**COMMISSION ON OPTICIANRY ACCREDITATION**

229 East 85th Street #194

New York, NY, 10028

315-742-8066

Director@coaccreditation.com

**2025 ANNUAL REPORT and STATISTICS**

For Continued Recognition as an

Accredited Ophthalmic Educational Program

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Annual Report is submitted in partial fulfillment of the Commission on Opticianry Accreditation's requirements for accreditation of an ophthalmic educational program. **Please note that you MUST use the annual report template located on the COA website and that one COMPLETE electronic copy of the Annual Report is due in the Commission office by your due date. A $500 late fee will be assessed each late report. Any incomplete report will be considered late. If you are submitting the college catalogue or other large document, scan and submit only the applicable pages.)**This is an annual requirement even if you have a Progress Report due.

The Annual Statistics are now part of this report. You must complete pages 1-3, even if you did a self-study and on-site within 12 months and therefore do not owe an annual report.

The information in this Annual Report is a true and accurate description of the institution and the ophthalmic educational program in regard to the data submitted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Dean/Division Head/CEO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address Email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

Return completed report to: director@coaccreditation.com

**\* Section A. Institutional Information**

Changes in Section A items **must** be noted in order to maintain accurate information on your program at the Commission.

 Please indicate with a check mark in the last column any information that has changed since the last annual report.

|  |  |  |
| --- | --- | --- |
|  | Current Information | Check if changed from last**year** |
| Institution |  |  |
| Program Name |  |  |
| Address |  |  |
| Telephone |  |  |
| Program Director |  |  |
| Dean/Division Head |  |  |
| Institution CEO |  |  |
| Date of Last COAAccreditation |  |  |

\* **Section B1, Annual Statistics.**

Green boxes below are input boxes, and will expand as needed for your input.

The statistics that you must report are:

1. Graduation rate
2. ABO pass rate
3. NCLE pass rate
4. State Board pass rate
5. Employment in the field of opticianry/transfer to senior college

Please report on the cohort of students who entered your program in the **fall of 2022**. The students to count in this cohort are your first time freshmen and first time transfer students.

1. There were originally \_\_\_\_ students in this group when they started your program. \_\_\_\_ of those students graduated or are likely to graduate within one year. Your GRADUATION RATE for this group is \_\_\_\_ %

2. Of the graduates in #1, \_\_\_\_ took the National Opticians Competency

 Examination (ABO) and \_\_\_\_ passed it; for a pass rate of \_\_\_\_ %.

3. Of the graduates in #1, \_\_\_\_ took the Contact lens Registry Examination (NCLE)

 and \_\_\_\_ passed it; for a pass rate of \_\_\_\_ %.

4. Of the graduates in #1, \_\_\_\_ took State Licensing examination and \_\_\_\_ passed;

 for a pass rate of \_\_\_\_ %. If your state does not license Opticians, leave this

 question blank.

5. Of the graduates in #1, \_\_\_\_ are employed in the opticianry profession or have

 transferred to a senior college for a placement rate of \_\_\_\_ %. .

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Institution)

Program Director & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**External Verification of Rates**

Please indicate how the program data were externally verified, where possible (e.g. State Board licensing database, ABO certification database, NCLE certification database, college database, etc.)

|  |  |
| --- | --- |
| OUTCOME | EXTERNAL VERIFICATION |
| Graduation rate |  |
| ABO pass rate |  |
| NCLE pass rate |  |
| State Board licensing pass rate |  |
| Employment in field of opticianry/further college study |  |

Informing the Public about Performance and Student Achievement

COA requires that a program provides readily accessible and accurate information to the public about program performance. The expectation is that program outcomes should be provided for a three year period. Outcomes must be published in a manner that is clear with respect to numbers and percentages, and acceptable to COA.

Provide the **link** to the program’s webpage showing the statistics that are available to potential students and the public.

**\*\*\* If submitting the Annual Report as a PDF, please place the link to your program statistics also directly into the email sent to the COA office.**

URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* **Section B2 Quality Assurance Statistics**

From the *Essentials*:

The program must evaluate outcomes through a systematic plan for assessing program effectiveness, efficiency, and relevance and must achieve specified minimum performance standards with respect to:

1. program completion at 55%
2. job placement/transfer to senior college at 80%
3. National Opticianry Competency Examination (ABO) pass rates - 85%
4. Contact Lens Registry Examination (NCLE) pass rates - 80% in states where contact lens fitting is included in the definition of the scope of practice for opticians; and
5. State licensure pass rates; in states where opticians are licensed practitioners. \*\*

Please note: \*\* State licensing pass rates are not subject to a minimum performance standard requirement.

Outcomes must be externally verified where possible. The outcomes that are pertinent to the practice of opticianry in the state where the program is located must be published in a manner acceptable to COA, and made available to the public.

1. If any or all of a program’s statistics fall below these minimum expectations, a plan of action must be submitted and approved by COA. If your program did not meet a standard(s) this year, please identify it and submit your action plan here.

