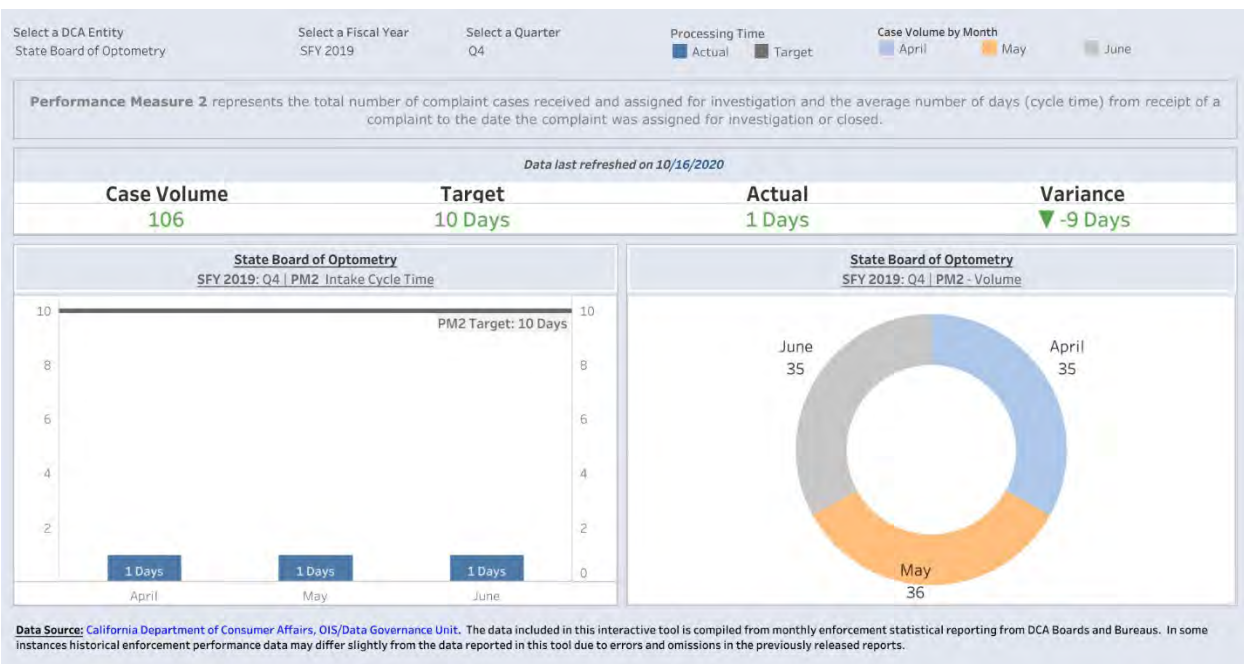
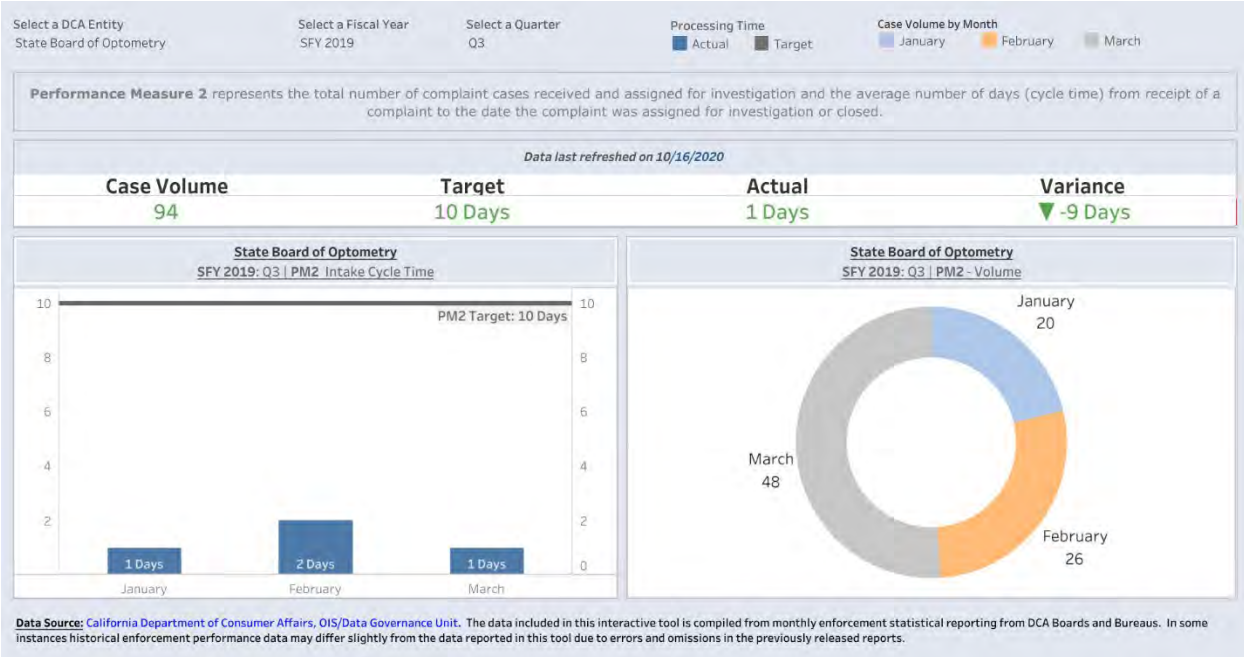
FY 2020



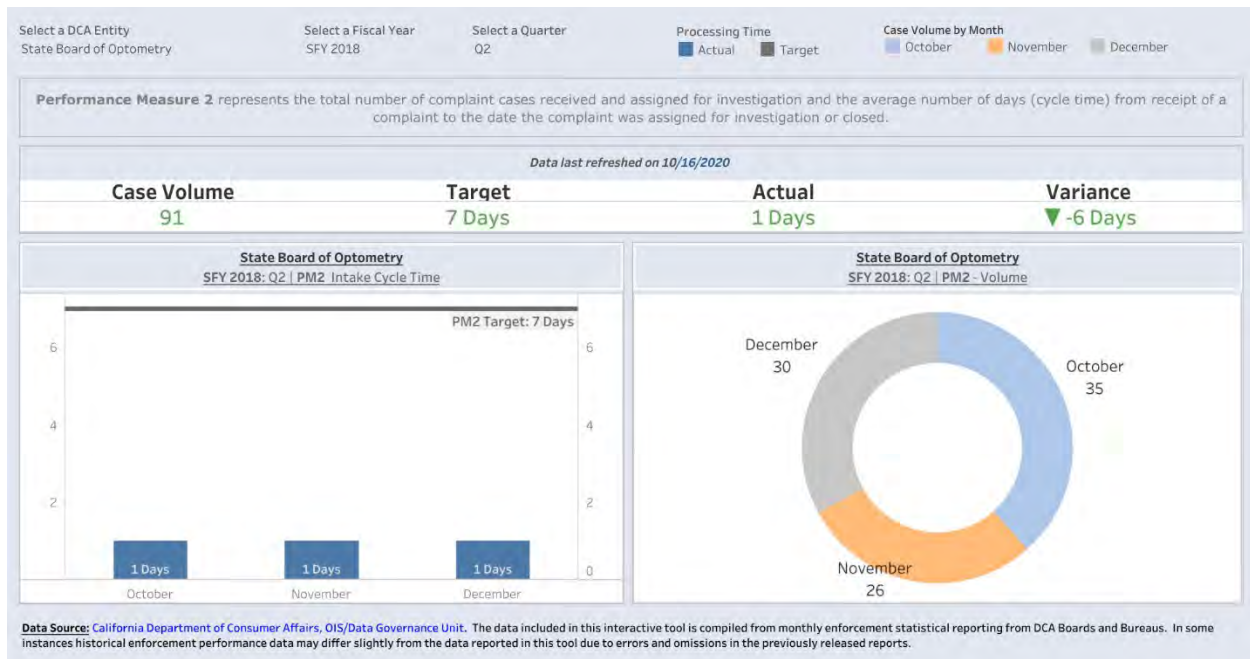


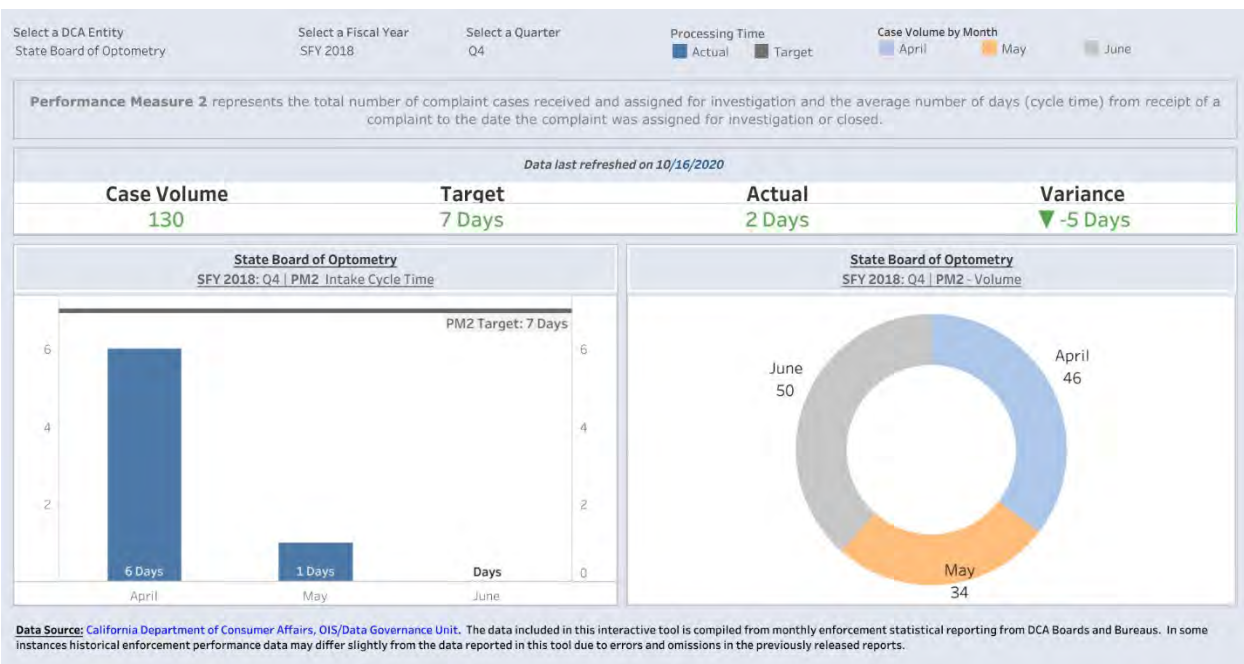
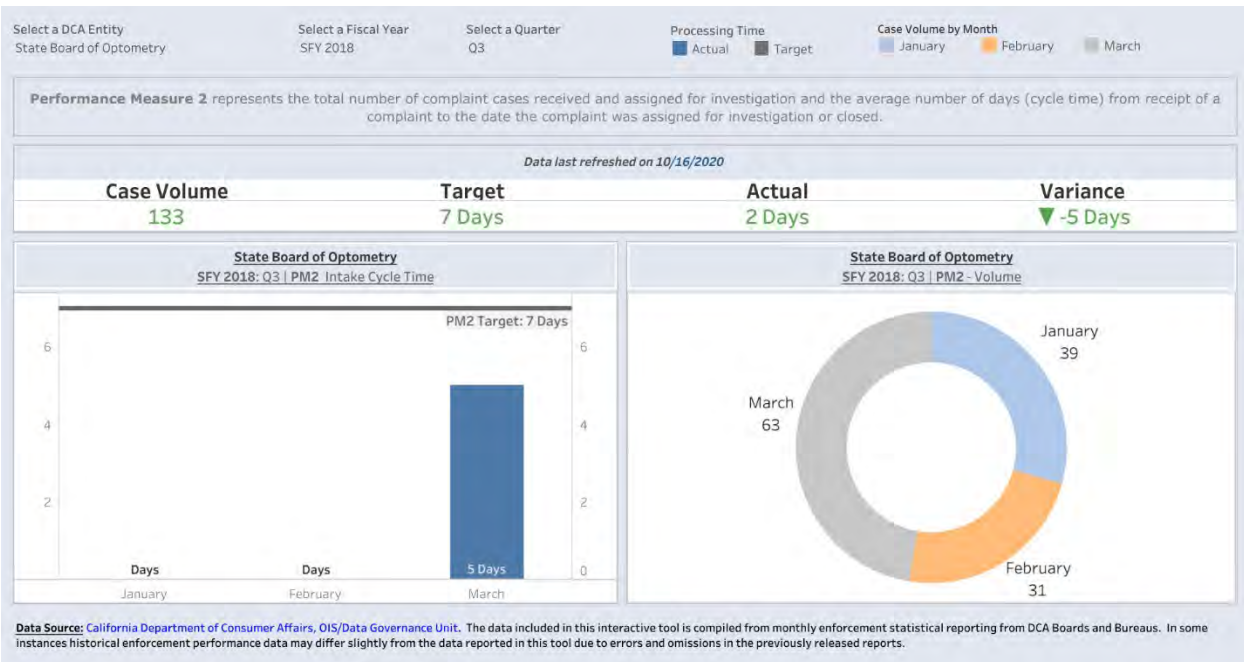
FY 2019



