EYE BANK ASSOCIATION of AMERICA

Application for Examination and Certification for Eye Bank Technician
Fall 2010
Testing Period: September 11-25, 2010

Please note: This exam is no longer a paper exam; instead, it will be given electronically via testing centers throughout the U.S. and Canada.

Instructions

- Deadline for submission is **Monday, August 16, 2010.**
- Submit payment by credit card or check to EBAA. Fees are **$450.00** (members) and **$1,000.00** (non-members).
- A processing fee will be charged for incomplete applications. **(SEE PAGE 7.)**
- Read all enclosed instructions and criteria for certification carefully.
- Type or print all information clearly.
- Be sure all prerequisites have been met; required fees are included, along with documentation before mailing.
- Complete the checklist on page 7.

Full Name (for certificate):

_____ _____ _____
First Middle Last

Eye Bank or Affiliation: _____

Business Address: _____
(Where your certificate will be mailed) Number Street

_____
City State

Telephone: (_____) _____ (_____) _____
Business FAX

Email Address: _____

Home Address: _____
Number Street

_____
City State

Telephone: (_____) _____ (_____) _____
Business FAX

Sponsoring Executive Director:

Name: _____

Office Address: _____
Number Street

_____
City State

Telephone: (_____) _____ (_____) _____
Business FAX

Criteria for Certification and Recertification of Eye Bank Technicians

Introduction

The Eye Bank Association of America (EBAA) provides basic technical education and opportunities for continuing education to eye bank technicians, and others. A Certified Eye Bank Technician (CEBT) status is awarded to technicians who meet eligibility requirements and demonstrate proficiency on an electronic examination. Recertification is required every three years to maintain the CEBT designation. Criteria for the certification and recertification of technicians will be periodically reviewed and updated by the EBAA Continuing Education Committee and Technician Education Committee with approval by the Certification Board. Responsibility for maintaining certification rests solely with the CEBT.

Criteria for Certification

The EBAA offers the opportunity to attain CEBT status through an electronic examination. In addition, a candidate for eye bank technician certification must successfully demonstrate their proficiency in the recovery of corneoscleral rims, which must be witnessed and verified by the candidate's Medical Director and Technician Trainer (**see Practical Performance Competency Verification Form: Appendix A**).

Once certification is awarded, CEBT status will expire three years from the date of certification, December 31st of that year or whichever is last. Recertification may be obtained by earning continuing education units (CEUs) within the three-year period. Refer to the section on recertification for details.

Eligibility to Sit for the Exam

An applicant for eye bank technician certification must meet the following criteria:

1. Possess a minimum of a high school diploma or GED.
2. Complete six months of eye bank technical experience in the previous twelve months in a transplant organization with active involvement in the procurement and processing of organs, tissues, and/or eyes.
3. Submit a "Practical Performance Competency Verification" **(see attachment)** form as a written recommendation signed by a technician trainer and a physician who is currently active as, and meets the requirements of, an Eye Bank Medical Director. [Outlined in Section C1.200 of the EBAA Medical Standards].

Examination Application Process

An applicant should read the application form carefully and complete it fully. In addition to the regular application fee, applicants will be charged a processing fee for submitting incomplete applications. It is the applicant's responsibility to ensure that the application, all required documentation and fees are submitted by the required date. An applicant will be admitted to the exam only with proper identification (a valid picture identification) and his or her eligibility notice. If an applicant does not receive acknowledgment that the EBAA has received his or her application, it is the sole responsibility of the applicant to contact the EBAA office for confirmation of verification. *Applicants should not assume they are registered unless they have received written confirmation from the EBAA and the testing company.*

IT IS <u>MANDATORY</u> THAT AN APPLICANT ENCLOSE A COPY OF DIPLOMA, DEGREE, TRANSCRIPT OR CERTIFICATE.

EDUCATION AND TRAINING:

1. My highest level of education achieved is:

☐ High School Diploma

☐ 1 or 2 years of college

☐ 2-year college associate degree

☐ Bachelor's degree in _____Year_____

☐ Master's degree in _____Year_____

☐ Other: _____

2. I am also a:

☐ Medical Doctor

☐ Registered Nurse

☐ Certified Ophthalmic Assistant

☐ Certified Ophthalmic Technician/Technologist

☐ Medical Technician

☐ Medical Technologist

☐ Other: _____

☐ Certified Tissue Bank Specialist

TECHNICIAN EDUCATION SEMINAR EXPERIENCE:

3. ☐ I have attended the EBAA Technician Education Seminar.
Please give the date:
Month Year

☐ I have not attended the EBAA Technician Education Seminar.

