



## Criteria for Certification and Recertification of Eye Bank Technicians

### *Purpose of Certification*

The Eye Bank Association of America offers the opportunity to attain Certified Eye Bank Technician (CEBT) status through an examination administered by an outside educational testing agency. A Certified Eye Bank Technician (CEBT) status is awarded to technicians who meet eligibility criteria and demonstrate proficiency in the recovery of corneoscleral rims, which has been witnessed and verified by the candidates Medical Director and Technical Trainer, (See Practical Performance Competency Verification Form: Appendix A) and an electronic examination.

### *Criteria for Certification*

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

Criteria for the certification and recertification of technicians will be periodically reviewed and updated by the EBAA Certification Board. Responsibility for maintaining certification rests solely with the CEBT.

### *Eligibility to Sit for the Exam*

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

1. Possess at least 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 and be recommended by the Executive Director or Physician who meets the requirement of an "Eye Bank Medical Director" as defined in C1.200 of the Medical Standards; and,
3. Submit a copy of a valid diploma, a completed "Practical Performance Competency Verification" form and 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" as defined in C1.200 of the 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 may 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). 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.*

*If a candidate does not receive notification from PTC a week after receiving acknowledgement from the EBAA office, they should contact the EBAA Office to inquire as to the status of their application.*

### *Examination of Candidates with Special Needs*

Special testing arrangements will be made for individuals with special needs. Submit the Application, Examination Fee, and attach a written request for Special Accommodations. This form can be obtained from PTC's website at [www.ptcny.com](http://www.ptcny.com) or calling PTC at (212) 356-0600. Requests for special testing for individuals with special needs must be received at least EIGHT (8) weeks prior to testing date.

***IT IS MANDATORY THAT AN APPLICANT ENCLOSE A COPY OF DIPLOMA, DEGREE, TRANSCRIPT OR CERTIFICATE.***

***EDUCATION AND TRAINING:***

1. My highest level of education achieved is:

- |  |  |
|--|--|
| <input type="checkbox"/> High School Diploma             | <input type="checkbox"/> Bachelor's degree in _____ Year _____ |
| <input type="checkbox"/> 1 or 2 years of college         | <input type="checkbox"/> Master's degree in _____ Year _____   |
| <input type="checkbox"/> 2-year college associate degree | <input type="checkbox"/> Other: _____                          |

2. I am also a:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Doctor                 | <input type="checkbox"/> Registered Nurse                             |
| <input type="checkbox"/> Certified Ophthalmic Assistant | <input type="checkbox"/> Certified Ophthalmic Technician/Technologist |
| <input type="checkbox"/> Medical Technician             | <input type="checkbox"/> Medical Technologist                         |
| <input type="checkbox"/> Other: _____                   | <input type="checkbox"/> 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. This form must be completed by 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 Standards.
2. Once completed and signed, this form 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. (E1.000)		
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)		

<b>B. Surgical Technique</b>	<b>MD's Initials</b>	<b>Trainer's Initials</b>
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 x116 ♦ Email: [Stacey@restoresight.org](mailto:Stacey@restoresight.org) ♦ Website: [www.restoresight.org](http://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.***

<b>A) BE SURE TO COMPLETE AND INCLUDE <u>ALL</u> OF THE FOLLOWING:</b>
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- Application completed fully.
- International certification fee (\$750 EBAA member / \$1250 non-member) made payable to the EBAA in U.S. dollars included. (If more than one person is registering, the fees are: \$600 EBAA member/ \$1100-non-member.)
- 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>B) CANDIDATES <u>MUST</u> BRING <u>ALL</u> OF THE FOLLOWING TO THE EXAM:</b>
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- 1) Picture identification (e.g., driver's license or passport)
- 2) Eligibility Notice from testing center
- 3) Pencils (exams given at international locations are pencil and paper)

Each applicant must be registered and checked in by the time specified. No late or unregistered applicants will be admitted. Each applicant will be asked to sign in and show valid photo identification. All rules and regulations applicable during the examination will be reviewed with the candidate(s) by the proctor at the testing center. No food or drinks, notes, books, dictionaries, computers, or other materials may be brought into the examination room.

### ***Grading and Reporting of Scores***

The electronic exam will be scored by the Professional Testing Corporation (PTC) and the results are forwarded to the EBAA. Scores are strictly confidential and the EBAA will report them only to the applicant unless the applicant approves of notice to others in writing. Scores (passing or failing) will be mailed to the applicant's designated address. The EBAA office may also notify applicants who fail the exam by phone. A list of EBAA-certified eye bank technicians (CEBTs) is published periodically by the EBAA.

**\*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 2010 but may be subject to change. For information, call the EBAA office at (202) 775-4999.

	<b>MEMBER EYE BANKS</b>	<b>NON-MEMBER EYE BANKS</b>
International Certification Examination- 1 person	\$750.00	\$1250.00
International Certification Examination- 2 or more (price per individual)	\$600.00	\$1100.00
Processing Fee for an Incomplete Exam Application	\$25.00	\$ 50.00
Recertification Fee	\$500.00	\$950.00

**Payment Information**

**The deadline for submission is *Friday, January 27, 2012*. Send the appropriate fees (\$750 member / \$1250 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 ***Friday, January 28, 2012***. **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 February 3, 2011, please contact the EBAA office at (202) 775-4999.

<b>FOR OFFICE USE ONLY:</b>		
Date Received: _____	Fee Paid: _____	Staff initials: _____
Amount Due: _____	Check #: _____	
Other Follow-up: _____		



# 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
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## 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

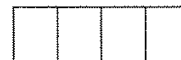
### E. ARE YOU EMPLOYED AS AN EYE BANK TECHNICIAN?

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

### F. IS YOUR EYE BANK CURRENTLY ACCREDITED BY EBAA?

- No  Yes  Not applicable

(Complete Page 2)





# 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

