



Debra White, Director of Accreditation
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**APPLICATION FOR ACCREDITATION
or RE-ACCREDITATION**

OPHTHALMIC DISPENSING PROGRAM

1. Name of Institution: _____

Address:

2. Official Title of Program: _____

3. Type of institution: ___ College ___ Voc-Tech ___ Military ___ Proprietary

4. Institutional regional/state accreditation(s) by and expiration date of accreditation:

_____ Exp. date: _____

_____ Exp. date: _____

Programmatic Accreditation, if applicable:

_____ Exp. date: _____

5. Program Director's Name: _____

Program Director's Official Title: _____

Phone Number: _____

e-mail address: _____

6. Division Dean's Name: _____

Official Title: _____

7. Chief Executive Officer's Name: _____

Official Title: _____

If a new program, please answer 8 and 9:

8. Year first ophthalmic dispensing class graduated: _____

9. Year ophthalmic dispensing program began operation: _____

10. Specify degree awarded upon completion of program to be accredited by COA:

11. If program uses another institution for any part of its program, please indicate the name of the institution, program responsibility at institution, and address and phone number of contact person at that institution:

12. For initial accreditation the on-site visits are typically three days, Monday – Wednesday. For reaffirmation of accreditation for currently accredited programs the on-site visits are typically two days, Monday – Tuesday. Please indicate below three dates that would work for your program for the onsite visit. If possible the dates will be chosen from the dates requested, based on the availability of the visiting team members.

a. Date 1 (Monday-Tuesday or Monday-Wednesday) _____

b. Date 2 _____

c. Date 3 _____

Signature: _____ Date _____
Program Director

Signature: _____ Date _____
Dean or Chief Executive Officer

This application should be returned to:

Debra White, Director of Accreditation
Commission on Opticianry Accreditation
PO Box 592
Canton, NY, 13617

- Program seeking initial accreditation must include \$500.00 application fee, due the same time as the self-study.
- Programs seeking reaffirmation of current accreditation must include \$250 fee, due the same time as the self-study.
- This application will be kept on file for one year. The fee will be applicable for one year.

Office use only

Date received in COA office:

On-site scheduled for:

Date fee and self-study due:

Fee and self-study received: