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Surf's Up

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K'OD Laser Privileges Zapped

Only ophthalmologists will be privileged to perform therapeutic laser eye procedures in Department of Veterans Affairs medical facilities, according to VHA Directive 2004-070 issued December 17, 2004.

The previous policy stating that optometrists with appropriate training and licensure could be given authority to perform laser procedures under the supervision of an ophthalmologist has been rescinded. A recent post on the [American Academy of Ophthalmology's website](#) touts the decision as a "Victory for patient safety at the VA."

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President's Greetings

[Sharon Atkin, OD](#)

It is my hope that everyone had a great Christmas and I offer my best wishes for a wonderful New Year.

I am very sorry that I was unable to attend the Academy meeting and our NAVAO meeting and dinner. It is my understanding that Drs. Aly Wasik and Minna Huang did an outstanding job in my absence and I would like to express my gratitude for making the event a success. I look forward to being present at next year's meeting in San Diego. I am going to have additional surgery this month so I will not be returning to the office for at least the next couple of months but I will do my best to stay in touch via e-mail. I would also like to thank Dr. Jerry Selvin for all of the assistance he has provided to me over the past few months.

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Tampa Dinner Pictures



[Click here for more photos](#)

Thanks to Alcon, Attendees Enjoy Marriott Waterside Dinner

Approximately 150 people attended the Alcon-sponsored NAVAO dinner on Friday, December 10. Dr. John Townsend presented certificates of appreciation and commendations to Jack Davis, [Anthony Ficarra](#), [Gary Mancil](#), Debbie Hettler, Mary Jo Horn, Dawn Pewitt, Sandra Sisk, [Cathy Wong](#), Minna Huang, [Matthew Cordes](#), Barbara Hetrick, and [Barry Fisch](#) for their efforts and contributions to the advancement of optometry within the VA over the last year.

NAVAO also presented tokens of appreciation to Barbara Nahlik, Dawn Pewitt, [Anthony Ficarra](#), and [Dave Sattler](#) of Alcon.

Three presentations were given:

1. Keynote speaker [Lucille Beck](#), PhD, Director of Audiology and Speech Pathology Services in the VA, gave a presentation related to Vision Rehabilitation and multisensory loss in the veteran population.
2. [Dave Sattler](#) of Alcon briefed attendees about the history of Alcon and its relationship and future dedication to the eye care industry.
3. Linda Casser, the NBEO Board Liaison to ACMO, outlined the upcoming first administration of the ACMO. She presented information on the requirements for sitting for the exam, exam date, route of administration, and fees. All of this information is and/or will be available on the NBEO website at www.optometry.org

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Smile:)

Dr. Alyon Wasik Graciously Thanks Alcon's Dave Sattler



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Dr. Stuart Richer Addresses Members



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Dr. Anthony Ficarra Accepts NAVAO Appreciation Award



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Dr. John Townsend With Dr. Matthew Cordes



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Dr. Wasik with Keynote Speaker Lucille Beck, PhD, Director of Audiology and Speech Pathology Services in the VA



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Dr. Gary Mancil Receives Certificate From Dr. Townsend



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Dr. Norm Haffner, President of SUNY, and Dr. Wasik



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Dr. Townsend Awards Dr. Cathy Wong



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Dr. Ficarra Accepts Dr. Townsend's Recognition Award



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Dr. Townsend With Dr. Barry Fisch



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ACMO Nearing Final Stage

The Advanced Competence in Medical Optometry (ACMO) exam will very shortly be reaching the final stage of preparation for implementation of the initial administration in June. It is very important for all residency program supervisors to make your current, and future, residents aware of the exam and its benefits. The exam will be computer-based and will be administered at numerous sites across the country so that residents will incur minimal travel and limited additional expenses.

Sharon Atkin, OD

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Dr. Ken Myers Named Executive Director of NVAO

As you may know, Barbara Nahlik, our executive secretary, has retired effective January 1st. At the NVAO business meeting a position of Executive Director (ED) of NVAO was approved. I am pleased to announce that Dr. Ken Myers has accepted the position. Ken will be assuming the very important role of sending out dues statements and keeping an accurate record of those who have paid their dues. Dues statements will be going out during the month of January. Please continue supporting NVAO by renewing your membership.