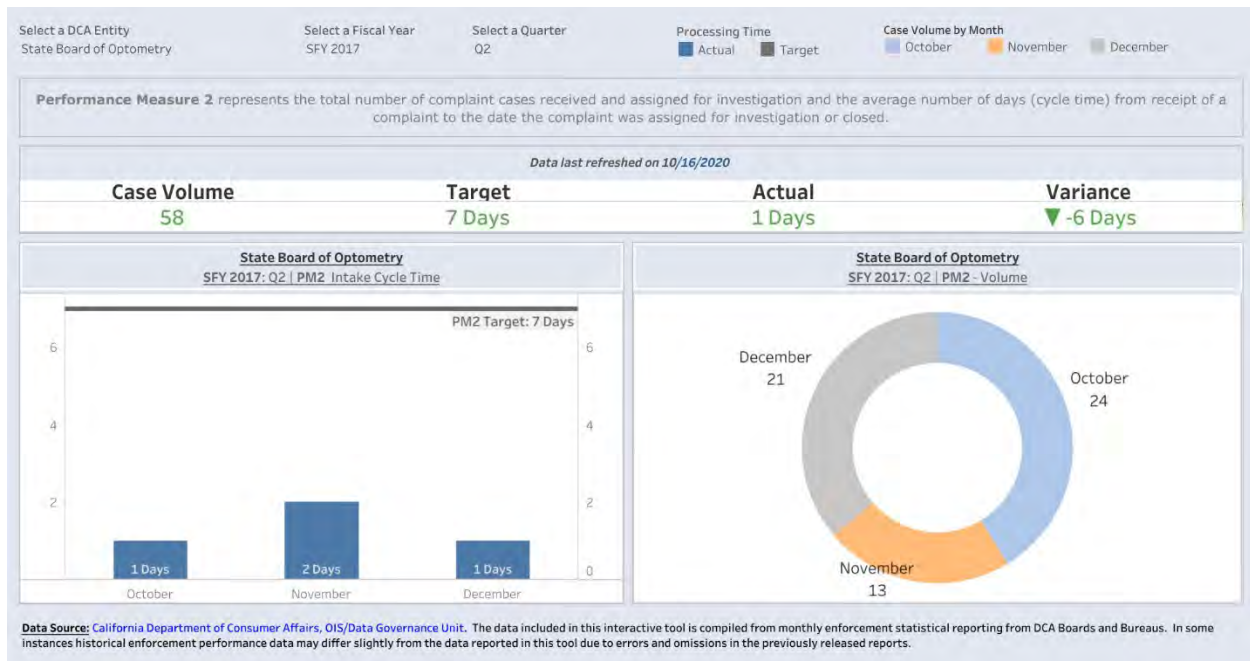


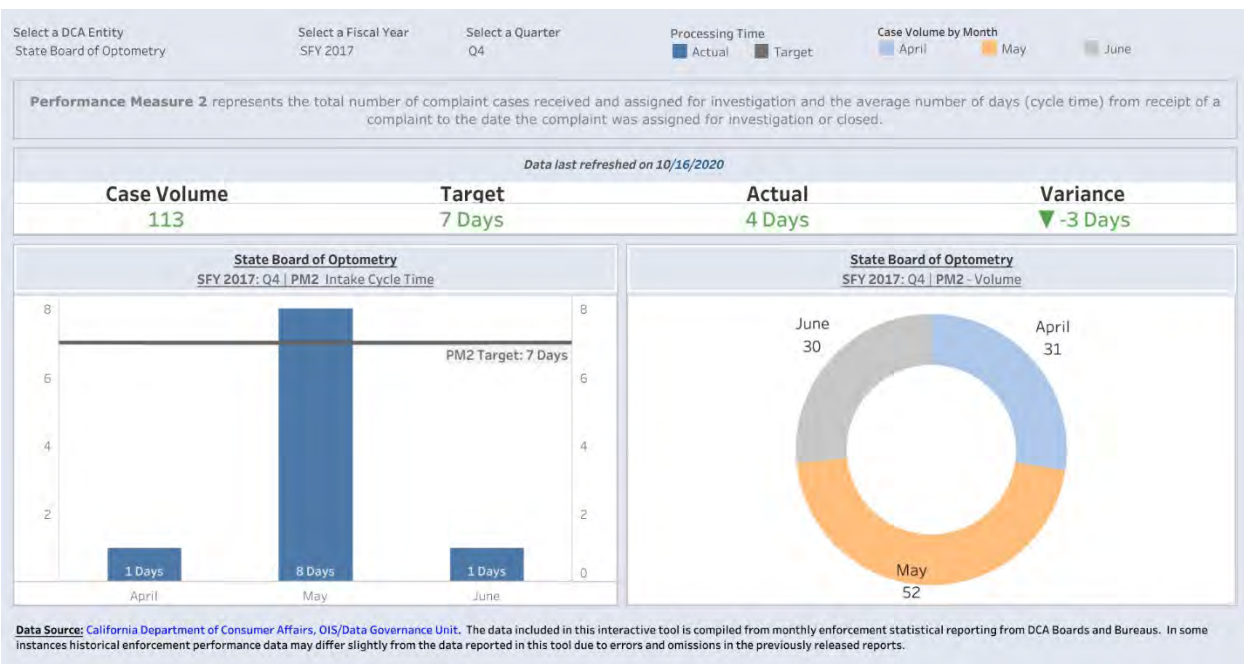
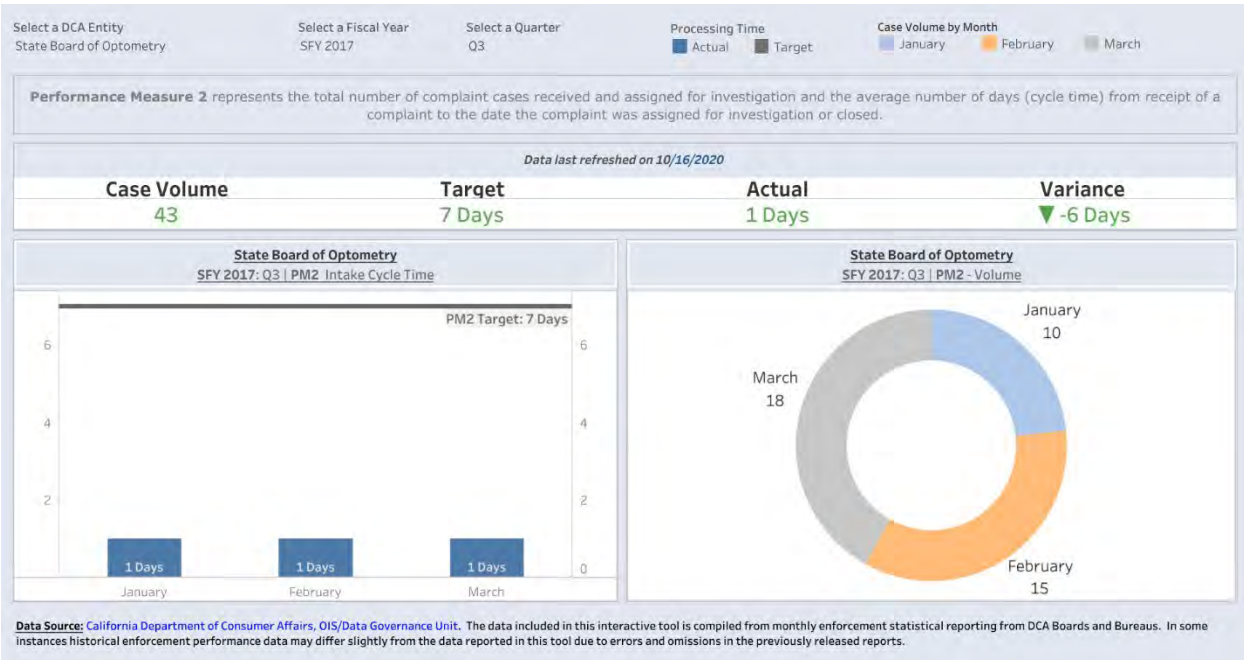
FY 2018





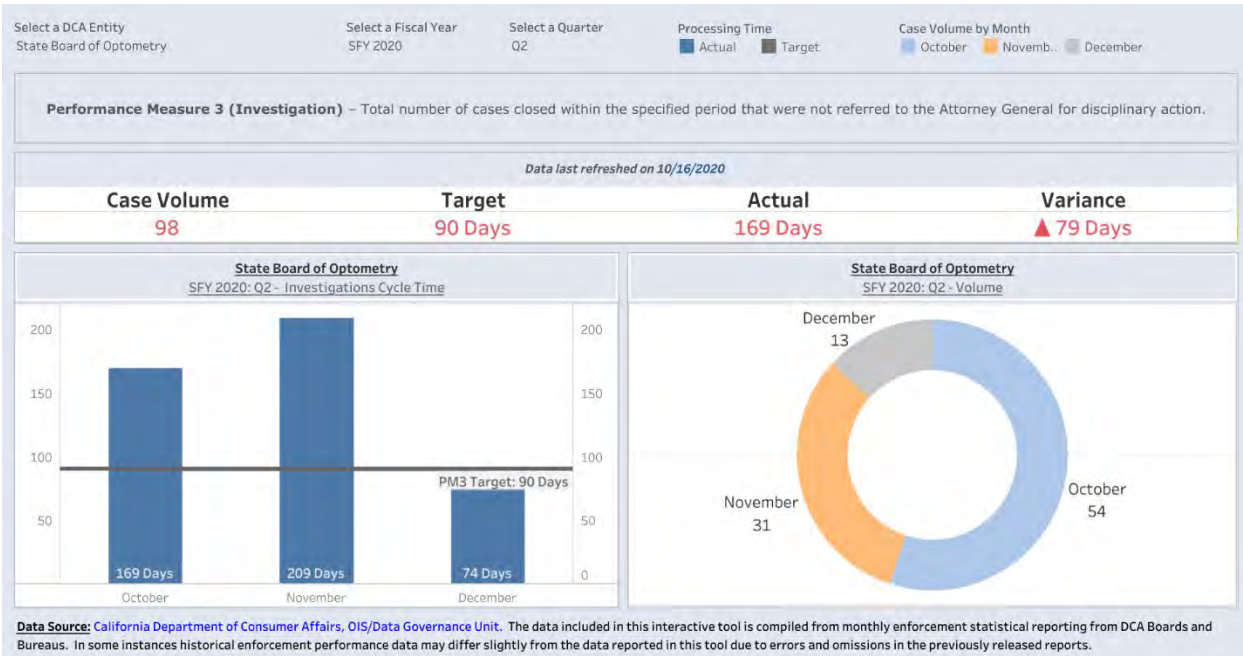
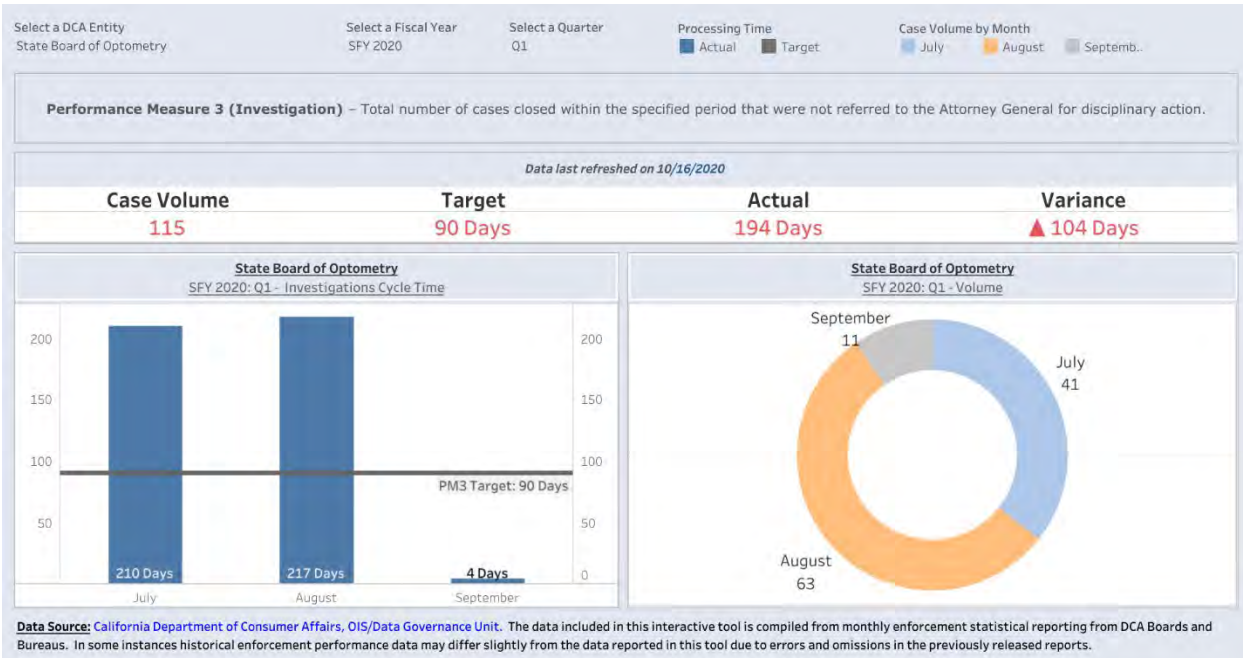
FY 2017

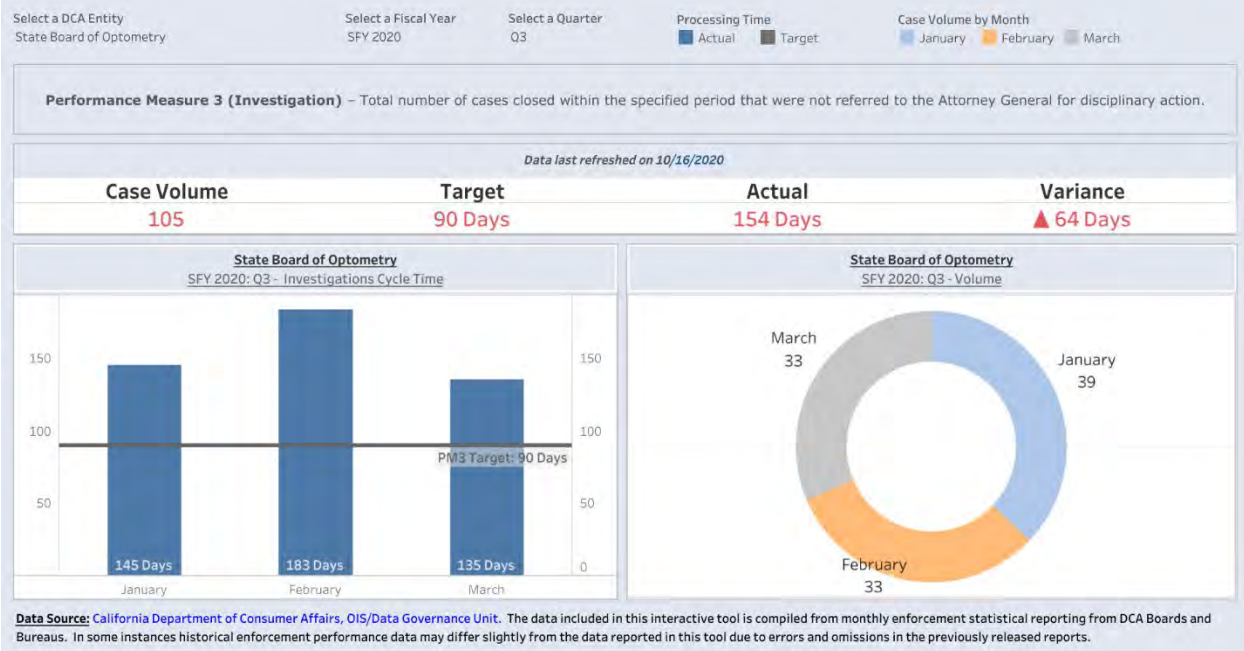




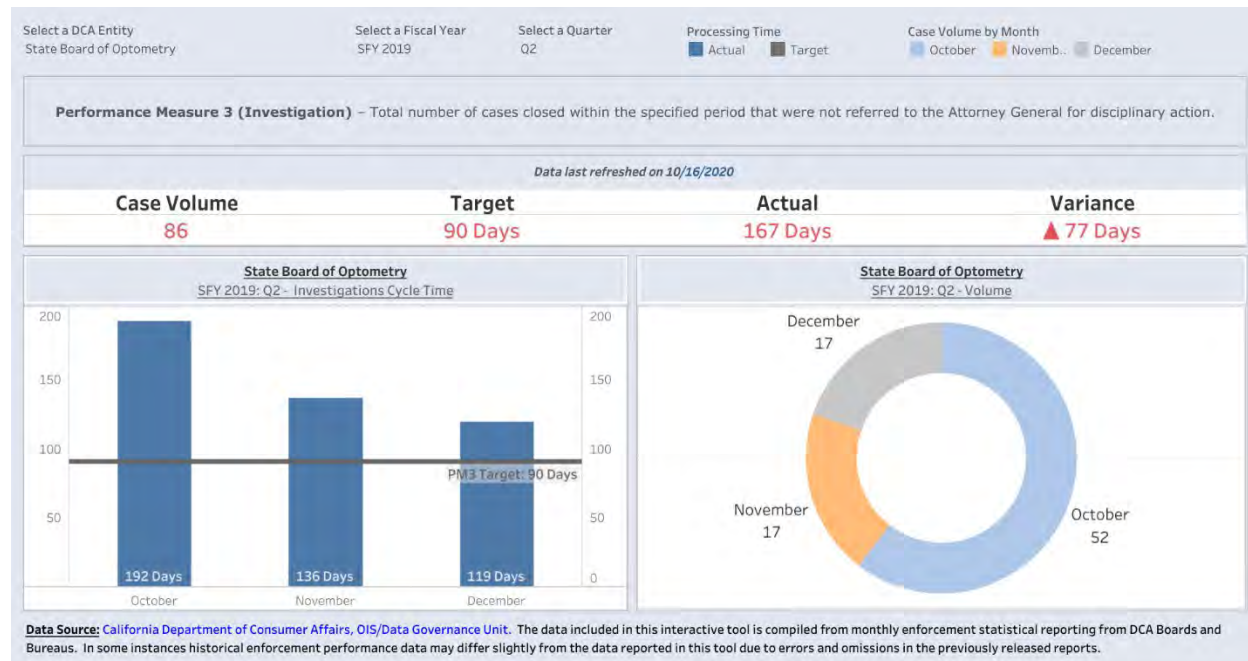
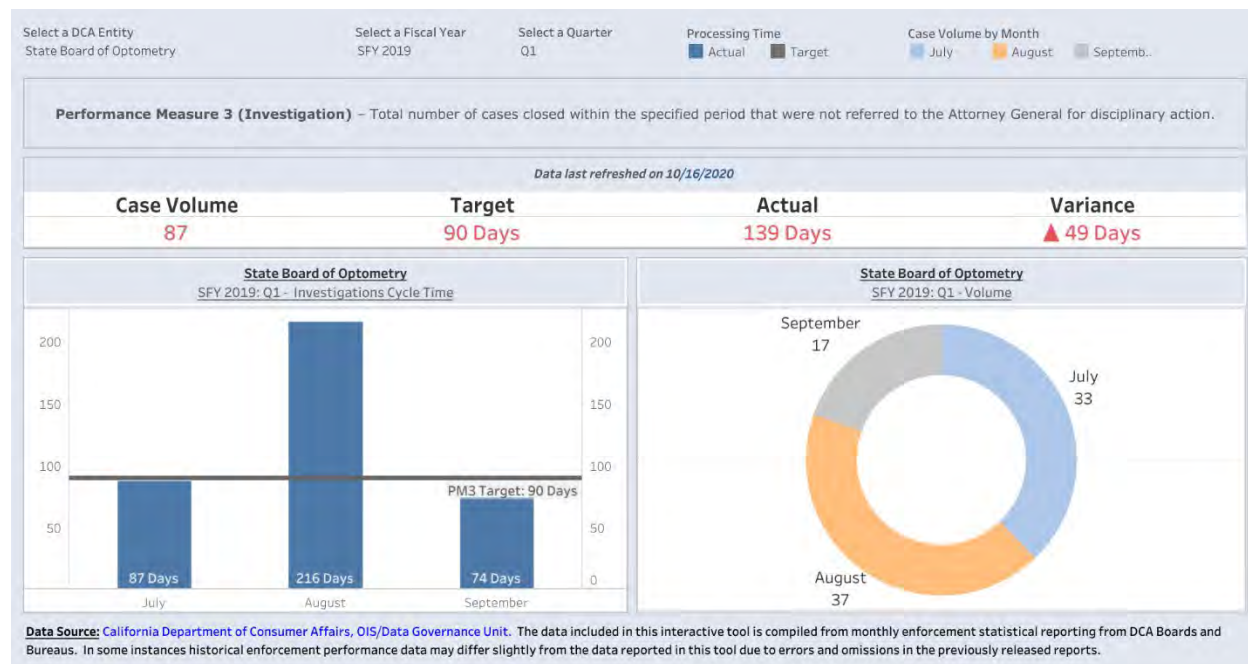
Performance Measure 3: Investigation Cycle Time

