

Recertification Application

Recertification Requirements:

Required Credits/Auditing: At the conclusion of each three-year credentialing cycle, individuals holding the Certified Ophthalmic Executive™ designation must provide proof of 50 continuing education credits, with a minimum of 25 Category A credits, by completing and submitting the recertification application. Credits must be earned within the credentialing cycle. Proof of attendance at training should not be attached to the application; however, proof of attendance may be requested by the NBCOE at any time. It is the responsibility of the COE designate to keep a file of all relevant activities. Each year ten percent of each certification class is randomly audited. Only these COEs must submit copies of documentation for the required continuing education requirements. Please refer to the [CEs for COE](#) page on the ASOA website for more information.

Credit Shortage: Those who fail to recertify during the regular cycle are given up to three additional years to recertify using alternative criteria. This requires documentation of 68 hours of qualifying continuing education (50 + 18) for the first year; 84 hours during the second year (50 + 34); and 100 hours for the third year (50+50). There is an additional fee for recertifying outside of the regular cycle. Individuals who have not earned the required continuing education hours within a given three-year credentialing cycle and choose not to retake the COE Exam may no longer use the COE designation.

Recertification Application

Return Application, Record of Continuing Education Credits, and payment (\$150 ASOA members; \$200 non-members) to ASOA by email (asoa@asoa.org); or mail (ASOA, 12587 Fair Lakes Circle | Suite 348 | Fairfax VA 22033)

Questions? Contact ASOA at 703-788-5777, asoa@asoa.org.

ASOA Member ID# _____ Certification Expires _____

Last Name _____ First Name _____ MI _____

Company/Organization: (current) _____

Business Address _____

City/State/Zip Code _____

Business Telephone: (include area code) _____

Home Address _____

City/State/Zip Code _____

Home Telephone: (include area code) _____

Email address (**REQUIRED**) _____

Payment Information

Select one: Check VISA MC AMX DISCOVER

Name on Card _____

Account Number _____ Expiration Date _____

CSV (3 digits VISA, MC DISC; 4 digits AMX) _____

I authorize ASCRS/ASOA to charge this account for the amount shown above

Cardholder's Signature _____

During the time of inactive status, the COE credential may not be used.