Sharon Atkin, OD

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Several NAVAO Offices To Become Vacant

Those who have indicated they would like to become more involved in NAVAO, please consider running for office. The current president and vice-president have met their term limits and will not be able to run again for these positions. This is an opportunity for enthusiastic members to take a leadership role in VA optometry.

Sharon Atkin, OD

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Dr. Joseph Osmanski Called To Duty

Providence VAMC optometrist Dr. Joseph Osmanski was called up for active duty in September. A LTC optometrist in the US Army Reserves, Dr. Osmanski is now stationed at Ft Mc Coy, Wisconsin. He will remain on active duty for 18 months. Fellow Providence optometrist Dr. Ed Hackman writes, "Our thoughts here go out to Joe and his family."

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VA Welcomes Former Associate Professor

Bruce G. Muchick, OD, editor of the book, "Clinical Medicine in Optometric Practice" (Mosby, 1994), and the co-editor of the book, "The Optic Nerve in Clinical Practice" (Butterworth-Heinemann 1997) joins the staff at the Coatesville Veterans Administration Medical Center in Coatesville, PA. Previously, Dr. Muchick served as Associate Professor of Optometry at the Pennsylvania College of Optometry.

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Dr. Maino Hired by Kansas City Star

Dr. Joseph Maino is now a photographer for the Kansas City Star newspaper web page, receiving assignments and shooting various events. He recently photographed the Holiday presentation of the Nutcracker Ballet. To view his work go to http://kcsweb.kcstar.com/projects/Community_Faces/

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Dr. Stephanie Schmiedecke Named FAAO

Dr. Stephanie Schmiedecke announced her achievement of Fellowship in the American Academy of Optometry via a recent Academy press release. Congratulations to her and all other 2004 Academy Fellows.

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Vision Not Improved By Surgery

Vision does not improve substantially for patients with age-related macular degeneration (AMD) who undergo surgery to remove lesions of new blood vessels, scar tissue, or possible bleeding beneath the retina, according to results of nationwide clinical trials sponsored by the National Eye Institute (NEI), part of the National Institutes of Health.

The NEI-funded Submacular Surgery Trials (SST) investigated outcomes of surgery being practiced by retinal surgeons to remove choroidal neovascularization linked with AMD and other causes. Before the trials began in 1997, the risks and benefits of surgery to improve or stabilize vision of patients with such conditions had not been well defined.

Other treatments for CNV due to AMD include laser photocoagulation and photodynamic therapy. Both laser photocoagulation and photodynamic therapy have been shown to reduce the risk of moderate and severe loss of vision in some patients with CNV associated with AMD. But these treatments usually are not used for eye lesions similar to those of patients who took part in the SST.

According to estimates published by the NEI-sponsored Age-Related Eye Disease Study, approximately 200,000 individuals in the United States develop the wet, or neovascular, form of AMD each year. This form occurs in less than 20 percent of all patients with AMD but is responsible for approximately 90 percent of cases with severe vision loss.

http://www.nei.nih.gov/news/statements/surgery_amd.asp

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Atropine Use Unmasks Gastroparesis

Patients with diabetes are known to develop autonomic regulatory problems. Because of this, they can be especially susceptible to medications that have effects on the autonomic nervous system. Oral preparations of β -blockers and tricyclic antidepressants have been well described. However, we rarely think of ophthalmic agents in this light. It would make intuitive sense that if systemic absorption of ophthalmic agents can attain sufficient serological levels, there would be an expected clinical effect.

Such was the case in a 62 year-old diabetic patient described in this case study. He presented to the emergency room with persistent nausea and vomiting.

The patient was admitted with presumed symptomatic glaucoma. Three months earlier, he had undergone pars plana vitrectomy surgery for a vitreal hemorrhage secondary to a diabetic tractional retinal detachment. The patient had developed subsequent neovascular glaucoma and had been instructed to use his ophthalmic medications to control symptoms.