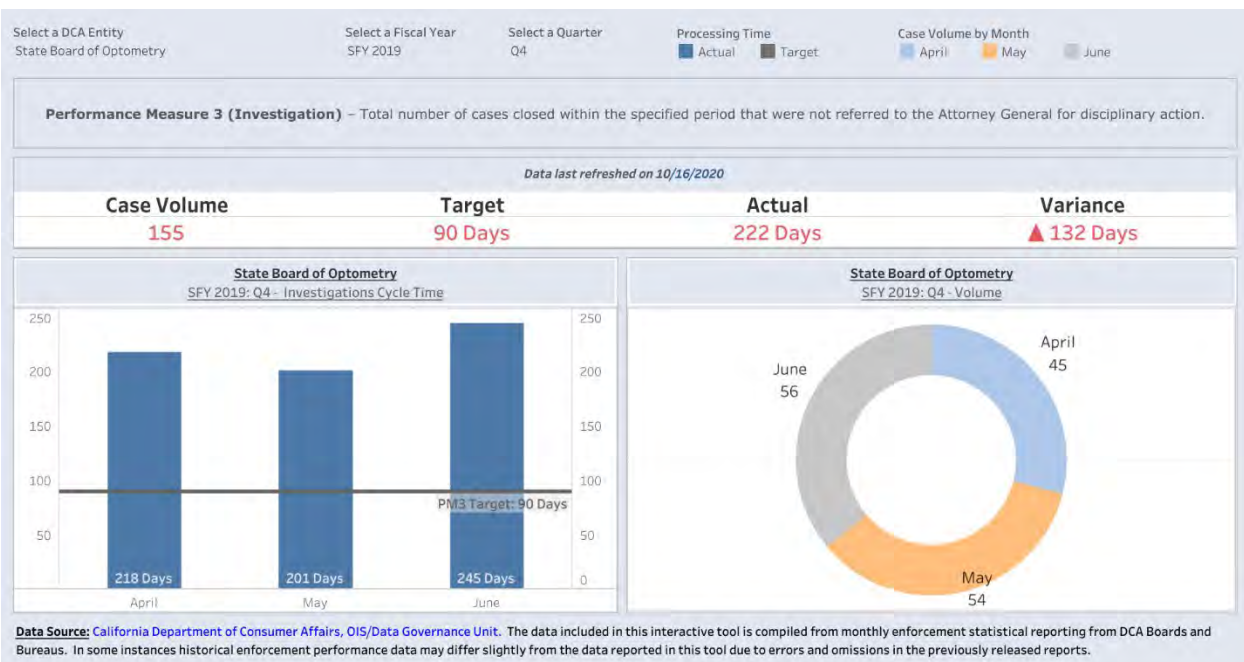
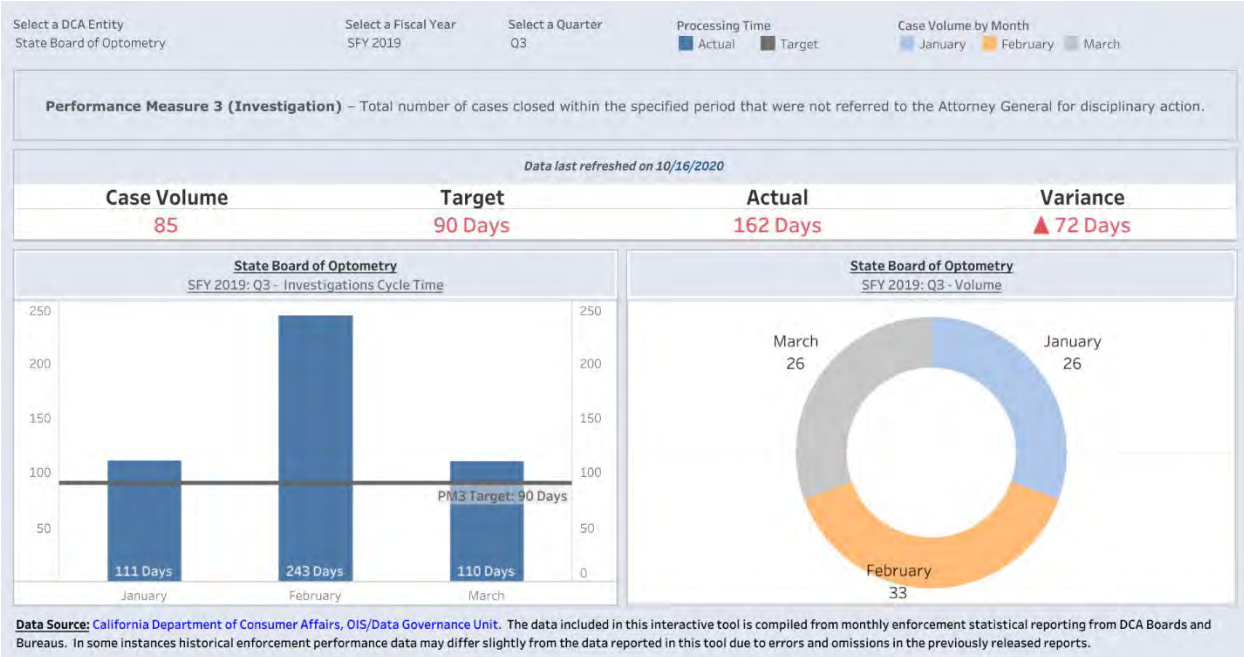
FY 2020



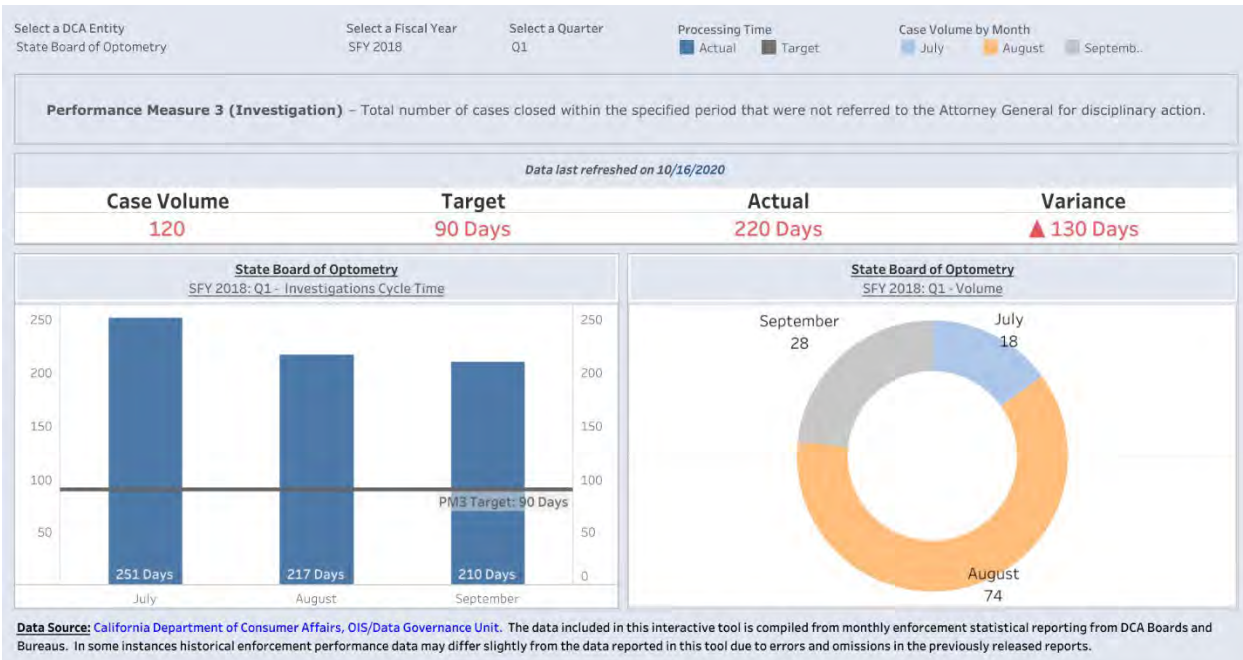


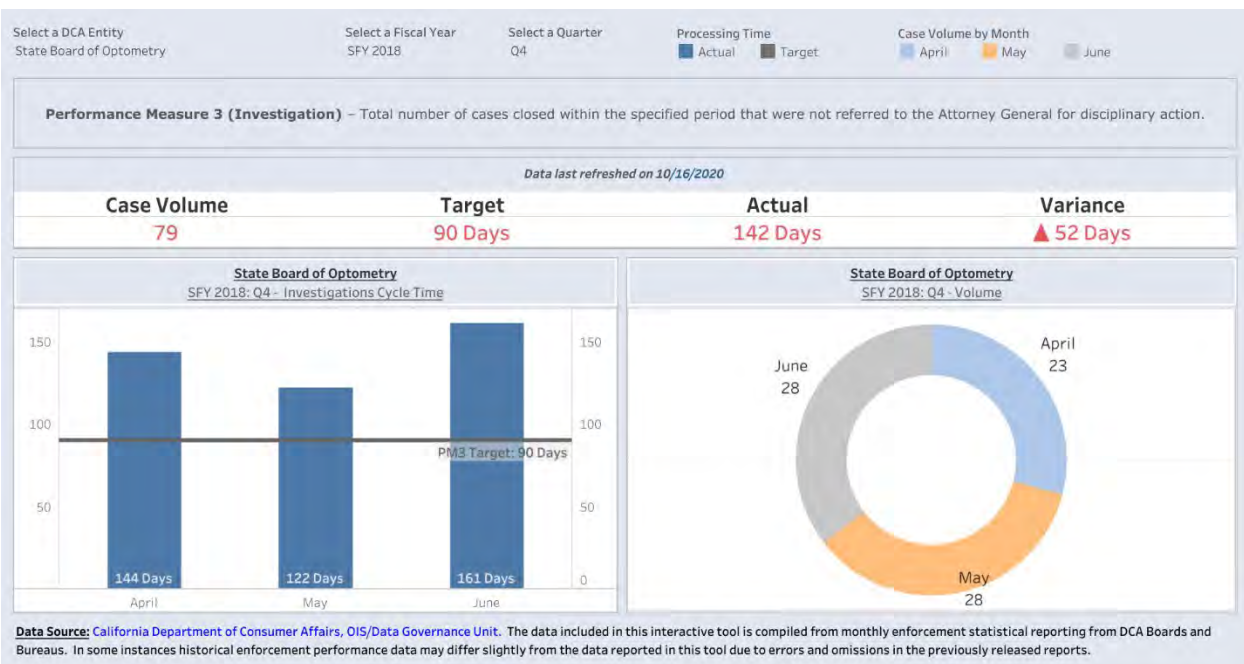
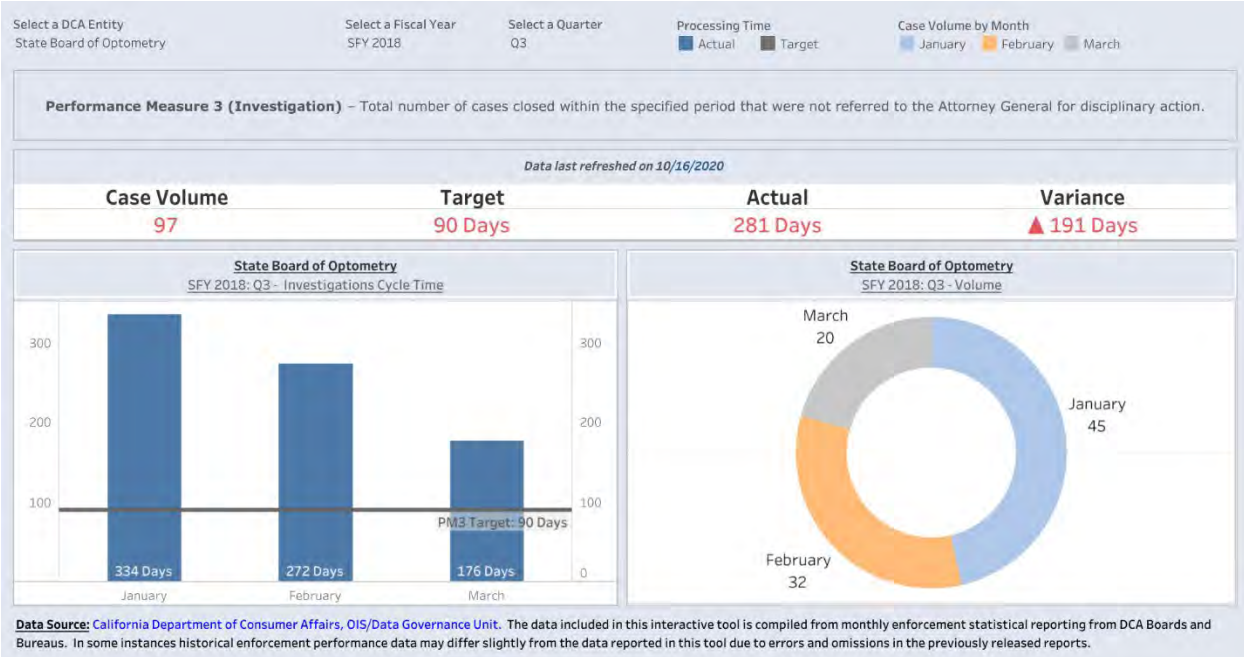
FY 2019



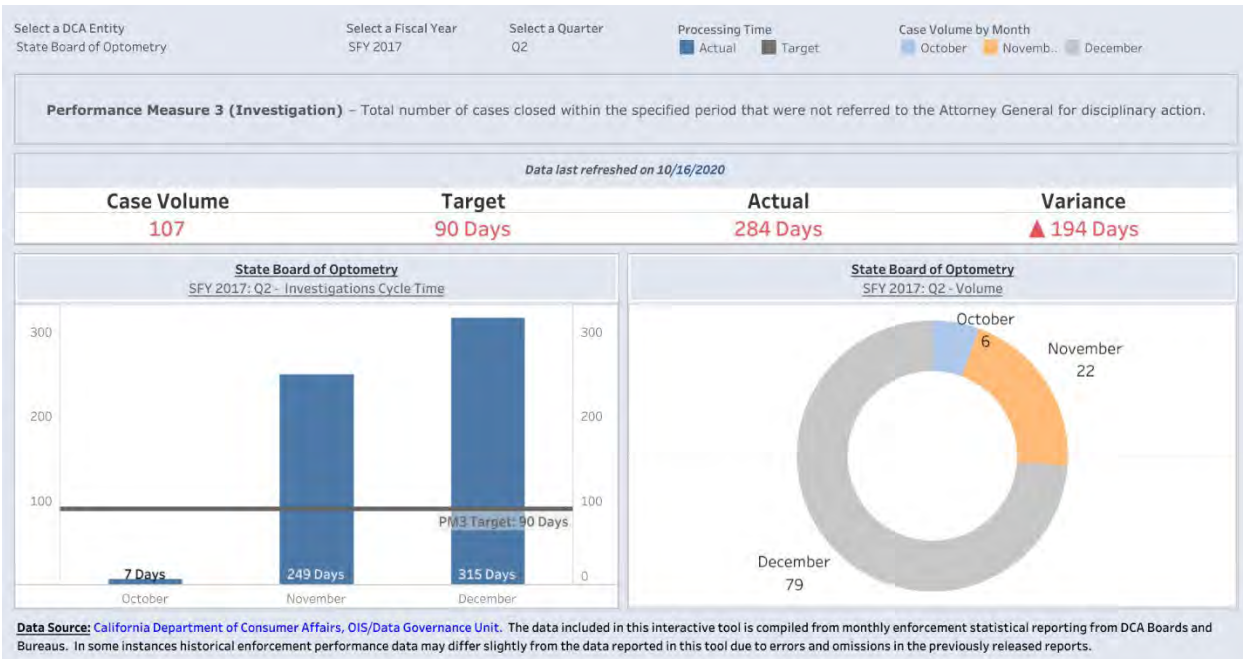
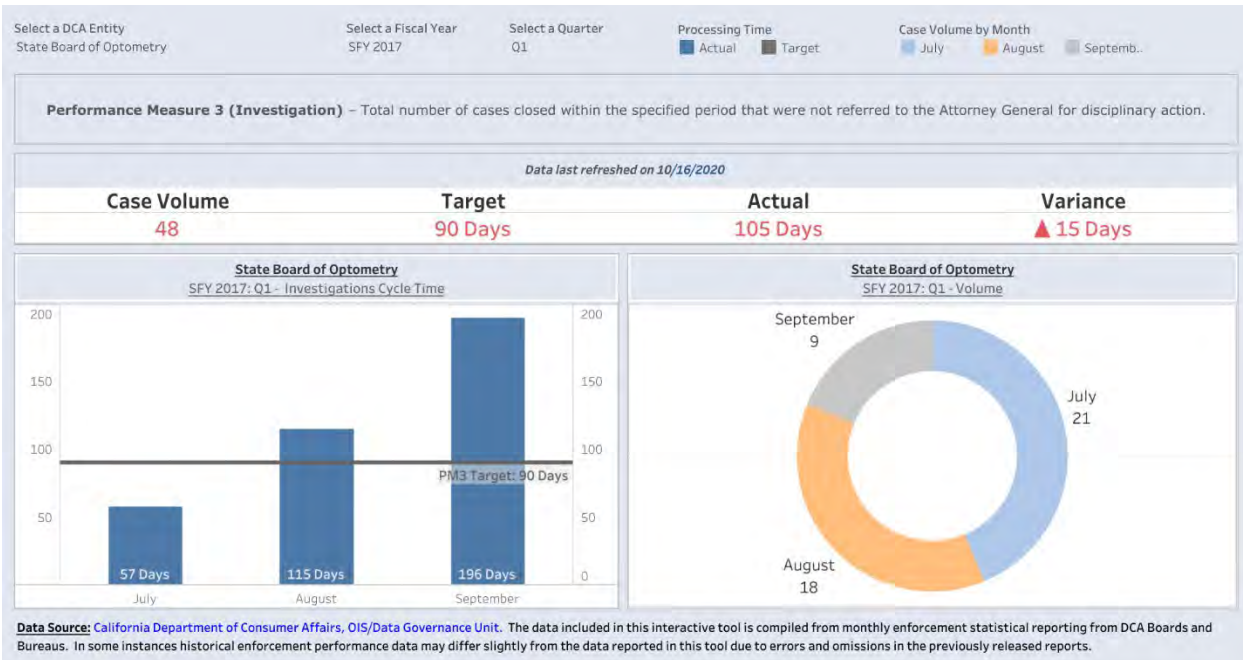