EMPLOYMENT EXPERIENCE:

4. As of the date of the exam, I will have _____months/years (circle one) experience as an eye bank technician.

5. I have been employed by the following organization since:
Date_____
Month Year

Name of Organization _____

Name of Executive Director _____

Address _____

_____
City State Zip Code

Telephone (_____)_____ **Fax** (_____)_____

Practical Performance Competency Verification

Part 1: General Information and Instructions

1. A technician trainer as well as a physician who meets the requirements of an Eye Bank Medical Director as outlined in Section C1.200 of the EBAA Medical Standard, must complete this form.

2. This form, when completed and signed, serves as both a written recommendation from a Technician Trainer and Medical Director and a verification of practical performance competency as outlined in **EBAA's *Criteria for Certification and Recertification of Eye Bank Technicians***—specifically, *Eligibility to Sit for Exam*.

3. This completed form is a requirement to sit for the Certified Eye Bank Technician (CEBT) certification exam and must accompany the technician's exam application.

Part 2: Medical Director and Technician Trainer Observation – Please Print

Name of CEBT Applicant: _____

Name of Medical Director: _____

Address of Medical Director: _____

City, State, Zip: _____

Telephone: (_____) _____ **Fax:** (_____) _____

Specific Relationship with the Eye Bank: _____

Name of Technician Trainer: _____

Address of Technician Trainer: _____

City, State, Zip: _____

Telephone: (_____) _____ **Fax:** (_____) _____

Specific Relationship with the Eye Bank: _____

Practical Performance Competency Verification

Note: The references in parentheses refer to related sections of the EBAA Procedures Manual.

A. Aseptic Technique	**MD's Initials**	**Trainer's Initials**
1. The technician was appropriately dressed wearing moisture impermeable clothing with sterile sleeves/sterile impermeable gown, cap, mask and protective eyewear.		
2. The sterile instruments were appropriately wrapped. (E1.100)		
3. The unwrapping of the excision kit was performed without compromising the sterile instruments or sterile field. (E1.050)		
4. Non-sterile items were placed in areas that did not allow the sterile field to be compromised. (E1.200)		
5. The technician successfully demonstrated a 3-5 minute scrub utilizing aseptic technique. (E1.050)		
6. The technician successfully demonstrated proper sterile gloving technique. (E1.020)		
7. The technician successfully transferred the eye from the eye jar to the sterile field without compromising the sterile field or reaching over the sterile field during the transfer. (E1.220)		
8. The technician did irrigate and/or soaked the whole eye. (E1.220)		
9. All sterile and non-sterile instruments were appropriately placed throughout the entire procedure. The sterile field was never compromised. (E1.220)		
10. The technician used separate instruments for the removal of the conjunctiva and the incision through the sclera. (E1.220)		
11. The corneoscleral rim was carefully and gently transferred to the vial or viewing chamber containing the preservation medium without compromising sterility. (E1.220)		
	MD's	**Trainer's**

B. Surgical Technique

	Initials	Initials
1. The technician successfully removed the conjunctiva from the whole eye. (E1.220)		
2. The incision through the sclera with the scalpel did not penetrate or break the choroid. (E1.220)		
3. The scissors were appropriately inserted throughout the entire excision in the suprachoroidal space. (E1.220)		
4. The technician maintained a corneoscleral rim between 2-4 mm from the limbus. (E1.220)		
5. During the excision no significant vitreous leakage occurred. (E1.220)		
6. The anterior chamber was maintained and not compromised throughout the entire excision. (E1.220)		
7. The ciliary body separation was performed gently by removing the ciliary attachments and not pulling on the corneoscleral rim. (E1.220)		
8. The corneoscleral rim was gently separated from the choroid without excessive twisting or bending of the cornea. (E1.220)		
9. After the procedure the technician checked to see if a crystalline lens was present.		
10. The technician followed the established procedure as written in the eye bank's policy and procedure manual. (E1.220)		

Comments by Medical Director

Medical Director's Recommendation

I meet the requirements outlined in item 1, above and currently serve as Medical Director for the eye bank listed.
On ____/_____/_____ (date), I observed the above technician performing a corneal-scleral rim excision on a human donor eye and have verified, with my initials, that he/she performed competently in each area. Based on my direct observation,
I recommend that this technician be allowed to sit for the EBAA CEBT exam.

Comments by Technician Trainer

Technician Trainer's Recommendation

On ____/_____/_____ (date), I observed the above technician performing a corneal-scleral rim excision on a human donor eye and have verified, with my initials, that he/she performed competently in each area. Based on my direct observation,
I recommend that this technician be allowed to sit for the EBAA CEBT exam.

_____	_____	_____
Medical Director's Signature	Executive Director's Signature	Technician Trainer's Signature
_____	_____	_____
Date	Date	Date

(Three Signatures Required)

Please contact the EBAA Office or a member of the EBAA Certification Board if you have any questions regarding this form or the application process. **Phone: (202) 775-4999 x16 ◆ Email: Stacey@restoresight.org ◆ Website: www.restoresight.org**

Statement of Agreement
for
Certification and Recertification
of Eye Bank Technicians

I, _____, certify that all information contained in my application for EBAA certification is true and accurate to the best of my knowledge. In addition, I hereby authorize Eye Bank Association of America, Inc. (EBAA), any authorized agent of the EBAA, and their Officers, Directors, Committee Members, Employees, and Agents (the above-designated parties) to review my application to sit for the EBAA certification examination. I authorize EBAA to determine my eligibility for EBAA certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to EBAA is false or inaccurate or if I violate any of the rules or regulations of EBAA. I understand that if I receive EBAA certification, it will be my responsibility to remain in compliance with all EBAA standards for certification, to keep my certification current, and to submit a valid renewal application and fee within sixty (60) days prior to my certification expiration date.

I agree to cooperate promptly and fully in any review of my certification by EBAA, including submitting such documents and information deemed necessary to confirm the information in this application. I authorize the above-designated parties to communicate any and all information in relation to any EBAA application and review thereof including but not limited to pendency or outcome of disciplinary proceedings to state and federal authorities, and others.

I understand that I may be refused admission to the examination if I do not have the proper identification (valid picture I.D.) or if the examination has begun. If I am refused admission for any of these reasons or fail to appear at the test site, I will receive no refund of the application or examination fees and there will be no credit for future examinations. I understand that I may only seek admission to sit for the EBAA examination for the purpose of seeking EBAA certification, and for no other purpose.

I understand that review of the adequacy of examination materials will be limited to computing any scoring correction. If I do anything which is not authorized or which is prohibited by EBAA in connection with any EBAA examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will receive no refund of the application or examination fees and there will be no credit for any future examination.

I waive all further claims of examination review and agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of EBAA and authorized agents with regard to this application, the EBAA examination(s), and/or my certification.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

_____ _____

Signature Date

CHECKLIST

- ***Please Note - Incomplete applications will be charged a processing fee.***

A) BE SURE TO COMPLETE AND INCLUDE ALL OF THE FOLLOWING:

- ❑ Application completed fully.
- ❑ Certification fee ($450 EBAA member / $1000 non-member) made payable to the **EBAA** in U.S. dollars included.
- ❑ Copies of any licenses, certificates, diplomas, transcripts, or degrees (that verify your education level) included.
- ❑ Statement of Agreement for Certification signed and dated.
- ❑ TES and employment dates included.
- ❑ Sponsoring **Executive Director** endorsement, by written statement and / or signature. **(SEE PAGE 5)**
- ❑ Practical Performance Competency Verification completed by **Medical Director**.
- ❑ Practical Performance Competency Verification completed by **Technician Trainer**.

B) CANDIDATES MUST BRING ALL OF THE FOLLOWING TO THE EXAM:

1) Picture identification (e.g., driver's license or passport)
2) Eligibility Notice from testing center

Each applicant must be registered and checked in by the time specified by the testing center. No late or unregistered applicants will be admitted. Each applicant will be asked to sign in, and show picture identification, following which the applicant will be assigned a seat. If an applicant must leave the testing area for any reason, the test booklet and answer sheet must be left with the Examiner. Talking during the exam is not permitted. Applicants will not be allowed to bring any food or drinks, notes, books, dictionaries, computers, or other materials into the examination room.

Grading and Reporting of Scores

The electronic exam will be computer scanned and scored by the Professional Testing Corporation. Scores are strictly confidential and will be reported ***only*** to the applicant. Scores (passing or failing) will be mailed to the applicant's designated address. Applicants who fail the exam may also be notified by the EBAA office by phone. The Eye Bank Association of America publishes periodically a list of EBAA-certified eye bank technicians (CEBT).

***EBAA will consider an application incomplete if one or more condition/s have not been met in section A.**

TABLE I

* This information is current as of 07/08 but may be subject to change. For information, call the EBAA office at (202) 775-4999.

	MEMBER EYE BANKS	**NON-MEMBER EYE BANKS**
Certification Examination	$450.00	$1000.00
Processing Fee for an Incomplete Exam Application	$25.00	$ 50.00
Recertification Fee	$400.00	$950.00

Payment Information

The deadline for submission is *Monday, August 16, 2010. Send the appropriate fees ($450 member / $1000 non-member) made payable to the Eye Bank Association of America or EBAA to the following address:*

Eye Bank Association of America (EBAA)
Attention: Exam Application
1015 18th Street, NW
Suite 1010
Washington, D.C. 20036

Cancellations will be refundable, minus a processing fee, until ***Monday, August 16, 2010***. **Applications by fax will not be accepted, nor will on-site applications be accepted, regardless of the circumstances.** Retain a photocopy of this application for your files, and mail the original to the EBAA.