The action plan’s effectiveness must be closely tracked by both the program and COA. Programs that are in “reporting” status for a particular outcome not met last year should report their progress in this Annual Report.

2. For those programs reporting on a specific standard from the previous year, describe your progress here. Please address whether the outcome(s) data under the action plan has improved, remained unchanged, or worsened.

**Section C. Essentials**

 The areas to address in this section are derived from the ***Essentials****.* The following guidelines must be followed in completing this section of the Annual Report.

 1. Responses should indicate all changes/additions/deletions since the last report (Annual, Progress, or Self Study reports) submitted to the Commission.

2. Attach any *necessary* documents to support your responses and indicate these attachments, where appropriate, within your response.

4. Please number the pages of your response. Please title the document with the name of your institution and program.

3. Please note where you are responding to any outstanding Potential Compliance or Non Compliance.

4. On the following pages, the sections designated with an asterisk (\*) require a response or other documentation from all programs.

7. You are welcome to use this document and add your responses directly into it.

 **I.** **INSTITUTION**

 1. Describe any change in the accreditation status of the institution that houses the program.

**II.** **MISSION, GOALS, AND OBJECTIVES**

 \* 1. List and describe any changes in the program's mission, goals and objectives, and the program’s performance with respect to the goals.

 \*2. When were the program's mission, goals and learning objectives reviewed in the past year? Note where the review is documented in your attachments. List those who participated in the review of the mission, goals, and learning objectives. Note that the review must include students, faculty members, administrators, and members of the Advisory Board. List names and affiliations of those who participated in the review. If this information is in the minutes of your attached Advisory Committee meeting, it does not need to be repeated here.

 **III.** **CURRICULUM**

 1. List and describe any major curriculum additions, revisions, deletions within the past year. Include course objectives and description for revised or added courses.

 2. Identify any major changes in forms or practices used to evaluate performance in classroom, laboratory and clinical experience portions of the program.

 3. Identify any major changes in the clinical experience program (internship and/or externship). Include information on both dispensing and contact lens experiences, where appropriate.

**IV.** **RESOURCES**

 1. Provide curriculum vitae for any new faculty and/or instructional staff members who have been added to the program since the last report. List names of faculty or instructional staff who left your program. **For new instructors, include documentation of ABO / NCLE / State Licensing, and note what courses the new instructor teaches.**

 **Additionally – do all faculty members have all the requirements required for students to become licensed/certified in the state of the program?**

 2. Describe and discuss any significant change (positive or negative) in the budgeting support or management procedures.

 3. Describe and discuss any significant changes in facilities or services for the program. Include classrooms, laboratories, library, administrative offices, secretarial support, etc. **If there has been a major change in lab or clinical facilities, include complete documentation (including pictures or video); and a signed copy of the institution or COA Safety and Environmental Checklist, if applicable.**

 4. List any major gains, replacements, or losses of opticianry, multimedia, and

 audiovisual materials.

**\***5. Describe any changes in the role and functions of the advisory committee. Minutes of **at least one** Advisory Committee meeting required by the Commission per year *must* be attached, as well as the list of attendees, absentees, observers, invited guests, **and their affiliation**. Copies of agendas distributed prior to each meeting must also be attached.

 6. Describe initiatives or plans that provide for continued professional growth for faculty to improve its professional expertise.

**V.** **STUDENTS**

 1. Describe any major changes in types or availability of information provided to students. Attach copy of literature and/or descriptions that have changed.

 2. Describe any significant changes in admissions and recruitment policies and

 practices.

 3. Describe any changes in students' services. Include health, safety, guidance and counseling. Describe any changes in how the institution adheres to state and federal laws that protect the rights of students.

 4. Describe any changes in student appeal procedures.

**VI.** **OPERATIONAL POLICIES**

 1. Describe any significant changes in operational policies. Include announcements and advertising, costs and credit, withdrawal and refunds, clinical practice, and nondiscriminatory recruitment.

**VII.** **CONTINUING PROGRAM EVALUATION**

 **\*** 1. Relate data obtained from follow-up studies to the program educational goals and objectives. That data should include evaluation by current students, follow-up alumni surveys which must include information regarding job placement, and employer surveys. If a survey is currently being conducted, include the results of the ***most recent past survey*** that is complete. Explain how your program used the data collected.

[NOTE: do not include copies of completed surveys here. Include the tallies of the results of the surveys and what you did with the results.]

 2. Summarize the outcomes of the latest program self-evaluation. List initiatives you have taken or will take to address concerns identified by self-evaluation.

**VIII.** **PROGRAM INNOVATIONS**

 **\*** 1. Describe any appropriate innovation developed and utilized by your program over the past year. For instance, have you incorporated alternate delivery systems, alternative credentialing, or other methods designed to improve student outcomes?

 With program permission, COA will highlight on its website creative and innovative methods utilized in its accredited programs. Please share your innovative initiatives! Include photos, if desired. If photos are included, please advise if they can be included on the website.

**Section D. OPEN FORUM**

Include here any other information you would like to present to the Commission.