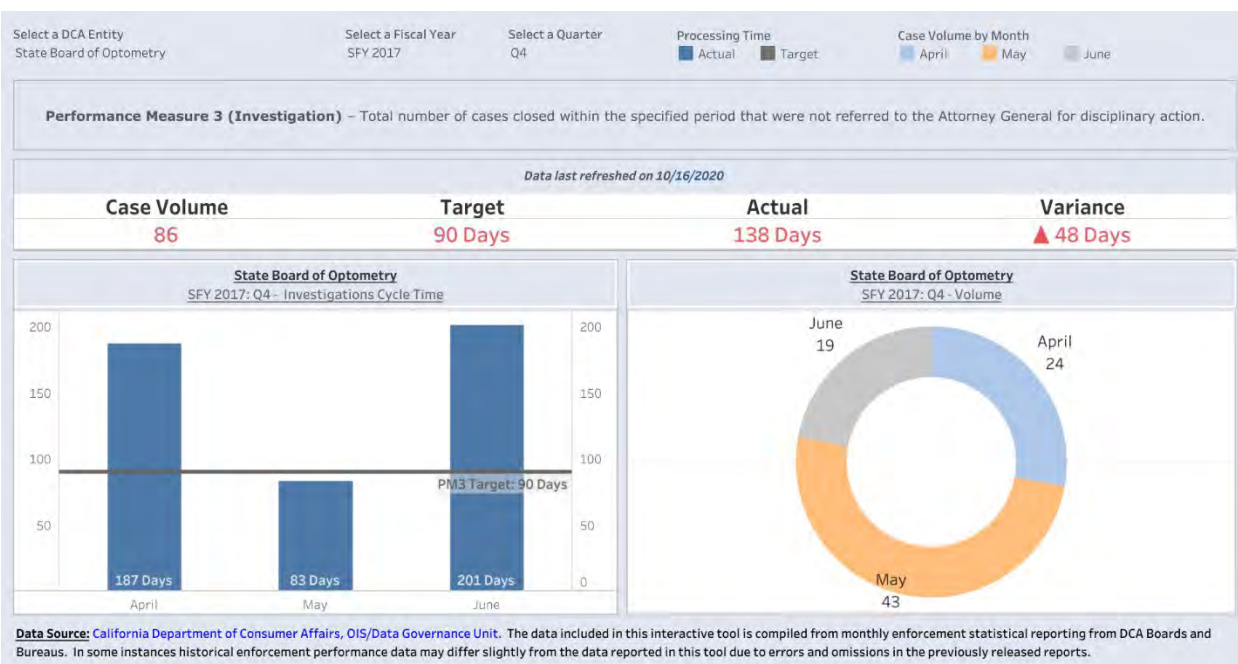
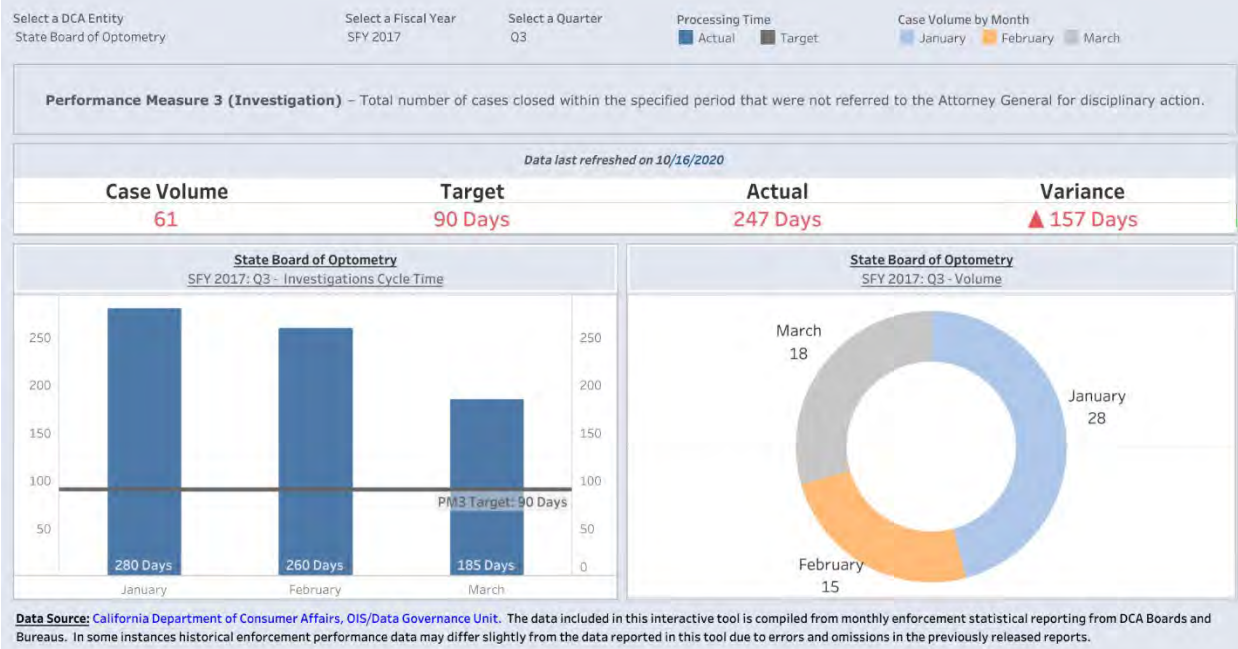
FY 2018





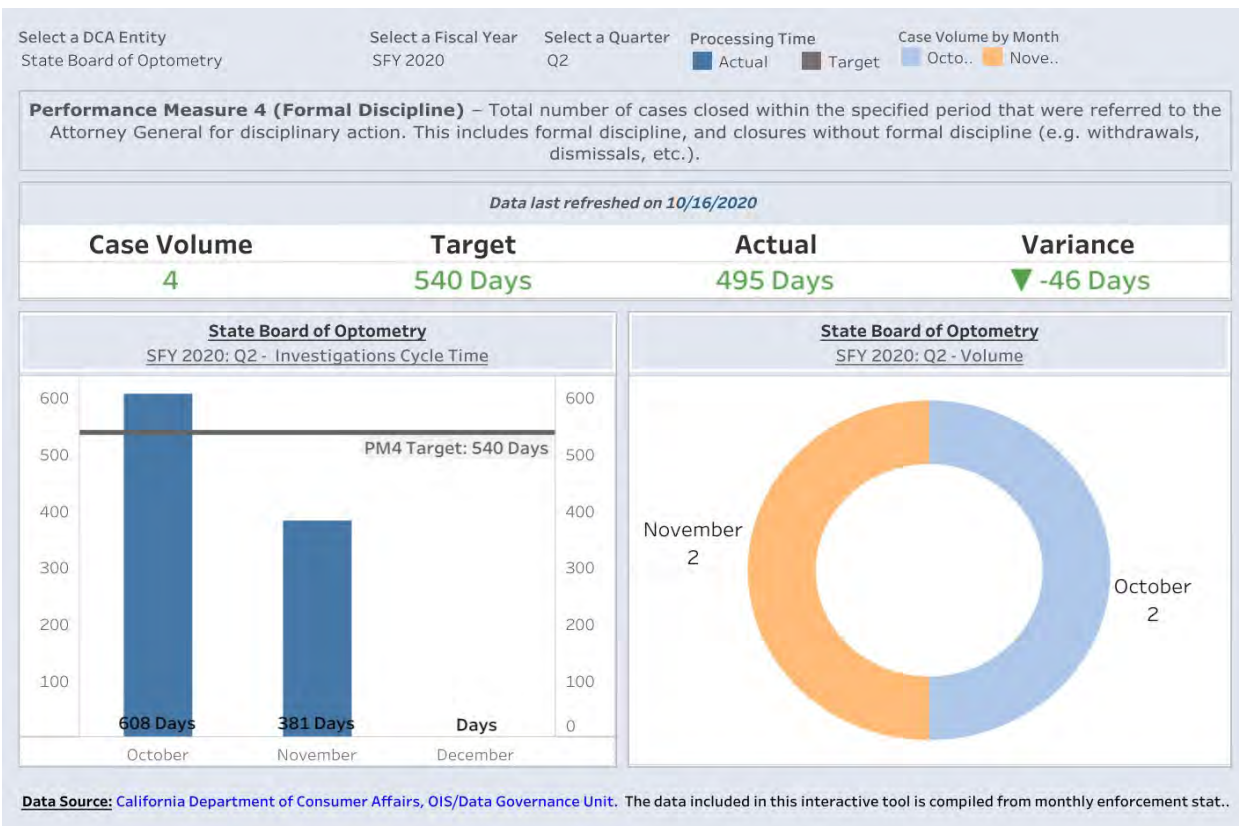
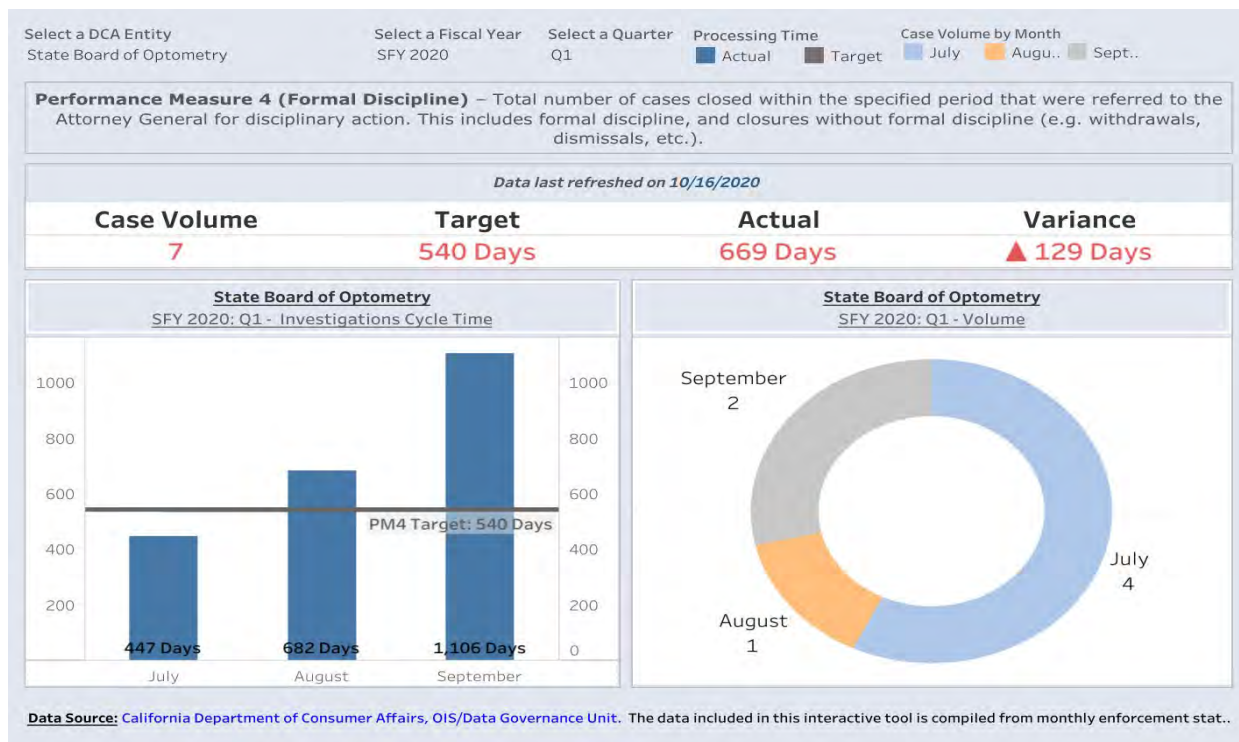
FY 2017





Performance Measure 4: Formal Discipline Cycle Time

FY 2020



Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2020

Select a Quarter
Q3

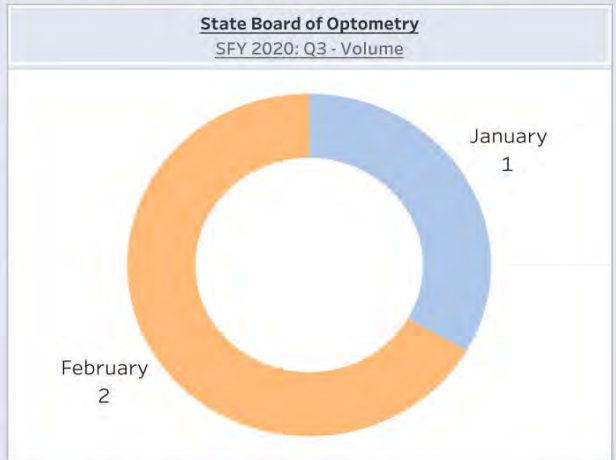
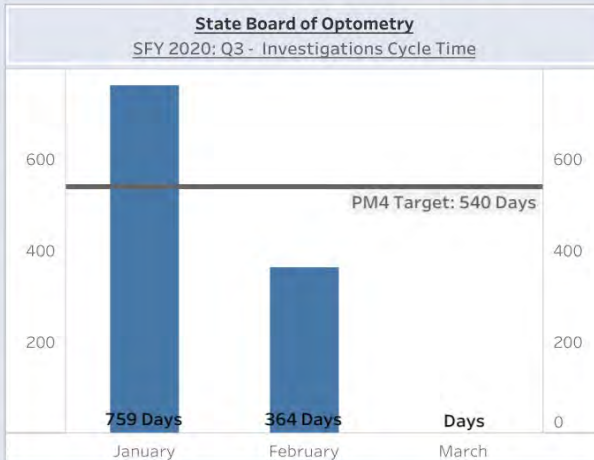
Processing Time
Actual Target

Case Volume by Month
Janu.. Febr..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
3	540 Days	496 Days	▼ -44 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2020

Select a Quarter
Q4

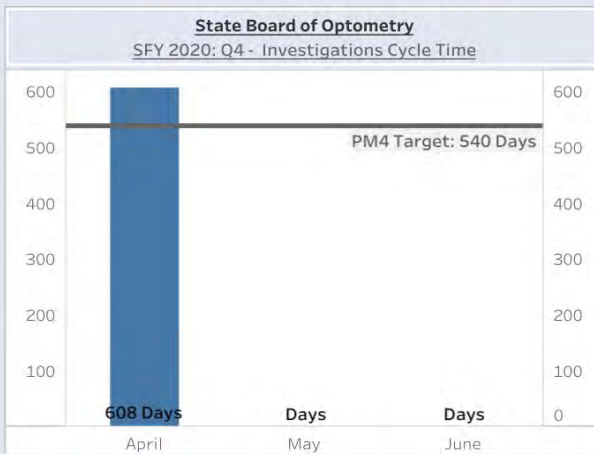
Processing Time
Actual Target

Case Volume by Month
April

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

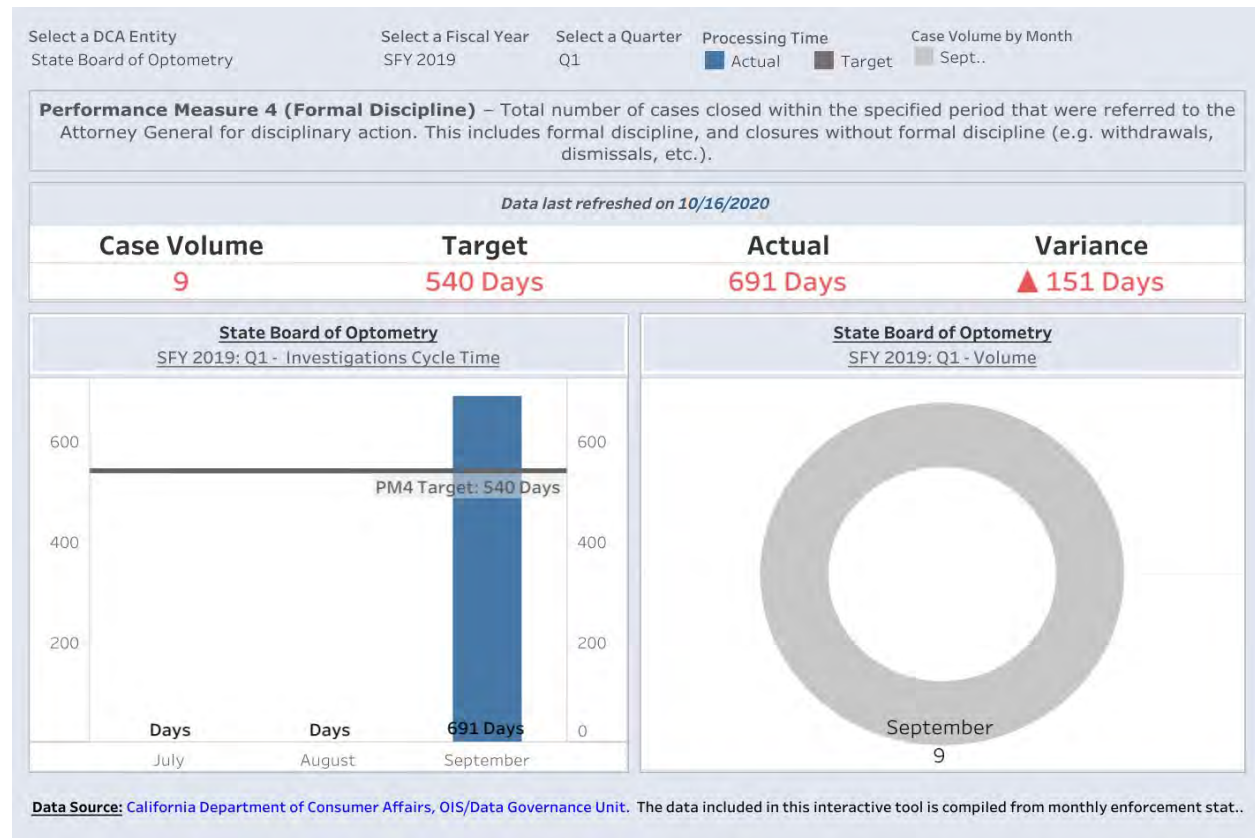
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
1	540 Days	608 Days	▲ 68 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