Exam Entrance/Confirmation

IMPORTANT:

The EBAA will acknowledge receipt of your application. If you do not receive confirmation by August 23, 2010, please contact the EBAA office at (202) 775-4999.

FOR OFFICE USE ONLY:

Date Received: _____ Fee Paid: _____ Staff initials: _____
Amount Due: _____ Check #: _____
Other Follow-up: _____

EYE BANK ASSOCIATION of AMERICA

CERTIFYING EXAMINATION FOR EYE BANK TECHNICIANS
RECORD FORM

Complete all information requested below. Print your name and mailing address in the boxes provided, then answer all questions pertaining to background and training. Note that the information concerning ethnicity, age, and gender is optional and is requested solely to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

MARKING INSTRUCTIONS: *This record form will be scanned by computer, so please make your marks heavy and dark filling the circle completely. Please carefully print your name and address using uppercase letters and avoiding contact with the edges of the boxes. See example provided.*

A B C 1 2 3

Personal Information

Last Name

First Name

Middle Initial

Number and Street Address

Apartment Number

City

State/Province

Zip/Postal Code

Work Phone

Fax Phone

E-mail Address

Signature

Testing Period

○ Spring ○ Fall

Background and Training

Darken only one choice for each question unless otherwise directed.

A. HIGHEST ACADEMIC LEVEL:

- ○ High School or Equivalent
- ○ Some College
- ○ Associate's Degree
- ○ Diploma in Nursing
- ○ Bachelor's Degree
- ○ Master's Degree
- ○ Doctoral Degree
- ○ Other

B. PROFESSIONAL BACKGROUND:

- ○ Certified Ophthalmic Assistant
- ○ Certified Ophthalmic Technician
- ○ Certified Ophthalmic Technologist
- ○ Medical Laboratory Technician
- ○ Medical Technologist
- ○ Licensed Vocational/Practical Nurse
- ○ Physician Assistant Certified
- ○ Registered Nurse
- ○ Physician
- ○ Optometrist
- ○ Mortician
- ○ Other

C. HAVE YOU ATTENDED THE EBAA TECHNICIAN SEMINAR?

○ No ○ Yes

D. YEARS OF EXPERIENCE AS EYE BANK TECHNICIAN:

- ○ 3 months
- ○ 4 to 11 months
- ○ 1 to 2 years
- ○ 3 to 5 years
- ○ 6 to 10 years
- ○ More than 10 years

E. ARE YOU EMPLOYED AS AN EYE BANK TECHNICIAN?

- ○ No
- ○ Yes, in an EBAA member bank
- ○ Yes, in an non-EBAA member bank

F. IS YOUR EYE BANK CURRENTLY ACCREDITED BY EBAA?

○ No ○ Yes ○ Not applicable

(Complete Page 2)

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EBAA, PROFESSIONAL TESTING CORPORATION, 1350 BROADWAY, 17th FLOOR, NEW YORK, NY 10018
WWW.PTCNY.COM (212) 356-0660 *ALL RIGHTS RESERVED PTC07092*

EYE BANK ASSOCIATION of AMERICA

CERTIFYING EXAMINATION FOR EYE BANK TECHNICIANS
RECORD FORM

Background and Training

G. HOW MANY CERTIFIED EYE BANK TECHNICIANS ARE IN YOUR EYE BANK?

○ None ○ 2 to 5 ○ More than 5

H. WHAT IS YOUR EMPLOYMENT WITH YOUR EYE BANK?

○ Unemployed ○ Per diem
○ Full-time ○ Not applicable
○ Part-time

I. ARE YOU CURRENTLY A CERTIFIED TISSUE BANKING SPECIALIST (CTBS)?

○ No ○ Yes

J. HOW MANY EVALUATIONS DO YOU TYPICALLY PERFORM EACH WEEK?

○ None ○ 5 to 10
○ Fewer than 5 ○ More than 10

K. HOW MANY IN SITU INCISIONS DO YOU TYPICALLY PERFORM EACH WEEK?

○ None ○ 5 to 10
○ Fewer than 5 ○ More than 10

L. DOES YOUR EYEBANK PERFORM ITS OWN LABORATORY TESTING?

○ No ○ Yes ○ Not applicable

M. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

○ No ○ Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

Race:

○ African American ○ Native American
○ Asian ○ White
○ Hispanic ○ No Response

Age Range:

○ Under 25 ○ 40 to 49
○ 25 to 29 ○ 50 to 59
○ 30 to 39 ○ 60+

Gender:

○ Male
○ Female

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