

## COA, COT, COMT, CCOA, OSA Recertification Requirements

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### Continuing Education Requirements

Number of Credits Required per each 36 month (three-year) Cycle:			
Credential	Total Number of Credits Required	Minimum number of Group A Credits Required	Maximum Number of Group B Credits Permitted
COA/CCOA	18	12	6
COT	27	18	9
COMT	36	18	18

### Retesting in Lieu of CE Credits for Recertification

You may apply to take a multiple-choice examination at your current core certification level in lieu of earning CE credits during your recertification period. To be recertified using the examination option, you must successfully complete the multiple-choice examination at your current level. In order to avoid a lapse in your certification, the exam must be completed before the expiration of your certification. The Skill Evaluation or Performance Test does not need to be repeated. Please submit the Application for Examination and the appropriate examination fee if you plan to pursue this method of recertification.

### OSA RECERTIFICATION

The OSA sub-specialty requires a current certification as a COA, COT or COMT. Because the two are linked, your first certification period in this sub-specialty may be shorter than the standard 36 months (three-years). Once the two cycles are synchronized, you will be due to apply for recertification in both areas every 36 months (three-years).

For Example - David is currently a COT who passed the ophthalmic surgical assisting examination on June 15, 2010. His current technician certificate is valid from January 2009 through January 2012. His new certificate with the ophthalmic surgical assisting sub-specialty will be dated January 2009 through January 2012. After recertifying, his certification cycle for both areas will be January 2012 through January 2015.

At the end of your certification cycle, you will need to recertify the OSA sub-specialty. You may achieve recertification in one of the following ways:

1) Submit the following information to JCAHPO, postmarked no later than the last day of the month in your certification cycle:

- **A completed application for recertification:**

JCAHPO will mail a reminder, approximately six months in advance of the time you are due to apply for recertification at your core level. A separate application and fee are not required for the sub-specialty if submitted with your core level recertification application. The application requires the signature/endorsement of your sponsoring ophthalmologist. If you are unable to submit an application for recertification in ophthalmic surgical assisting, please indicate this on your application.

- **A log of surgical cases in which you have participated during your certification cycle:**

A log of cases in which you have actively participated (not merely observed), functioning as one of the following: Sterile First Assistant, Sterile Scrub Assistant, or Non-sterile Circulator must be submitted with the signature of your sponsoring ophthalmologist attesting to your continued satisfactory performance in the operating room. The log may be printed at [www.jcahpo.org](http://www.jcahpo.org).

- The case requirement is divided into two groups: Categories A and B. You may choose to earn 100 percent of your case requirement from Category A, or you may choose to earn at least 90 percent of the case log from Category A and the remaining cases from Category B. (Refer to Appendix C for OSA Case Requirements A & B)

- You have the option of attending CE courses to fulfill a portion of the case log requirement. You may earn up to 10 CE credits by attending courses in ophthalmic surgical assisting to substitute for up to 10 surgical cases. Courses that have been awarded JCAHPO or AMA CME Category 1 credit are acceptable.

2) You also have the option of retesting in lieu of submitting the case log. Please contact the Certification Department for the prerequisites and more details.

## APPENDIX C - Ophthalmic Surgical Assisting (OSA)

### Content Areas

#### 1. Pre-Operative Preparation of the Patient – 5%

- a. Consent
- b. Intraoperative monitoring

#### 2. Instruments – 25%

- a. Identification
- b. Selection/setup
- c. Maintenance
- d. Sterilization
- e. Sutures/supplies
- f. Function

#### 3. Aseptic Technique – 20%

- a. Scrubbing/gowning/gloving/prepping
- b. Circulating
- c. General Knowledge
- d. Assisting

#### 4. Ophthalmic Anesthesia – 5%

- a. General
- b. Local
- c. Topical

#### 5. Surgical Procedures – 27%

- a. Cataract surgery
- b. Corneal surgery
- c. Glaucoma surgery
- d. Strabismus surgery
- e. Oculo-plastics surgery
- f. Orbital surgery
- g. Lacrimal surgery
- h. Refractive surgery
- i. Retinal surgery
- j. Laser surgery
- k. Other

#### 6. Surgical Complications – 3%

#### 7. Ophthalmic Surgical Pharmacology – 10%

- a. Miotics
- b. Viscoelastics
- c. Enzymes
- d. Mydriatics
- e. Osmotic
- f. Narcotics
- g. Other

#### 8. Minor Surgery – 5%

- a. Assisting the surgeon
- b. Instructing the patient

### Case Requirements for Ophthalmic Surgical Assisting Recertification

The case requirement is divided into two groups: Categories A and B. Certificants may choose to earn 100 percent of their case requirement from Category A or may choose to earn at least 90 percent of the case log from Category A and the remaining cases from Category B.

<b>Category A (at least 90% or 27 cases)</b>	Retina	<ul style="list-style-type: none"> <li>• Scleral Buckle</li> <li>• Vitrectomy</li> <li>• Membrane removal</li> <li>• Endo laser</li> </ul>
	Lens	<ul style="list-style-type: none"> <li>• Cataract extraction +/- IOL</li> <li>• Secondary IOL</li> <li>• IOL exchange</li> <li>• Implantable Contact Lens (ICL)</li> </ul>
	Strabismus	<ul style="list-style-type: none"> <li>• Muscle procedure</li> </ul>
	Cornea	<ul style="list-style-type: none"> <li>• Penetrating Keratoplasty (PKP)</li> <li>• Lamellar/patch graft</li> <li>• Pterygium with or without conjunctival transplant</li> <li>• Conjunctival autograft</li> <li>• DSAEK (Endothelial Keratoplasty)</li> </ul>
	Oculo-Plastics	<ul style="list-style-type: none"> <li>• Dacryocystorhinostomy (DCR)</li> <li>• Levator procedures</li> <li>• Ptosis repair</li> <li>• Orbital decompression</li> <li>• Ectropion &amp; Entropion repair</li> <li>• Lid laceration</li> <li>• Full thickness or partial thickness lid tumor</li> <li>• Endoscopic brow lift</li> <li>• Blepharoplasty</li> <li>• Conjunctivoplasty</li> <li>• Conjunctival tumors</li> </ul>
	Glaucoma	<ul style="list-style-type: none"> <li>• Trabeculectomy</li> <li>• Seton procedures</li> </ul>
	Other	<ul style="list-style-type: none"> <li>• Scleral patch</li> </ul>
	<b>Category B (no more than 10% or 3 cases)</b>	Lens
Strabismus		<ul style="list-style-type: none"> <li>• Botulinum toxin injection</li> </ul>
Cornea		<ul style="list-style-type: none"> <li>• Radial Keratotomy (RK)</li> <li>• Automated lamellar keratoplasty (ALK)</li> <li>• Lasik</li> <li>• AK</li> <li>• Excimer laser surgeries (e.g., PRK, PTK)</li> <li>• Conductive Keratoplasty</li> </ul>
Oculo-Plastics		<ul style="list-style-type: none"> <li>• Tarsorrhaphy</li> <li>• Canthal plication</li> <li>• Chalazion</li> <li>• Trichiasis</li> <li>• Temporal artery biopsy</li> <li>• Nasolacrimal duct (NLD) probing</li> </ul>
Retina		<ul style="list-style-type: none"> <li>• Intravitreal injections</li> </ul>