FY 2019



Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2019

Select a Quarter
Q2

Processing Time
Actual Target

Case Volume by Month

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

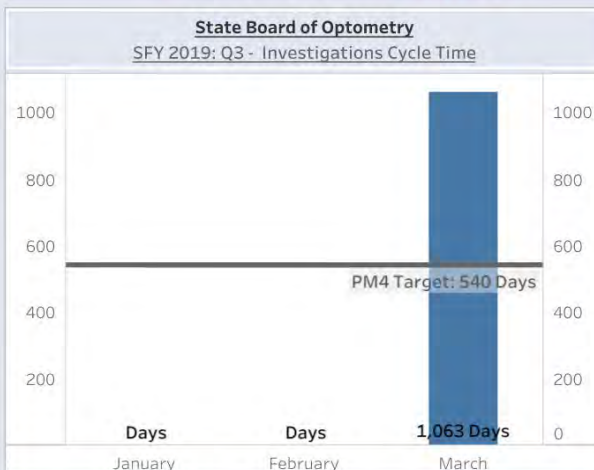
Processing Time
Actual Target

Case Volume by Month
March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
2	540 Days	1,063 Days	▲ 523 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

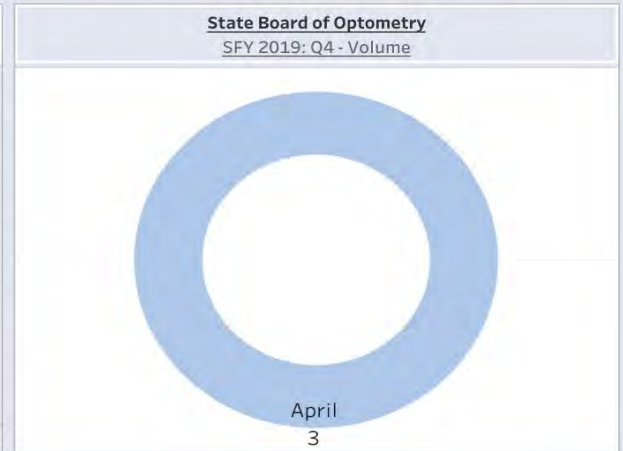
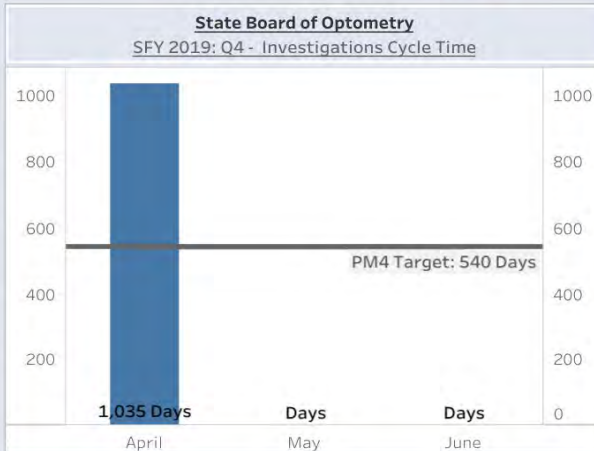
Processing Time
Actual Target

Case Volume by Month
April

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
3	540 Days	1,035 Days	▲ 495 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

FY 2018

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2018

Select a Quarter
Q1

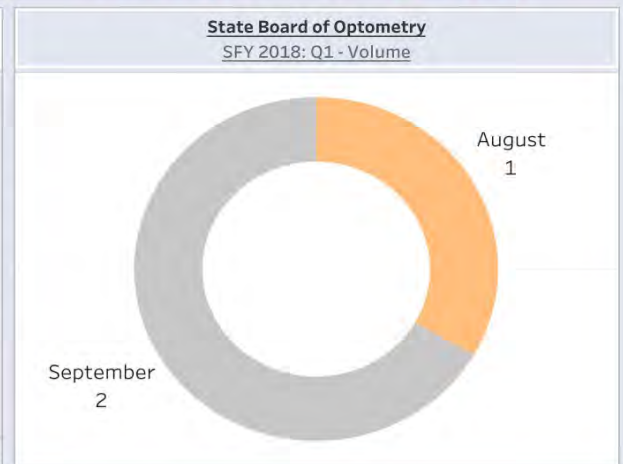
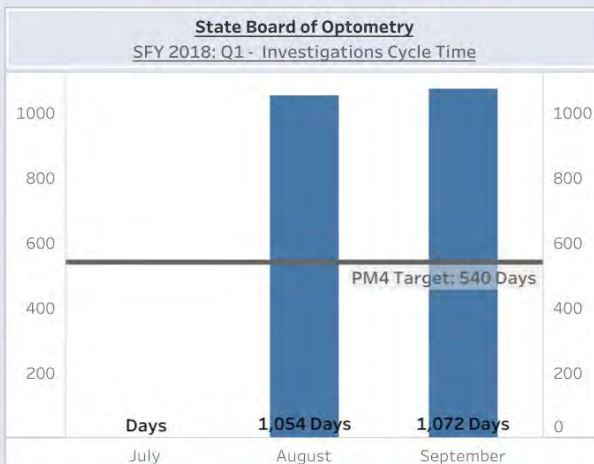
Processing Time
Actual Target

Case Volume by Month
August.. Sept..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
3	540 Days	1,066 Days	▲ 526 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2018

Select a Quarter
Q2

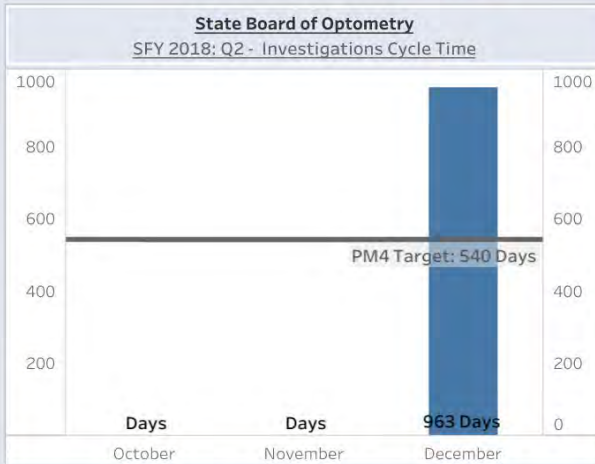
Processing Time
Actual Target

Case Volume by Month
Dece..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
2	540 Days	963 Days	▲ 423 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2018

Select a Quarter
Q3

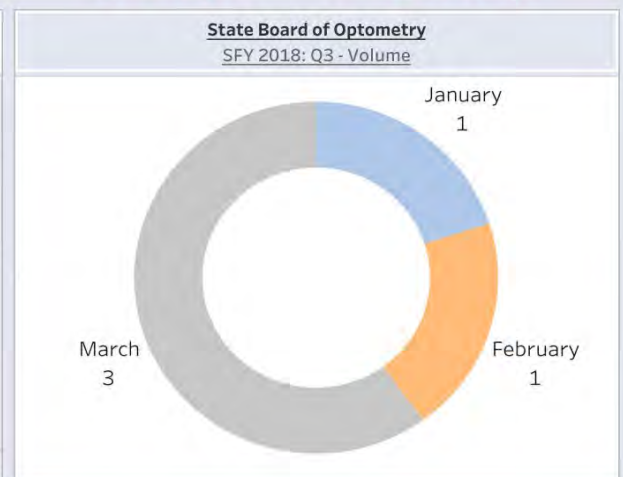
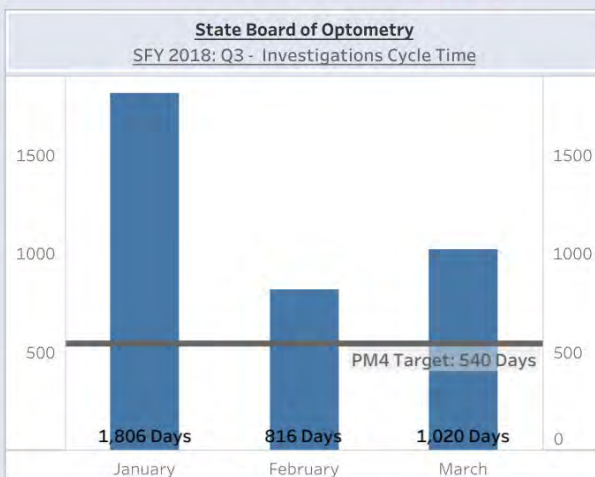
Processing Time
Actual Target

Case Volume by Month
Janu.. Febr.. March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
5	540 Days	1,136 Days	▲ 596 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2018

Select a Quarter
Q4

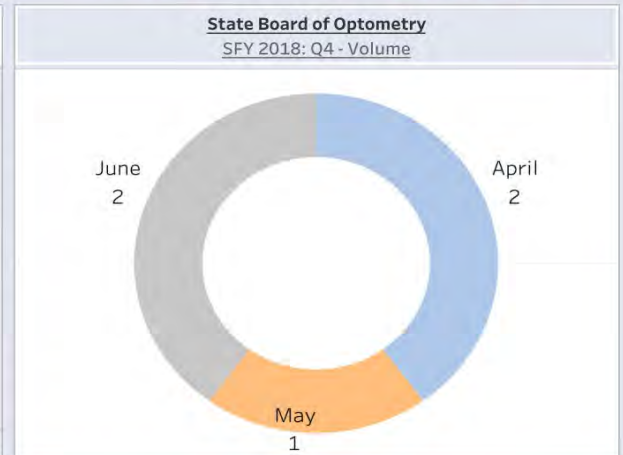
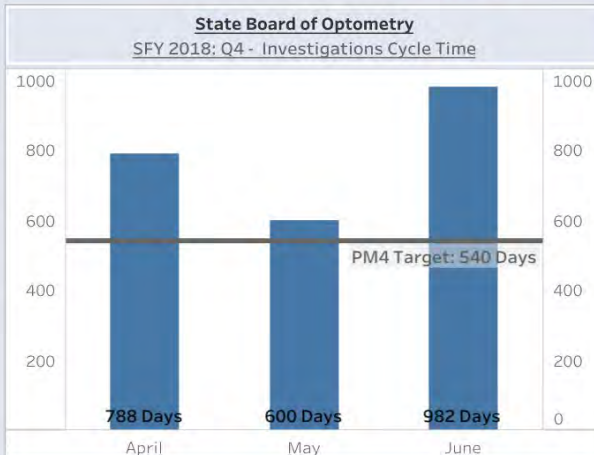
Processing Time
Actual Target

Case Volume by Month
April May June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
5	540 Days	828 Days	▲ 288 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

FY 2017

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2017

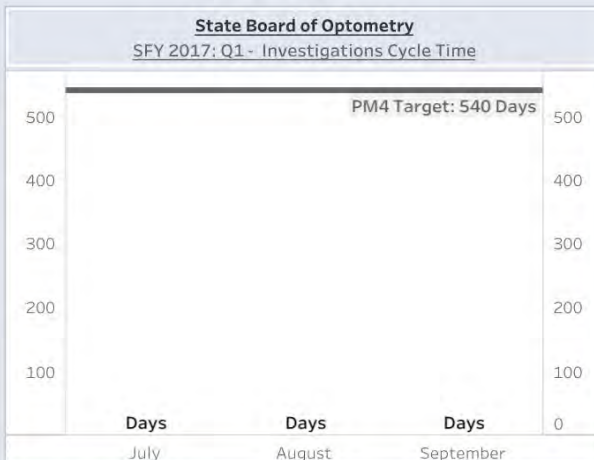
Select a Quarter
Q1

Processing Time
Actual Target

Case Volume by Month

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2017

Select a Quarter
Q2

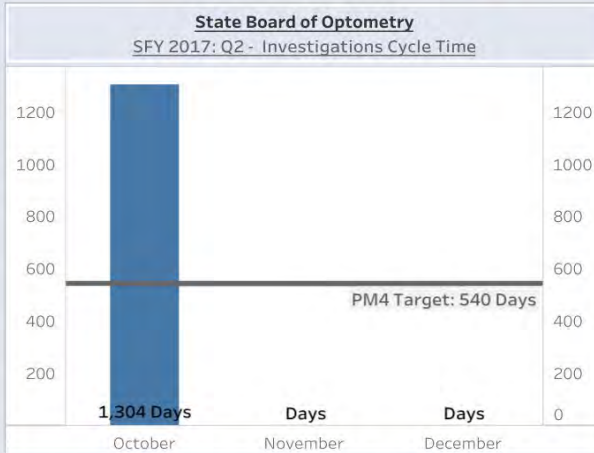
Processing Time
Actual Target

Case Volume by Month
Octo..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
1	540 Days	1,304 Days	▲ 764 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2017

Select a Quarter
Q3

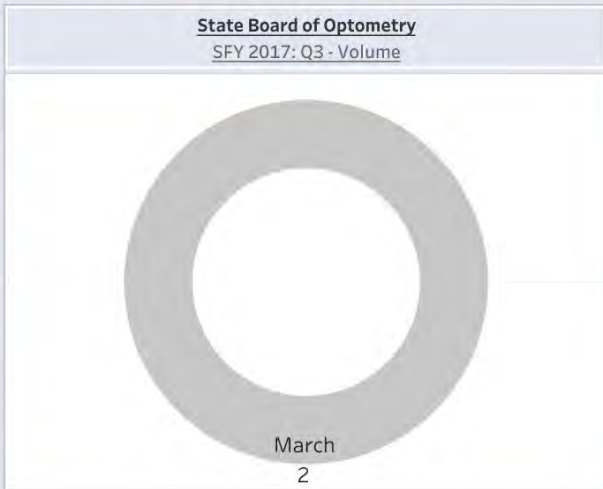
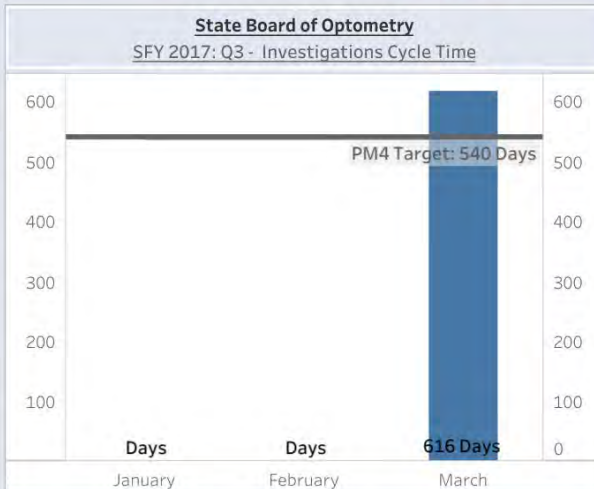
Processing Time
Actual Target

Case Volume by Month
March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
2	540 Days	616 Days	▲ 76 Days



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Select a DCA Entity
State Board of Optometry

Select a Fiscal Year
SFY 2017

Select a Quarter
Q4

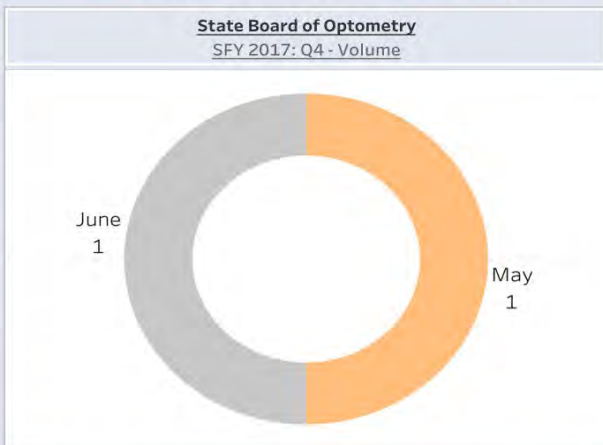
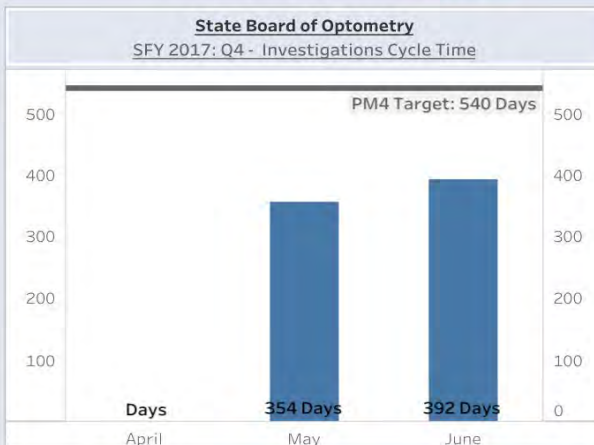
Processing Time
Actual Target

Case Volume by Month
May June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

