



# **Criteria for Certification of Eye Bank Technicians**

## ***Criteria for Certification***

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

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:

- I. Possess at least a minimum of a:
  - A. Baccalaureate Degree AND a minimum of six (6) months of experience within the past two (2) years in a transplant organization with active involvement in the procurement and processing of eyes, tissues and/or organs, and be recommended by the Executive Director and a physician who meets the requirement of an "Eye Bank Medical Director," as defined in CI.200 of the Medical Standards.

OR

- B. High school degree or GED, AND a minimum of twelve (12) months of experience within the past two (2) years in a transplant organization with active involvement in the procurement and processing eyes, tissues and/or organs, and be recommended by the Executive Director, and a physician who meets the requirement of an "Eye Bank Medical Director," as defined in CI.200 of the Medical Standards.
2. 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 CI.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 including all required documentation and fees are submitted by the required date. An applicant will be admitted to the exam only with valid picture identification. The EBAA will acknowledge receipt of the candidate's application. If the applicant does not receive confirmation within 1 week of submission, the candidate should contact the EBAA office. Once the application is processed by the EBAA staff, the candidate will receive a confirmation email with additional steps that must be completed immediately that will include submitting additional information on the testing company's website.

*If a candidate does not receive notification from Professional Testing Corporation (PTC) two weeks 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. Requests for special testing for individuals with special needs must be received at least EIGHT (8) weeks prior to testing date.

## Education & Experience

### ***Education & Training:***

**Note:** It is mandatory that an applicant enclose a copy of his/her diploma, degree, transcript, or certificate.

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"/> PhD in _____ Year _____               |
| <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"/> Certified Tissue Bank Specialist | <input type="checkbox"/> Other: _____                                 |

3. Have you attended the Technician Education Seminar (TES)?

- Yes Year: \_\_\_\_\_
- No

### ***Employment Experience:***

4. As of the date of the exam, I will have \_\_\_\_\_ months experience as an eye bank technician.

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

Date: \_\_\_\_\_  
          Month           Year

Name of Organization: \_\_\_\_\_

# 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 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 OR TYPE

Name of CEBT Applicant: \_\_\_\_\_

Name of Medical Director: \_\_\_\_\_

Address of Medical Director: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specific Relationship of MD 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. (E1.110 & E1.221)             |  |  |
| 2. The sterile instruments were appropriately wrapped. (E1.110)  |  |  |
| 3. The unwrapping of the excision kit was performed without compromising the sterile instruments or sterile field. (E1.110 & E1.221)   |  |  |
| 4. Non-sterile items were placed in areas that did not allow the sterile field to be compromised. (E1.110 & E1.221)  |  |  |
| 5. The technician successfully demonstrated a 3-5-minute scrub utilizing aseptic technique. (E1.110 & E1.221)  |  |  |
| 6. The technician successfully demonstrated proper sterile gloving technique. (E1.110)   |  |  |
| 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. (E1.221) |  |  |
| 8. The technician irrigated and/or soaked the whole eye. (E1.221)  |  |  |
| 9. All sterile and non-sterile instruments were appropriately placed throughout the entire procedure. The sterile field was never compromised. (E1.221)  |  |  |
| 10. The technician used separate instruments for the removal of the conjunctiva and the incision through the sclera. (E1.221)  |  |  |
| 11. The corneoscleral disc was carefully and gently transferred to the vial or viewing chamber containing the preservation medium without compromising sterility. (E1.221)                       |  |  |

**MD's    Trainer's**  
**Initials   Initials**

**B. Surgical Technique**

|   |  |  |
|---|--|--|
| 1. The technician successfully removed the conjunctiva from the whole eye. (EI.221)   |  |  |
| 2. The incision through the sclera with the scalpel did not penetrate or break the choroid. (EI.221)  |  |  |
| 3. The scissors were appropriately inserted throughout the entire excision in the suprachoroidal space. (EI.221)                            |  |  |
| 4. The technician maintained a corneoscleral disc between 2-4 mm from the limbus. (EI.221)  |  |  |
| 5. During the excision, no significant vitreous leakage occurred. (EI.221)  |  |  |
| 6. The anterior chamber was maintained and not compromised throughout the entire excision. (EI.221)   |  |  |
| 7. The ciliary body separation was performed gently by removing the ciliary attachments and not pulling on the corneoscleral disc. (EI.221) |  |  |
| 8. The corneoscleral disc was gently separated from the choroid without excessive twisting or bending of the cornea. (EI.221)               |  |  |
| 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. (EI.221)                    |  |  |