Several weeks before his emergency room visit, he began to experience left eye pain. The patient was seen by his ophthalmologist, who diagnosed increasing intraocular pressure (IOP). The ophthalmologist intensified his regimen and encouraged the patient to carefully follow the provided regimen. Soon after, he began to suffer from progressive nausea and vomiting.

At the time of presentation, the patient had been unable to keep solids or liquids down for several days. He was admitted and treated with intravenous fluids and promethazine, then discharged after 24 hours with arrangements for surgery the following week. The following day, he returned with ongoing intractable nausea and vomiting with ophthalmalgia. He underwent a successful shunt placement to relieve his IOP, which relieved his ophthalmalgia. However, he continued to have severe nausea and vomiting. The ophthalmology service requested a medicine consult for further evaluation of the nausea and vomiting.

The internal medicine consultant found him to be in significant distress with intractable vomiting. His vital signs showed a temperature of 98.6°F, heart rate 88 bpm, respiratory rate 14, and blood pressure of 189/82 mmHg. Per ophthalmology, the eye appeared well with ongoing normal IOP. Heart and lungs were unremarkable. His abdominal exam was unremarkable. Neurological exam demonstrated decreased sensation in the feet in a stocking pattern with no other appreciable defects. A work-up for common causes of intractable nausea and vomiting using laboratory and radiological evaluation was unremarkable.

The diagnosis of gastroparesis was entertained. His atropine ophthalmic solution was discontinued. The patient's symptoms improved such that he was again able to take food by mouth. Ophthalmology, however, felt that for the long-term benefit of his eyes, it was imperative that the patient be restarted on the atropine ophthalmic solution. Following reinstatement of the ophthalmic atropine, his nausea and vomiting returned.

<http://clinical.diabetesjournals.org/cgi/content/full/22/3/139>

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GDx Joins OCT



Carl Zeiss Meditec announced plans to acquire Laser Diagnostic Technologies (LDT). Zeiss, founders of the Optical Coherence Tomographer (OCT), and LDT, founders of the GDx, hope to complete the transaction by early 2005.



LDT's main product GDx VCC is a dedicated glaucoma diagnosis and management tool. It complements the market presence of Carl Zeiss Meditec's STRATUSOCT™ which is a multipurpose retinal imaging system used not only for the diagnosis of glaucoma, but also for a wide array of conditions including AMD, diabetic retinopathy and pre-and post-cataract assessment. Thus, the GDx VCC targets especially at customers who do not require the full range of capacities as offered by the STRATUSOCT™. The global market for glaucoma products is expected to increase at an annual rate of over 10% as a result of the aging population and technology advances.

<http://www.meditec.zeiss.com/>

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Study Says Nine out of 10 Children Prefer Transitions

Nearly 9 out of 10 children prefer photochromic lenses over regular, clear lenses when factors such as visual comfort and peer acceptance are considered, according to a recent study evaluating children's overall visual experience with different lens types. The study, conducted by Madeline L. Romeu, O.D. and Susan M. Stenson, M.D., was modeled after previous clinical studies of adults¹ and was made possible by support from Transitions Optical, Inc. as part of its ongoing commitment to eye health research and education.



Forty-nine children, between the ages of 10 and 17, participated in this study each completing two 30-day trials, wearing Transitions® Lenses for one period, and wearing regular, clear lenses for another. Both the Transitions Lenses and the regular, clear lenses were made from polycarbonate and offered 100 percent UV blockage. After each trial period, the children completed the Pediatric Quality of Vision Survey, a questionnaire instrument designed to assess their experiences wearing their lenses in different situations such as outdoor use, indoor use, computer use and when adjusting to lighting changes. Children were also questioned pertaining to their personal perception and peer acceptance of their eyeglasses. In addition to completing the questionnaire, children were asked to provide subjective evaluations of their experience with words and drawings. **Editor's Note:** No word yet on the rest of the industry's response to the "happy face" drawings.