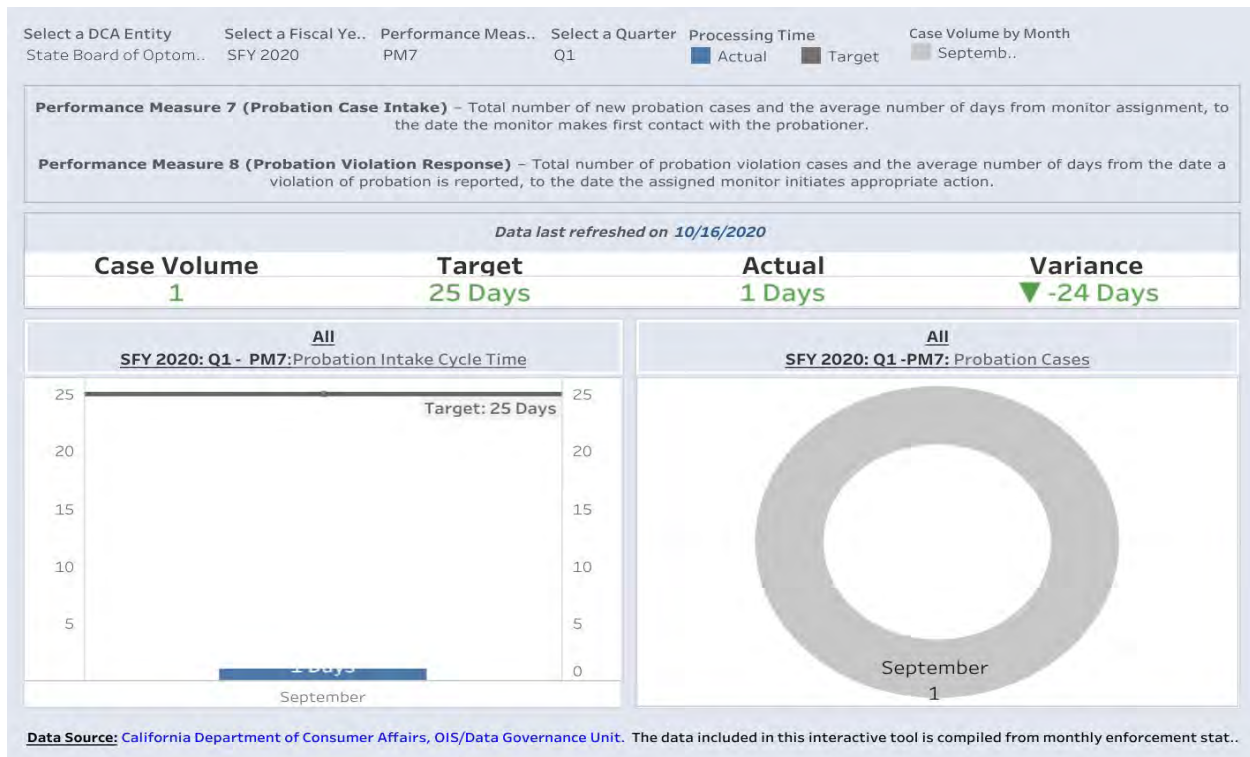
Case Volume	Target	Actual	Variance
2	540 Days	373 Days	▼ -167 Days



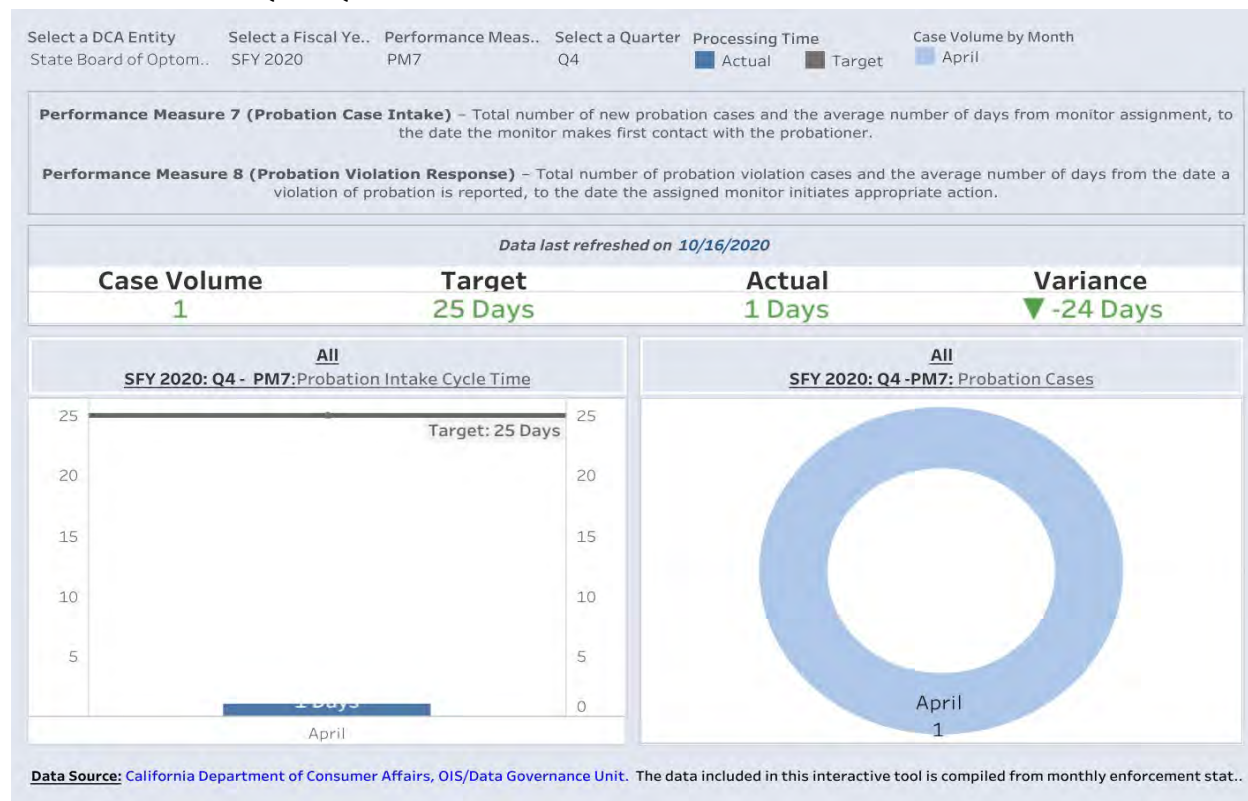
Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement stat..

