



Commission on Opticianry Accreditation

Kristina Green, Director of Accreditation

director@COAccreditation.com

315-742-8066

APPLICATION FOR ACCREDITATION or RE-ACCREDITATION OPHTHALMIC LABORATORY TECHNICIAN 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 laboratory class graduated: _____

8. Year ophthalmic laboratory program began operation: _____

9. Specify certificate/diploma awarded upon completion of program to be accredited by
COA:

10. 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

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: _____