The results of this survey show that children overwhelmingly prefer Transitions Lenses over regular, clear lenses. Significant factors influencing this preference included visual comfort as well as peer acceptance. The superior visual comfort of Transitions Lenses was most notable outdoors in bright sunlight, while indoors the children reported virtually equivalent experiences with both types of lenses. Regarding peer acceptance, 61 percent noted that their friends liked their eyeglasses with Transitions Lenses.

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Myopic Computer Users At Increased Risk for Glaucoma

Hours in front of a computer screen may increase the risk of glaucoma in people who are myopic, Japanese scientists say.

"Myopic workers with a history of long-term computer use might have an increased risk of visual field abnormalities, possibly related to glaucoma," Dr Masayuki Tatemichi, of the Toho University School of Medicine in Tokyo, said in a report in Tuesday's British Journal of Ophthalmology.

The researchers studied about 10,000 workers in Japan who were chosen for testing as part of a routine medical check-up. They also completed a questionnaire about how much time they spent using a computer and any eye problems. The average age of the participants was 43. About 5 percent of the workers in the study had visual field problems. A further test revealed about a third of them had suspected glaucoma.

<http://www.reuters.co.uk/newsArticle.jhtml?type=topNews&storyID=6823194>

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Account for Only Five Percent of New Contact Lens Fits

For those of us still dabbling in soft contact lens practice, silicone hydrogels are an ever-expanding market. Acuvue recently announced its Advance lens and subsequent marketing blitz. Reps say that the Advance toric is not far behind. CIBA unveiled its O₂ Optix lens (-1.00D to -6.00D). And Cooper/Ocular Science reportedly has plans to introduce a silicone lens in 2006. Still, silicone lenses account for only five percent of new fits, and 13 percent of all fits.

The author of this article questions why do so many clinicians still use a low-Dk (25-30) lens as their soft lens. He likens silicone lenses to the advent of gas permeable lenses where many practitioners just didn't see the ocular health benefits of the new GP technology. But once they did, PMMA disappeared from the market.

In the article the author provides some interesting data relating to the advantages of increased Dk. Mertz and Holden (1984) found that contact lenses need a Dk/t of 87 to reduce corneal edema to four percent in overnight wear. LaHood (1988) calculated that to reduce corneal edema to 3.2 percent in overnight wear, a contact lens needed a Dk/t of 125. And yet a CIBA Vision study found that 20 percent of our daily wear patients routinely sleep in their lenses.

Silicone hydrogel lenses also reduce corneal health complications. Soloman (1994) found that increased hypoxia causes higher rates of corneal

ulcers. Latkovic and Nilsson (1994) stated that hypoxia might decrease the corneal defense mechanism. Ren et al (1999) found decreased *Pseudomonas aeruginosa* binding with hyper-Dk lenses. Because of these facts, the author suggests fitting more patients with hyper-Dk (Dk/t >80) contact lenses for maximum corneal protection.

<http://www.clspectrum.com/article.aspx?article=12695>

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Company Buys Tri Supreme

Essilor of America, a subsidiary of Essilor International, has recently acquired **Tri Supreme**, one of the ten largest prescription laboratories in the United States. A long-standing Essilor partner, Tri Supreme distributes products under the Varilux® and Crizal® brands. Based in Farmingdale, Long Island, near New York City, the company has 95 employees and generates full-year sales of \$14 million.

The acquisition represents an excellent opportunity for Essilor to expand its presence among eye care professionals in the Greater New York area and to develop a portfolio of value-added products featuring Crizal® anti-reflective and Varilux® progressive lenses. The Tri Supreme management team will retain its current responsibilities.

http://www.essilor.com/InvestorRelations/PressReleases/acq_june.htm?from=summary

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Medicare Targets VA Physicians

The following audit is in the new HHS Office of Inspector General Workplan for FY 2005:

Medicare Payments to VA Physicians:

We will assess the validity of Medicare reimbursement for services billed by physicians who receive remuneration from the Department of Veterans Affairs (VA) for the time the physicians reported as being on duty at a VA hospital. Physicians employed by VA may not bill Medicare for services rendered at other hospitals during the times they were on duty at a VA hospital. Our preliminary work has identified a number of VA physicians who received Medicare reimbursements totaling approximately \$105 million for services rendered between January 1, 2001 and June 30, 2003. Using time reporting and payroll documentation from the VA, we will identify the services rendered while the physicians were reported as on duty at the VA hospitals and remunerated for such duty. (OAS; W-00-04-35155; A-00-00-0000; expected issue date: FY 2005; work in progress)

<http://oig.hhs.gov/publications/docs/workplan/2005/2005WPCMS.pdf>

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Medicare Compliance Manual Available to AOA Members

Members of the American Optometric Association now have an added benefit – access to the Association’s Medicare Compliance Manual. The 230+ page documents provides information regarding Medicare violations and compliance programs. The manual was written by the AOA legal counsel and Dykema Gossett PLLC, with financial support from Marchon and Officemate.

<http://www.aoa.org/advocacy/pdf/MedicareComplianceManual.pdf>

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New From Eschenbach – MaxTV



Eschenbach's MaxTV glasses are a binocular, telescopic vision system that allow patients to maximize the size of their TV screens. The hands-free, head-mounted glasses provide 2.1 X magnification and each lens is adjustable. MaxTV focuses on objects from distances 10 feet "to infinity," the company says, making them ideal for any distance-viewing activity. The Galilean lens design provides a wide field of view (20 degrees) and the flexible temples help achieve a comfortable fit. Eschenbach includes a protective case and head strap with each pair of glasses. Eschenbach PXM® optics and flexible plastic temples allow for light weight (only 49 grams - or 1.7 ounces) with an extremely comfortable fit. Current VA cost is \$59.90.

<http://www.eschenbach.com/preview.php?pid=654>

<http://www.optometric.com/article.aspx?article=71187>

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Medicare’s Comprehensive Error Rate Testing (CERT)

CERT in Medicare terms stands for Comprehensive Error Rate Testing, a program sponsored by the CMS (Centers for Medicare and Medicaid Services) to assure that Medicare contractors are doing their job. Essentially, it is their task to audit approximately 120,000 randomly selected Medicare claims each month in order to ascertain whether or not the contractor (carrier) has correctly processed these claims. In 2003, 25.9% of the claims paid erroneously to providers were considered erroneously paid due to insufficient documentation.

The OIG issues an annual report on Improper Medicare Fee for Service Payments. The methodology changed in 2003; in essence, approximately \$19.6 billion (\$11.6 billion if calculated the old way) was improperly paid to physicians for various reasons such as insufficient documentation, medically unnecessary services, incorrect coding, and non-response to requests to provide medical records to audit.

After the claims are sent in, AdvanceMed has its own set of auditors that professionally review the claim and use Local Coverage Determinations, Processing Guidelines, and National Coverage Decisions to audit. The error rate being calculated is specific to each carrier and also specific to each specialty, so everyone is trying to get a good score.

CERT error rates are calculated for Carriers, DMERCs (Durable Medical Equipment Regional Carriers) and FIs (Fiscal Intermediaries, i.e., Part A Medicare).

The Paid Claims Error Rate is calculated as:

"Dollars overpaid" minus (-) "dollars underpaid" divided (/) by "total dollars paid"

The Provider Compliance Error Rate is calculated as:

"Dollars submitted incorrectly" divided (/) by "total dollars submitted"

Services Processed Error Rate is calculated as:

"Number of services overpaid" plus (+) the "number of services underpaid" divided (/) by "total number of services processed"

These error rates are calculated for each contractor by contractor type, by service (i.e., E&M) and by specialty. The figure is a percentage and carriers are trying to get their score lower. See individual carriers for more specifics.

<http://www.eyeworld.org/article.php?sid=2044>

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Medicare Carriers By State

Below is a list of Medicare carriers by state. Some states have the same carriers. These are extremely useful webs to stay up-to-date on recent changes. They will also be listed in the web links section for future reference.