Performance Measure 7 & 8: Probation Cases

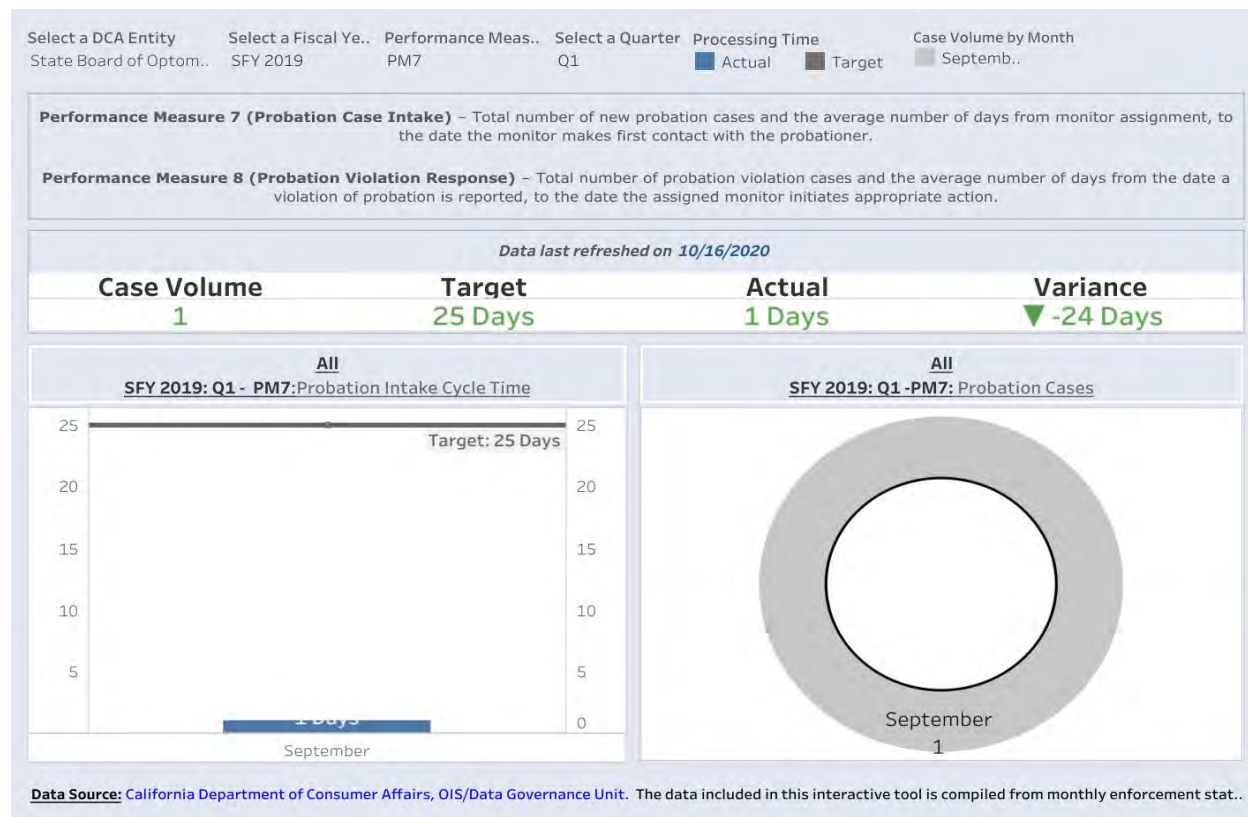
FY 2020 Performance Measure 7



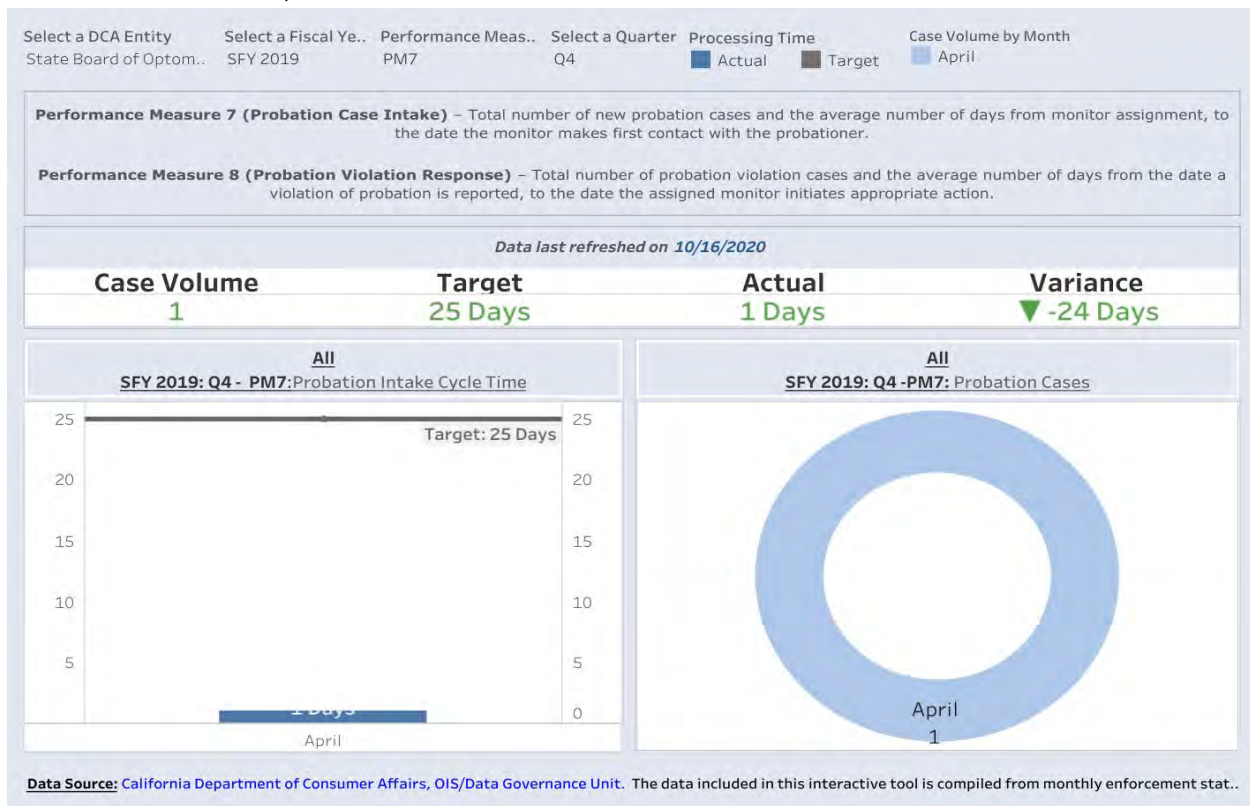
No data for FY 2020 Q2 or Q3



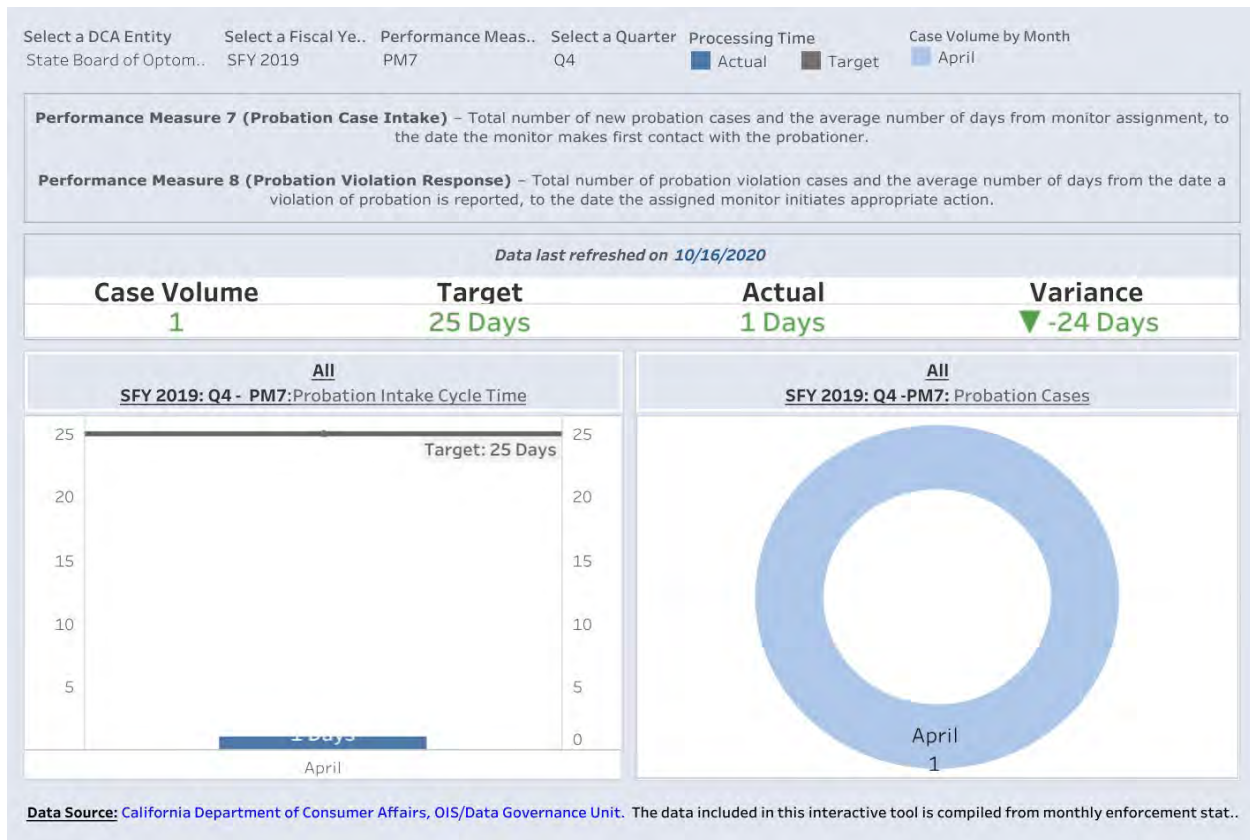
FY 2019



No data for FY 2019 Q2, and Q3



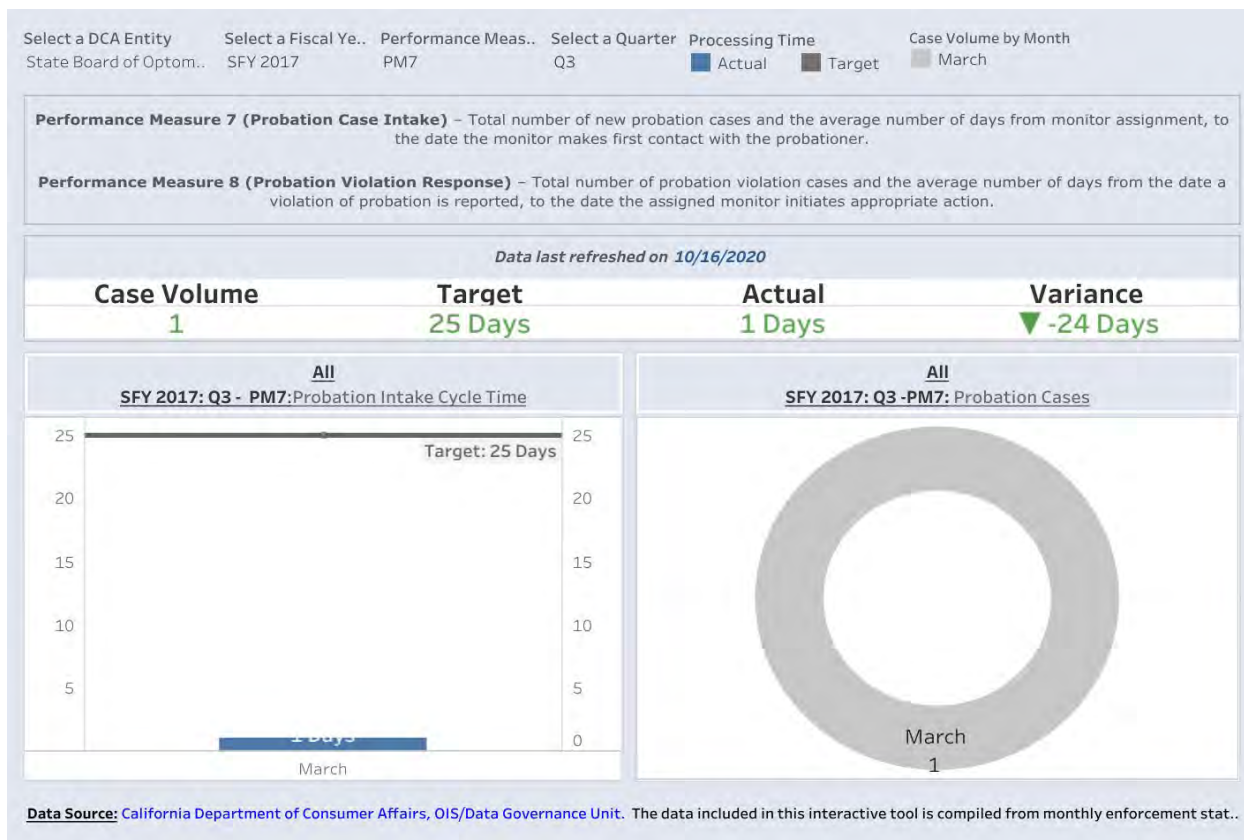
FY 2018



No data for FY 2018 Q2, Q3 or Q4

FY 2017

No data for FY 2017 Q1 or Q2



No data for FY 2017 Q4

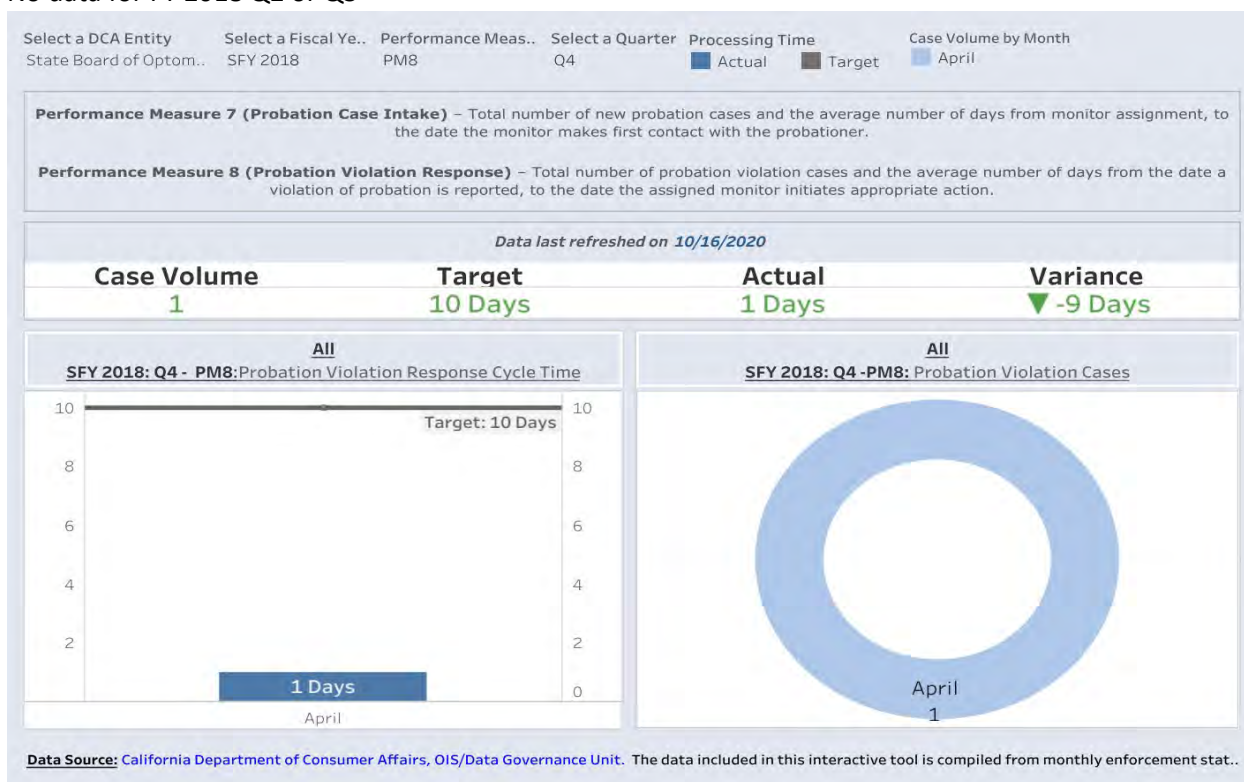
Performance Measure 8: Probation Case – Probation Violation

No data for FY 2020 or 2019

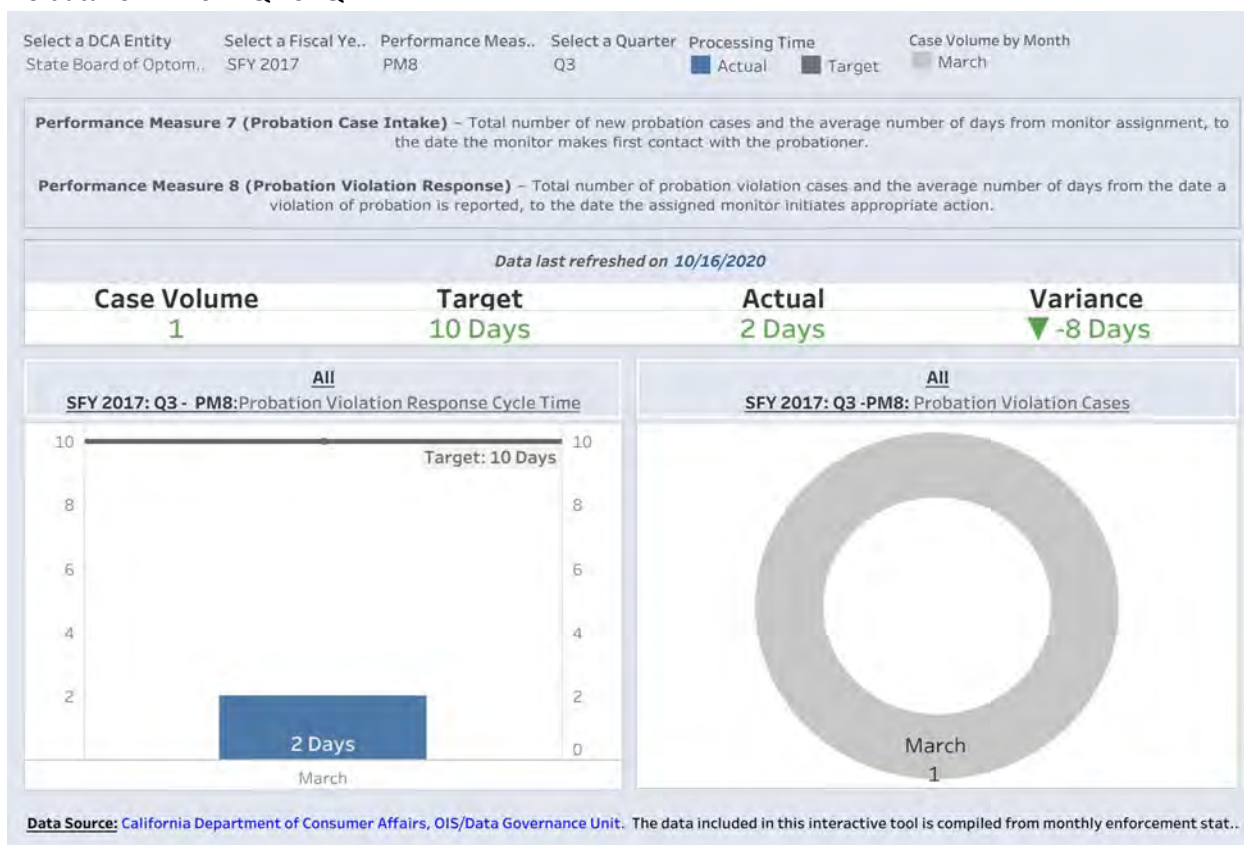
FY 2018

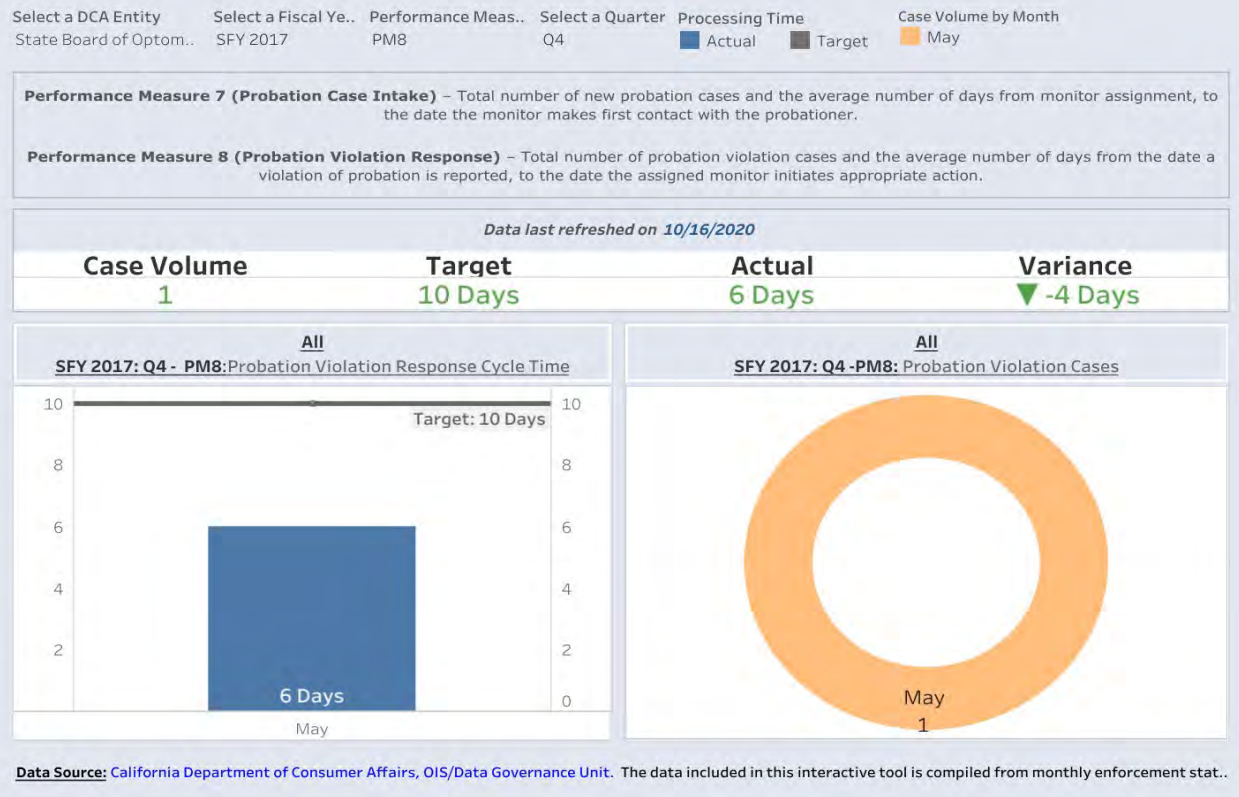


No data for FY 2018 Q2 or Q3



No data for FY 2017 Q1 or Q2





Processing Times: Processing Times - All Applications (Annual)

State Fiscal Year
SFY 2020

DCA Entity
State Board of Optometry

License Type
All

Application Type
All

Select Next Page
All

Total Application Volume

Target Processing Time Complete Applications

Processing Time Complete Applications

Processing Time Incomplete Applications

Complete Applications – Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.

DCA Entity	License Type	Application Type	Total Application Volume	Target Processing Time Complete Applications	Processing Time Complete Applications	Processing Time Incomplete Applications
State Board of Optometry	Branch Office License	Initial License		30		
	Fictitious Name Permit	Initial License	127	30	74 Day(s)	94 Day(s)
	Non-Resident Contact Lens Seller	Initial Application	3	60		59 Day(s)
	Optometrist	Exam Request	331	30	3 Day(s)	
		Initial License	311	90	73 Day(s)	216 Day(s)
	Registered Contact Lens Dispenser	Initial Application	445	30	29 Day(s)	66 Day(s)
	Registered Dispensing Optician	Initial Application	109	60	24 Day(s)	66 Day(s)
	Registered Spectacle Lens Dispenser	Initial Application	100	30	26 Day(s)	59 Day(s)
	Statement of Licensure	Initial License	329	30	3 Day(s)	144 Day(s)

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year
SFY 2019

DCA Entity
State Board of Optometry

License Type
All

Application Type
All

Select Next Page
All

Total Volume

Target Processing Time Complete Applica..

Processing Time Complete Applications

Processing Time Incomplete Applications

Complete Applications

Incomplete Applications

DCA Entity	License Type	Application Type	Total Volume	Target Processing Time Complete Applications	Processing Time Complete Applications	Processing Time Incomplete Applications
State Board of Optometry	Branch Office License	Initial License	25	30	31 Day(s)	39 Day(s)
	Fictitious Name Permit	Initial License	122	30	67 Day(s)	81 Day(s)
	Non-Resident Contact Lens Seller	Initial Application	3	60	52 Day(s)	68 Day(s)
	Optometrist	Exam Request	363	30	9 Day(s)	253 Day(s)
		Initial License	294	90	89 Day(s)	171 Day(s)
	Registered Contact Lens Dispenser	Initial Application	441	30	65 Day(s)	107 Day(s)
	Registered Dispensing Optician	Initial Application	114	60	80 Day(s)	102 Day(s)
	Registered Spectacle Lens Dispenser	Initial Application	158	30	59 Day(s)	99 Day(s)
	Statement of Licensure	Initial License	590	30	7 Day(s)	46 Day(s)

Data Source:

California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year
SFY 2018

DCA Entity
State Board of Optometry

License Type
All

Application Type
All

Select Next Page
All

Total Volume

Target Processing Time Complete Applica..

Processing Time Complete Applications

Processing Time Incomplete Applications

Complete Applications

Incomplete Applications

DCA Entity	License Type	Application Type	Total Volume	Target Processing Time Complete Applications	Processing Time Complete Applications	Processing Time Incomplete Applications
State Board of Optometry	Branch Office License	Initial License	69	30	36 Day(s)	53 Day(s)
	Fictitious Name Permit	Initial License	145	30	51 Day(s)	67 Day(s)
	Non-Resident Contact Lens Seller	Initial Application	2	60	41 Day(s)	111 Day(s)
	Optometrist	Exam Request	334	30	13 Day(s)	40 Day(s)
		Initial License	2	90	316 Day(s)	140 Day(s)
	Registered Contact Lens Dispenser	Initial Application	127	30	82 Day(s)	98 Day(s)
	Registered Dispensing Optician	Initial Application	126	60	79 Day(s)	117 Day(s)
	Registered Spectacle Lens Dispenser	Initial Application	345	30	91 Day(s)	106 Day(s)
	Statement of Licensure	Initial License	243	30	25 Day(s)	54 Day(s)

Data Source:

California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year
SFY 2017

DCA Entity
State Board of Optometry

License Type
All

Application Type
All

Select Next Page
All

Total Application Volume

Target Processing Time Complete Applications

Processing Time Complete Applications

Processing Time Incomplete Applications

Complete Applications

Incomplete Applications

Board/Bureau	License Type	Application Type	Total Application Volume	Target Processing Time Complete Applications	Processing Time Complete Applications	Processing Time Incomplete Applications
State Board of Optometry	Branch Office License	Initial License	60	30	42 Day(s)	0 Day(s)
	Fictitious Name Permit	Initial License	142	30	47 Day(s)	97 Day(s)
	Non-Resident Contact Lens Seller	Initial Application	2	60	0 Day(s)	86 Day(s)
	Optometrist	Exam Request	285	30	13 Day(s)	20 Day(s)
		Initial License	307	90	95 Day(s)	152 Day(s)
	Registered Contact Lens Dispenser	Initial Application	70	30	75 Day(s)	122 Day(s)
	Registered Dispensing Optician	Initial Application	81	60	67 Day(s)	151 Day(s)
	Registered Spectacle Lens Dispenser	Initial Application	304	30	72 Day(s)	132 Day(s)
	Statement of Licensure	Initial License	214	30	26 Day(s)	0 Day(s)

Data Source:

California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

Processing Times: Complete Applications

State Fiscal Year
SFY 2020

DCA Entity
State Board of Optometry

License Type
All

Application Type
All

Select Next Page
All

Performance versus Target

Below Target

Above Target

Complete Applications

– Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

DCA Entity	License Type	Application Type	Current Year Complete Applications	Target Processing Time	Actual Processing Time	Variance from Target
State Board of Optometry	Fictitious Name Permit	Initial License	42	30 Day(s)	74 Day(s)	▲ 44
	Optometrist	Exam Request	331	30 Day(s)	3 Day(s)	▼ -27
		Initial License	235	90 Day(s)	73 Day(s)	▼ -17
	Registered Contact Lens Dispenser	Initial Application	195	30 Day(s)	29 Day(s)	▼ -1
	Registered Dispensing Optician	Initial Application	58	60 Day(s)	24 Day(s)	▼ -36
	Registered Spectacle Lens Dispenser	Initial Application	64	30 Day(s)	26 Day(s)	▼ -4
	Statement of Licensure	Initial License	328	30 Day(s)	3 Day(s)	▼ -27

Data Source:

California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year
SFY 2019

DCA Entity
State Board of Optometry

License Type
All

Application Type
All

Select Next Page
All

Performance versus Target

Below Target

Above Target

Complete Applications

Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

DCA Entity	License Type	Application Type	Current Year Complete Applications	Target Processing Time	Complete Applications Processing Time	Variance from Target
State Board of Optometry	Branch Office License	Initial License	14	30 Day(s)	31 Day(s)	▲ 1
	Fictitious Name Permit	Initial License	57	30 Day(s)	67 Day(s)	▲ 37
	Non-Resident Contact Lens Seller	Initial Application	1	60 Day(s)	52 Day(s)	▼ -8
	Optometrist	Exam Request	362	30 Day(s)	9 Day(s)	▼ -21
		Initial License	23	90 Day(s)	89 Day(s)	▼ -1
	Registered Contact Lens Dispenser	Initial Application	252	30 Day(s)	65 Day(s)	▲ 35
	Registered Dispensing Optician	Initial Application	59	60 Day(s)	80 Day(s)	▲ 20
	Registered Spectacle Lens Dispenser	Initial Application	112	30 Day(s)	59 Day(s)	▲ 29
Statement of Licensure	Initial License	585	30 Day(s)	7 Day(s)	▼ -23	

