

Certified Eye Banker - Technical (CEBT)

Practical Performance Competency Verification Procedure: Corneal Tissue Excision

Candidates applying to become a Certified Eye Banker – Technical (CEBT) must demonstrate technical proficiency in eye banking by performing one of the approved technical procedures witnessed by a Technician Trainer and the eye bank Medical Director. The procedure options include: Corneal Excision (In-Situ or Laboratory), Laboratory Microkeratome Lamellar Processing, and DMEK Processing. This form must be completed and signed by the Technician Trainer, Medical Director, and Executive Director. The completed and signed form should be uploaded with the CEBT Exam Application.

Apı	plicant Information:								
		Name (First and Last)	Organization						
Me	dical Director:								
		Name (First and Last)	Role						
Tec	hnician Trainer:								
		Name (First and Last)	Role						
Pro Sele									
Note: Any fields that do not apply to the process performed can be skipped but please mark with "N/A" for not applicable. Ex. If observing the Laboratory Excision, Step #2 will not require initials but should include "N/A". The references in parentheses refer to related sections of the EBAA Procedures Manual.									
A.	Aseptic Technique (E:	1.110, E1.130, & E1.221)		MD Initials	Trainer Initials				
1.	The technician was ap								
2.	Penlight Exam Perform								
3.	3. The sterile instruments were appropriately wrapped.								
4.	The unwrapping of th instruments or sterile								
5.	Non-sterile items were placed in areas that did not allow the sterile field to be compromised.								
6.	6. The technician successfully demonstrated a 3-5-minute scrub utilizing aseptic technique.								
7.	7. The technician successfully demonstrated proper sterile gloving technique.								
8.	The technician applied reaching over the ster								
9.	The technician succes sterile field or reaching								
10.	The technician irrigate povidone-iodine solut								
11.	All sterile and non-ste								
12.	The technician used s sclera.	eparate instruments for the removal of the conjunctive	a and the incision through the						
13.		c was carefully and gently transferred to the vial or view without compromising sterility.	wing chamber containing the						
14.	Aseptic technique wa	s maintained throughout the procedure.							

Practical Performance Competency Verification Continued

В.	Surgical Technique (E1.130 & E1.221				MD Initials	Trainer Initials
1.						
2.	The incision through the sclera with the sc	reak the choroid.				
3.	The scissors were appropriately inserted throughout the entire excision in the suprachoroidal space.					
4.	4. The technician maintained a corneoscleral disc between 2-4 mm from the limbus.					
5.	5. During the excision, no significant vitreous leakage occurred.					
6.	5. The anterior chamber was maintained and not compromised throughout the entire excision. (E1.130 & E1.221)					
7.	7. The ciliary body separation was performed gently by removing the ciliary attachments and not pulling on the corneoscleral disc. (E1.130 & E1.221)					
8.	The corneoscleral disc was gently separated from the choroid without excessive twisting or bending of the cornea. (E1.130 & E1.221)					
9.	After the procedure, the technician determined the lens status. (E1.130 & E1.221)					
10.	0. The technician followed the established procedure as written in the eye bank's policy and procedure manual. (E1.130 & E1.221)					
Me I m	mments by Medical Director dical Director's Recommendation eet the requirements outlined in item 1 a		Technician Train On(da	er's Recommendation ate), I observed the above		
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 they 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: All three of the individuals listed below confirm the information above and are in support of this and the performing a corneoscleral disc excision eye and have verified, with my initials, to competently in each area. Based on my recommend that this technician be allowed. Trainer Initials:			nat they pe direct obse ved to sit fo	rformed ervation, I or the		
Me	dical Director Signature	Executive Director Signature		Technician Trainer Sign	nature	_
Dat	e	 Date		 Date		