

**OKLAHOMA CHILDREN’S VISION SCREENING APPLICATION**

**The form must be completed in ink and signed by the person requesting recognition of vision screener provider status. Applications not written in ink or with incomplete information may not be considered for approval.**

**Return Address:**

**Oklahoma State Department of Health**

**Maternal and Child Health Service, Child and Adolescent Health**

**123 Robert S. Kerr Ave., Suite 1702**

**Oklahoma City, OK 73102-6406**

**Application Type (Check One):**

**Vision Screening Provider\_\_\_ Vision Screening Trainer\_\_\_**

**Training Documentation:**

Please complete the following information including the name of the organization providing training, the name of the person providing training, and the date of training or retraining. ***Send the completed, signed, and dated form to the address listed above.***

**\*Individual Name for the OSDH Website (Please print, No nicknames):**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Information:**

Date of Today’s Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization Providing Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Providing Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Curriculum Used by Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Date Signature of Individual Applicant

**Please provide your email address to allow OSDH to contact you for questions about your application and for renewal reminders:**

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*The Oklahoma Children’s Vision Screening Program will review and submit a minimum of one time annually, a list of approved vision screening providers and trainers of vision screening providers to the Oklahoma State Department of Health (OSDH). All approved providers and trainers will be added to the statewide registry on the Internet website maintained by the OSDH. The approval of vision screening providers and trainers ends three years from the most recently approved training.*

*OSDH June 2024*



 **OKLAHOMA VISION SCREENING PROVIDER**

**APPLICATION INSTRUCTIONS**

Please complete all of the information requested on the application and return the application to the Oklahoma State

Department of Health, **Maternal and Child Health Service (MCH) 123 Robert S. Kerr Ave, Suite 1702, Oklahoma City, OK 73102-6406**

1. Applications must be typewritten or printed in ink.
2. Complete all sections in full. Incomplete applications may not be processed.
3. Submit the application to the address listed on the application form.
4. Applications must contain documentation of the completion of training with the curriculum approved by the Oklahoma Children’s Vision Screening Program within the past three (3) years of the training date.

**Once the application has been received, the following steps will be taken:**

1. The application will be checked for completeness, including documentation of training date and training curriculum.
2. Upon approval by the Oklahoma Children’s Vision Screening Program, the name of the applicant, type of training, and date of training will be entered on the Oklahoma State Department of Health website. A current provider list can be viewed at:

[https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/childadolescent-health/documents/Master%20Provider%20List%205-18-2021.pdf](https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/documents/Master%20Provider%20List%205-18-2021.pdf)

**Note for all applicants**: The Oklahoma Children’s Vision Screening Program will use the information you provide in the application to determine if you meet the requirements as a vision screening provider, vision screening trainer, or trainer of vision screening trainers. All information submitted in the application is public information.

Provider qualifications consist of satisfactory completion of a curriculum approved by the Oklahoma Children’s Vision

Screening Program that includes: common eye problems, screening techniques, and required screening tools (Sloan Letter Chart, HOTV Chart, Lea Symbol Chart, and Lea Numbers Chart for relative distance acuity and other approved vision screening tools), how to screen special populations and basic anatomy and physiology of the eye. Vision Screening Trainers must complete a course approved by the Oklahoma Children’s Vision Screening Program.

***Vision Screening Providers*** - To become an approved vision screening provider, an individual must make an application to the Children’s Vision Screening Program and include documentation of successful completion of training conducted by an approved trainer using an approved training curriculum that includes the following:

1. common eye problems;
2. the screening process;
3. required screening tools;
4. screening special populations; and,
5. basic anatomy and physiology of the eye.

***Trainers of Vision Screening Providers*** - To become an approved trainer of vision screening providers an individual must be an approved vision screening provider and make an application to the Children’s Vision Screening Program and include documentation of successful completion of training conducted by an approved trainer using an approved training curriculum that includes the following:

1. common eye problems;
2. the screening process;
3. required screening tools;
4. screening special populations;
5. basic anatomy and physiology of the eye; and,
6. techniques for effective training of vision screening providers.
7. techniques for effective training for trainers of vision screening trainers.

 *OSDH June 2024*