Data Source:

California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year SFY 2018	DCA Entity State Board of Optometry	License Type All	Application Type All	Select Next Page All	Performance versus Target <div>Below Target</div> <div>Above Target</div>
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Complete Applications - Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

DCA Entity	License Type	Application Type	Current Year Complete Applications	Target Processing Time	Complete Applications Processing Time	Variance from Target
State Board of Optometry	Branch Office License	Initial License	37	30 Day(s)	36 Day(s)	▲ 6
	Fictitious Name Permit	Initial License	54	30 Day(s)	51 Day(s)	▲ 21
	Non-Resident Contact Lens Seller	Initial Application	1	60 Day(s)	41 Day(s)	▼ -19
	Optometrist	Exam Request	308	30 Day(s)	13 Day(s)	▼ -17
		Initial License	1	90 Day(s)	316 Day(s)	▲ 226
	Registered Contact Lens Dispenser	Initial Application	59	30 Day(s)	82 Day(s)	▲ 52
	Registered Dispensing Optician	Initial Application	76	60 Day(s)	79 Day(s)	▲ 19
	Registered Spectacle Lens Dispenser	Initial Application	142	30 Day(s)	91 Day(s)	▲ 61
	Statement of Licensure	Initial License	216	30 Day(s)	25 Day(s)	▼ -5

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year SFY 2017	DCA Entity State Board of Optometry	License Type All	Application Type All	Select Next Page All	Performance versus Target <div>Below Target</div> <div>Above Target</div>
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Complete Applications - Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

DCA Entity	License Type	Application Type	Current Year Complete Applications	Target Processing Time	Complete Applications Processing Time	Variance from Target
State Board of Optometry	Branch Office License	Initial License	60	30 Day(s)	42 Day(s)	▲ 12
	Fictitious Name Permit	Initial License	115	30 Day(s)	47 Day(s)	▲ 17
	Optometrist	Exam Request	270	30 Day(s)	13 Day(s)	▼ -17
		Initial License	241	90 Day(s)	95 Day(s)	▲ 5
	Registered Contact Lens Dispenser	Initial Application	50	30 Day(s)	75 Day(s)	▲ 45
	Registered Dispensing Optician	Initial Application	45	60 Day(s)	67 Day(s)	▲ 7
	Registered Spectacle Lens Dispenser	Initial Application	213	30 Day(s)	72 Day(s)	▲ 42
	Statement of Licensure	Initial License	214	30 Day(s)	26 Day(s)	▼ -4

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

Processing Times: Annual Incomplete Applications

State Fiscal Year SFY 2020	DCA Entity State Board of Optometry	License Type All	Application Type All	Select Next Page All	Incomplete Applications Cycle Time Performance Above 180 Days Below 180 Days
Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.					
DCA Entity	License Type	Application Type	Current Year Incomplete Applications	Incomplete Apps Processing Time	
State Board of Optometry	Fictitious Name Permit	Initial License	85	94 Day(s)	
	Non-Resident Contact Lens Seller	Initial Application	3	59 Day(s)	
	Optometrist	Initial License	76	216 Day(s)	
	Registered Contact Lens Dispenser	Initial Application	250	66 Day(s)	
	Registered Dispensing Optician	Initial Application	51	66 Day(s)	
	Registered Spectacle Lens Dispenser	Initial Application	36	59 Day(s)	
	Statement of Licensure	Initial License	1	144 Day(s)	
<p>Data Source: California Department of Consumer Affairs, QIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.</p>					

State Fiscal Year SFY 2019	DCA Entity State Board of Optometry	License Type All	Application Type All	Select Next Page All	Incomplete Applications Cycle Time Performance Above 180 Days Below 180 Days
Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.					
DCA Entity	License Type	Application Type	Current Year Incomplete Applications	Incomplete Applications Processing Time	
State Board of Optometry	Branch Office License	Initial License	11	39 Day(s)	
	Fictitious Name Permit	Initial License	65	81 Day(s)	
	Non-Resident Contact Lens Seller	Initial Application	2	68 Day(s)	
	Optometrist	Exam Request	1	253 Day(s)	
		Initial License	271	171 Day(s)	
	Registered Contact Lens Dispenser	Initial Application	189	107 Day(s)	
	Registered Dispensing Optician	Initial Application	55	102 Day(s)	
	Registered Spectacle Lens Dispenser	Initial Application	46	99 Day(s)	
	Statement of Licensure	Initial License	5	46 Day(s)	
<p>Data Source: California Department of Consumer Affairs, QIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.</p>					

State Fiscal Year: SFY 2018 DCA Entity: State Board of Optometry License Type: All Application Type: All Select Next Page: All Incomplete Applications Cycle Time Performance: Below 180 Days

Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.

DCA Entity	License Type	Application Type	Current Year Incomplete Applications	Incomplete Applications Processing Time
State Board of Optometry	Branch Office License	Initial License	32	53 Day(s)
	Fictitious Name Permit	Initial License	91	67 Day(s)
	Non-Resident Contact Lens Seller	Initial Application	1	111 Day(s)
	Optometrist	Initial License	1	140 Day(s)
		Exam Request	26	40 Day(s)
	Registered Contact Lens Dispenser	Initial Application	68	98 Day(s)
	Registered Dispensing Optician	Initial Application	50	117 Day(s)
	Registered Spectacle Lens Dispenser	Initial Application	203	106 Day(s)
	Statement of Licensure	Initial License	27	54 Day(s)

Data Source: California Department of Consumer Affairs, QIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year: SFY 2017 DCA Entity: State Board of Optometry License Type: All Application Type: All Select Next Page: All Incomplete Applications Cycle Time Performance: Below 180 Days

Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.

DCA Entity	License Type	Application Type	Current Year Incomplete Applications	Incomplete Applications Processing Time
State Board of Optometry	Fictitious Name Permit	Initial License	27	97 Day(s)
	Non-Resident Contact Lens Seller	Initial Application	2	86 Day(s)
	Optometrist	Initial License	66	152 Day(s)
		Exam Request	15	20 Day(s)
	Registered Contact Lens Dispenser	Initial Application	20	122 Day(s)
	Registered Dispensing Optician	Initial Application	36	151 Day(s)
	Registered Spectacle Lens Dispenser	Initial Application	91	132 Day(s)

Data Source: California Department of Consumer Affairs, QIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

COMPLAINT PRIORITIZATION & REFERRAL GUIDELINES*

COMPLAINTS IN CATEGORIES 1 & 2 ARE REFERRED TO DIVISION OF INVESTIGATION

CATEGORY 1 • URGENT

- Acts of serious patient/consumer harm, great bodily injury, or death
- Mental or physical impairment of licensee with potential for public harm
- Practicing while under the influence of drugs/alcohol
- Repeated allegations of drug/alcohol abuse
- Narcotic/prescription drug theft; drug diversion; other unlawful possession
- Sexual misconduct with a patient
- Physical/mental abuse of a patient
- Over-prescribing
- Gross negligence/incompetence resulting in serious harm/injury
- Media/politically sensitive cases

CATEGORY 2 • HIGH

- Prescribing/dispensing without authority
- Unlicensed practice/unlicensed activity
- Aiding and abetting unlicensed activity
- Criminal violations including but not limited to prescription forgery, selling or using fraudulent documents and/or transcripts, possession of narcotics, major financial fraud, financial elder abuse, insurance fraud, etc.
- Exam subversion where exam is compromised
- Mandatory peer review reporting (B&P 805)
- Law enforcement standby/security (subject to staff availability)

COMPLAINTS IN CATEGORIES 3 & 4 ARE INVESTIGATED BY BOARD/BUREAU STAFF

CATEGORY 3 • ROUTINE

- General unprofessional conduct and/or general negligence/incompetence resulting in no injury or minor harm/injury (non-intentional act, non-life threatening)
- Subsequent arrest notifications (no immediate public threat)
- Exam subversion (individual cheating where exam is not compromised)
- Medical malpractice reporting (B&P 801) cases unless evaluated as category 1 or 2
- Serving subpoenas for hearings and for records (non DOI investigations)
- Patient abandonment
- False/misleading advertising (not related to unlicensed activity or criminal activity)
- Applicant misconduct

CATEGORY 4 • ROUTINE

- Unsanitary conditions
- Project abandonment
- Failure to release medical records
- Recordkeeping violations
- Continuing education violations
- Declaration and record collection (e.g., licensee statements, medical records, arrest and conviction records, employment records)
- Complaints of offensive behavior or language (e.g., poor bedside manner, rude, abrupt, etc.)
- Quality-of-service complaints
- Complaints against licensee on probation that do not meet category 1 or 2
- Anonymous complaints unless Board is able to corroborate that it meets category 1 or 2
- Non-jurisdictional issues

*Complaint prioritization is statutory for some clients and supersedes these Guidelines. See Business and Professions Code sections 2220.05 (Medical Board/Board of Podiatric Medicine) and 4875.1 (Veterinary Medical Board). (Rev 12/2017)

Section 13 – Attachments

F1 – F4

Department of Consumer Affairs Waiver Requests



**Marshall B.
KETCHUM UNIVERSITY**
Southern California College of Optometry



April 7, 2020

Kimberly Kirchmeyer,
Director, Department of Consumer Affairs,
1625 N. Market Blvd. Suite S204,
Sacramento, CA 95834.

re: Licensure for Class of 2020 Optometry School Students.

Dear Ms. Kirchmeyer,

We are writing on behalf of California's optometry students, to express our grave concerns for the Class of 2020's 235 graduating doctors of optometry, as a result of the extraordinary COVID-19 pandemic. We represent all three California schools and colleges of Optometry, optometry students, and member doctors of the California Optometric Association. We request the Department of Consumer Affairs issue waivers to enable the California Board of Optometry to provide *temporary licensure* for the 2020 graduates of accredited California schools of optometry, approved by the federal Accreditation Council on Optometric Education (ACOE). *The waivers are requested for 6 months following the end of the emergency, due to closure of the national test center of the National Board of Examiners in Optometry (NBEO), the closure of California testing sites for the state jurisprudence examination, and the inability to obtain Live Scan fingerprinting services.*

We are grateful for the strong leadership of our State in response to the COVID-19 crisis, and commend our collective ability to have "flattened the curve". However, one of the many consequences of the much-needed Shelter in Place policy is that graduating professional health science students, like our optometry students, have no immediate path to licensure. Our graduates possess the knowledge and expertise to immediately contribute to the health care needs of Californians during this difficult time, including the provision of urgent and emergent care, which is vitally important to keep patients with eye problems away from ER and urgent care clinics. Newly licensed doctors of optometry are also crucial to provide essential eye care services to veterans within our VA hospital system.

In addition to the immediate needs for service on the front lines of care, we are anticipating a backlog of patients with pent-up demand for eye care services upon the removal of the state of emergency declaration and the relaxing of stay at home orders. For optometry to meet the

predicted surge, having our graduates licensed and ready to practice will ensure that the residents of the state of California will receive the appropriate health care that they deserve.

As deans of California's three ACOE-accredited optometry schools, located at the University of California at Berkeley, the Southern California College of Optometry at Marshall B. Ketchum University, and Western University of Health Sciences College of Optometry, we are directly responsible for providing some of the highest quality optometrists and primary eye care providers in the country. The students about to graduate have invested deeply in their education, have completed all educational requirements and are ready to enter their profession and serve the unmet visual and eye health care needs of our communities. Unfortunately, they do so at a time that will potentially, without the requested waivers, keep them idle and unable to contribute.

Our confidence in this waiver request is founded on our personal experience of the rigors of optometry program accreditation by the ACOE, in addition to our oversight by the California Board of Optometry, and a commitment to high performance standards. We are fortunate that California's optometry schools consistently attract the best and the brightest throughout the country and consistently produce the best and brightest professionals. We are confident these new primary eye care providers will contribute to their communities in important ways and, along with the students themselves and the California Optometric Association, we urge the Department of Consumer Affairs to act now to grant the requested waivers.

As representatives of California's optometry schools, we believe that the extraordinary circumstances of the COVID-19 pandemic require extraordinary and creative solutions. We are in strong support of finding a solution that does not compromise patient safety, and at the same time ensures timely licensure for the Class of 2020. It is imperative that students both graduate and receive licensure in a timely manner in order to enter the workforce, matriculate into advanced education residency programs and begin to serve their communities. We were pleased to hear Governor Newsom express similar concerns and his support for health care licensure flexibility in his March 30 Executive Order 39-20. We look forward to the California Board of Optometry, the Department of Consumer Affairs and the optometry community working together to ensure that this year's optometry school program graduates overcome the challenges presented during this national crisis, maintain the profession of optometry's standard of excellence, uphold the Department's commitment to patient safety, and secure optometry licenses without interruption.

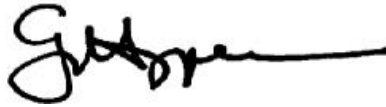
It is for these reasons our three organizations urge the Department of Consumer Affairs to *grant the requested waivers so that the State Board of Optometry can issue licensure to the 2020 graduates of ACOE-accredited California optometry programs*. It is essential to get these talented and highly educated healthcare professionals licensed and able to practice, both for their ability to assist with the COVID-19 emergency efforts and to ensure they are able to address the backlog of eye care needs and begin paying back what are, for many, enormous student loans.

It is important, now more than ever, that California health care professional licensure proceed without interruption and these energetic and qualified eye care providers join the health care workforce in this time of so much need.

Sincerely,

A blue ink signature, likely of John G. Flanagan, consisting of stylized initials and a surname.

John G. Flanagan PhD, FCOptom.
Dean and Professor,
School of Optometry,
University of California Berkeley.

A black ink signature, likely of Elizabeth Hoppe, written in a cursive style.

Elizabeth Hoppe OD, MPH, DrPH.
Founding Dean,
College of Optometry,
Western University of Health Sciences.

A black ink signature, likely of Jennifer Coyle, written in a cursive style.

Jennifer Coyle OD, MS.
Dean, Southern California
College of Optometry,
Marshall B. Ketchum University.

A black ink signature, likely of Jason Tu, written in a cursive style.

Jason Tu, OD.
President,
California Optometric Association.

Alexander Bennett,
President-Elect,
American Optometric Student Association.

cc: Executive Officer, California Board of Optometry
President, California Board of Optometry



DEPARTMENT OF CONSUMER AFFAIRS WAIVER REQUEST FORM

Executive Order N-39-20 authorized the Director of the Department of Consumer Affairs to waive any of the professional licensing requirements that govern healthcare professionals in Division 2 of the Business and Professions Code, and the associated regulations. Any waiver may include alternative measures that, under the circumstances, will allow the regulated individual to treat patients while protecting public health and safety.

NAME (FIRST/LAST):

LICENSING ENTITY:

BUSINESS AND PROFESSIONS CODE/REGULATIONS REQUESTED TO BE WAIVED:

STATEMENT OF NEED:

AUTHORIZED CONTACT PERSON:

PHONE:

EMAIL:

FOR OFFICIAL USE ONLY

WAIVER REQUEST #:

DCA DIRECTOR SIGNATURE

Executive Office

1625 North Market Blvd., Suite S-308, Sacramento, CA 95834
P (800) 952-5210 | www.dca.ca.gov



Order Waiving In-Person Patient Evaluation Requirement for Optometrists Participating In The Grand Rounds Program

On March 4, 2020, the Governor proclaimed a [State of Emergency](#) to exist in California as a result of the impacts of COVID-19 to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare to respond to an increasing number of individuals requiring medical care and hospitalization as a result of a broader spread of COVID-19.

Pursuant to the Governor's Executive Order [N-39-20](#), during the State of Emergency, the Director of the California Department of Consumer Affairs may waive any statutory or regulatory professional licensing requirements pertaining to individuals licensed pursuant to Division 2 of the Business and Professions Code, including optometrists.

Accordingly, the Director waives California Code of Regulations, title 16, section 1571, subdivision (a)(4)(B) to the extent it requires **patients to be evaluated "in person,"** subject to the condition that such evaluation must be performed via appropriate electronic means.

This order is effective immediately but may be amended as circumstances require.

This order terminates 60 days from the date of the order, unless further extended.

Dated: September 24, 2020

Signature on File

Kimberly Kirchmeyer
Director

Executive Office

1625 North Market Blvd., Suite S-308, Sacramento, CA 95834
P (916) 574-8200 F (916) 574-8613 | www.dca.ca.gov



April 21, 2020

John G. Flanagan PhD, FCOptom.
Dean and Professor
School of Optometry
University of California Berkeley
jgflanagan@berkeley.edu

Dear Dr. Flanagan:

Thank you for your waiver request submitted to the Department of Consumer Affairs (Department). The University of California Office of the President (UC Health) has requested that the Department waive Business & Professions Code Sections 3040 – 3060 and California Code of Regulations, Title 16, Section 1523 related to requirements for the clinical examination, the jurisprudence examination, and finger-printing requirements for students graduating from an accredited California optometry program in 2020.

As stated in Executive Order N-39-20, the Director of the Department is authorized to waive laws and regulations pertaining to professional licensing requirements. The Department must balance consumer protection with the need to facilitate the continued provision of care to individuals affected by the COVID-19 outbreak, as stated in the Executive Order. All waiver request statements of need are reviewed under this criteria.

The Department has reviewed your waiver request and it is not being approved at this time. The Department may reconsider this waiver request, in the event the need should increase in the future.

If you have any questions or need further information, please contact me, or my Deputy Director of Legislative Affairs, Jennifer Simoes, at (916) 574-8200.

Sincerely,

A handwritten signature in blue ink that reads 'Kimberly Kirchmeyer'.

Kimberly Kirchmeyer
Director

cc: Shara Perkins Murphy, Executive Officer, California Board of Optometry