**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 corneoscleral disc 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. **MD Initials:** \_\_\_\_\_

**Comments by Technician Trainer**

**Technician Trainer's Recommendation**

On \_\_\_\_\_ (date), I observed the above technician performing a corneoscleral disc 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. **Trainer Initials:** \_\_\_\_\_

**All three of the individuals listed below confirm the information above and are in support of this application.**

\_\_\_\_\_  
Medical Director's Signature

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Technician Trainer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Statement of Agreement for Certification of Eye Bank Technicians**

I, \_\_\_\_\_, certify that all information contained in my application for the Eye Bank Association of America (EBAA) certification is true and accurate to the best of my knowledge. In addition, I hereby authorize EBAA, and any authorized agent of the EBAA, including Officers, Directors, Committee Members, and Employees, 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 ID) 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

## Application Checklist

***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 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 and signature.
- 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. 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, paper, pencils, books, dictionaries, computers, or other materials may be brought into the examination room. Paper and pencils will be provided for the candidate. The applicant has 4 hours to complete the exam.

#### ***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. 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 conditions have not been met in section A.**

## Payment Information

To sit for the exam, candidates must submit a completed application with payment. Acceptable payment options include credit card or check. Use the credit card form below to submit payment information or submit your application with a check made payable to Eye Bank Association of America (EBAA) using the address information below. **Deadline for submission is August 10, 2018.**

| FEE NAME                                     | MEMBER<br>EYE BANKS | NON-MEMBER<br>EYE BANKS |
|--|---------------------|-------------------------|
| Certification Examination                    | \$700.00            | \$1,100.00              |
| Processing Fee for an Incomplete Application | \$25.00             | \$ 50.00                |

### **PAYMENT TERMS**

Charge my:  VISA    MasterCard    AmEx    Check enclosed in US Currency

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (Zip Required): \_\_\_\_\_

**FAX, MAIL, OR E-MAIL THIS FORM TO THE EBAA, WITH PAYMENT, & DIPLOMA/TRANSCRIPT.**

E-MAIL: [Genevieve@restoresight.org](mailto:Genevieve@restoresight.org)

FAX: (202) 429-6036

MAIL: EYE BANK ASSOCIATION OF AMERICA

1101 17<sup>th</sup> STREET NW, SUITE 400, WASHINGTON, DC 20036

### Exam Application Confirmation

The EBAA will acknowledge receipt of your application. If you do not receive confirmation within one week of submission, please contact the EBAA office. Once the application is processed by the EBAA staff, the candidate will receive a confirmation email with **additional steps that must be completed immediately.**

Note: A partial refund of the application cost will be considered if written notice of cancellation is submitted to EBAA by August 10. No refunds or credits will be given after that date.

### Questions?

Contact Genevieve Casaceli at [Genevieve@restoresight.org](mailto:Genevieve@restoresight.org) or (202)-775-4999 x120 with any questions regarding the application process. For more information, visit: [www.restoresight.org](http://www.restoresight.org)

|                      |                 |                       |
|----------------------|-----------------|-----------------------|
| FOR OFFICE USE ONLY: |                 |                       |
| Date Received: _____ | Fee Paid: _____ | Staff initials: _____ |



# REQUEST FOR SPECIAL TEST CENTER

To request a special test center in another country, including parts of Canada where there are no computer test centers for your exam, please complete the form below and submit this completed form with your application at least eight (8) weeks before the testing period begins. Requests and applications received later than 8 weeks prior to the start of the testing period will be reviewed on an individual basis and cannot be guaranteed acceptance. There may be an additional special test center fee -please refer to the Handbook for Candidates ([www.ptcny.com](http://www.ptcny.com)) for your exam for the amount of the special test center fee.

## Candidate Information

\_\_\_\_\_  
*Name of Examination*

\_\_\_\_\_  
*Choice of Test Date within the testing period*

\_\_\_\_\_  
*Name (Last, First, Middle Initial)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip Code*

\_\_\_\_\_  
*Daytime Telephone Number*

\_\_\_\_\_  
*Fax Number*

\_\_\_\_\_  
*E-mail Address*

I request a special test center in:

City \_\_\_\_\_

Country: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this completed & signed form with your application and fees, at least 8 weeks prior to the beginning of the testing period. If applying on-line, please scan and email this form to [sfrier@ptcny.com](mailto:sfrier@ptcny.com).**