



# Commission on Opticianry Accreditation

Kristina Green, Director of Accreditation

[director@COAccreditation.com](mailto:director@COAccreditation.com)

315-742-8066

## APPLICATION FOR ACCREDITATION or RE-ACCREDITATION OPHTHALMIC DISPENSING PROGRAM

1. Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

2. Title of Program: \_\_\_\_\_

3. Institutional regional/state accreditation(s) agency and expiration date of accreditation:

\_\_\_\_\_ Exp. date: \_\_\_\_\_

\_\_\_\_\_ Exp. date: \_\_\_\_\_

Programmatic Accreditation, if applicable:

\_\_\_\_\_ Exp. date: \_\_\_\_\_

4. Program Director's Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

5. Division Dean's Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

6. Chief Executive Officer's Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

**If a new program, please answer questions 7 and 8. If not, proceed to question 9.**

7. Year first ophthalmic dispensing class graduated: \_\_\_\_\_

8. Year ophthalmic dispensing program began operation: \_\_\_\_\_

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

\_\_\_\_\_

10. If program uses another institution for any part of its program, **on a separate page** please indicate the name of the institution, program responsibility at institution, and address and phone number of contact person at that institution.

11. 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 on-site visit. If possible the dates will be chosen from the dates requested, based on the availability of the visiting team members.

a. Date 1 \_\_\_\_\_

b. Date 2 \_\_\_\_\_

c. Date 3 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean or CEO

This application should be returned electronically to: Kristina Green, Director of Accreditation, [director@COAccreditation.com](mailto:director@COAccreditation.com)

Program seeking initial accreditation must remit \$500.00 application fee, due 4 weeks before the on-site visit. Programs seeking reaffirmation of current accreditation must remit \$250 fee, due 4 weeks before the on-site visit. A separate invoice will be issue to the institution once the application is submitted and dates for the on-site visit are confirmed.

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:* \_\_\_\_\_