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[California](#)
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[Delaware](#)
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Help Keep Us Informed

Please don't hesitate to submit news and notes to the Optimum VA. The more you submit, the better our newsletter will be. Such information may include:

-  Letters to the editor
-  Case reports
-  Photos
-  Article abstracts (include publication information)
-  Upcoming events (CE, meetings, etc.)
-  Personal accomplishments
-  Internet links

*** Feel free to submit at any time by clicking the link [Contact Optimum VA](#) which is also located on the front page in the Editor's Box. Submission and publication dates are listed below.**

**** Residents and students are also encouraged to submit.**

Issue	Submissions Due	Publication Date
Winter	December 15	January 1
Spring	March 15	April 1
Summer	June 15	July 1
Fall	September 15	October 1

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Many Benefits to Membership

Dear Fellow VA Optometrist,

Greetings! I hope that you find working in VA serving veterans as rewarding and satisfying as I have found it to be as a member of the Federal Service Optometry family.

My name is Alyon J. Wasik, O.D. I am currently working at the Tucson VA Medical Center and serve on the Membership Committee for the Armed Forces Optometric Society (AFOS), which is why you are being contacted.

I would like to extend a personal invitation to you to consider becoming a member of AFOS, and through AFOS, join the American Optometric Association (AOA). If you are currently a member of AOA through your affiliated State association, then you already know some of the valuable and tangible benefits of membership. If you have not been actively involved, let me list some highlights of what AFOS and AOA professional societies can do for you:

- Continuing Education: AFOS provides 4 hours of world class Continuing Education (CE) at its annual conference at the Southeast Council of Optometry (SECO) meeting. There is an opportunity to meet and interact with some of your VA colleagues and respective Federal Service Optometry Section Chiefs. The day's events, including lunch and an evening social, is more than equivalent to the AFOS annual dues.
- Coding References/AOA HIPAA Manual: At the VA, you have the need to accurately document the important work you are providing to veterans as a vital member of the Nation's health care team. The AFOS Executive Council, on which Dr. John Townsend serves, created coding guidance for all the Federal Optometry Services that is available to AFOS members. The AOA also gave AFOS access to a \$500+ HIPAA compliance manual that was not available to non-AOA members.
- Licensure by Endorsement: If you have ever moved to another State to practice, you may have noticed that it is not always as easy to obtain a new State license as it should be. AFOS has pioneered the licensure by endorsement movement and with the AOA continue to spend considerable time and resources lobbying State Boards of Optometry to assist Federal Service Optometrists with obtaining licensure by endorsement.
- Student Debt Assistance Program: If you are a recent graduate with student loans, the AOA has a fantastic benefit called the AOA Advantage Student Loan Consolidation Program. This program can save you thousands in interest over the life of your loans and can even be extended to include student loan debt from spouses and children.
- Access to ILAMO: Access to optometric literature and research materials is not always convenient when you are at a remote location from optometry school libraries. The AOA's International Library, Archives, and Museum of Optometry (ILAMO) has a vast collection of reference materials of interest to Federal Service Optometrists that can be accessed whenever and wherever you need it. This is a valuable resource for those who may elect to become Fellows of the American Academy of Optometry.

- and have need for reference materials to complete case studies, presentations, and/or publication requirements.
- **Advocacy & Lobbying:** Looking forward to fully utilizing the therapeutic privileges you have earned the ability to prescribe? How about performing the minor ophthalmic surgical procedures that you have been licensed and trained to perform? The AOA and State affiliated optometric associations like AFOS have been an active lobbying voice for Optometry's increasing scope of practice over the decades. It takes an organization with a large membership to make these changes happen and each AFOS/AOA member enables the AOA to defend your scope of practice rights. Currently, AOA is fighting one of the biggest battles in recent times with ophthalmology, defending the ability of VA optometrists to perform minor ophthalmic surgical procedures that they are licensed, and clinically privileged to perform.

With so many tangible and intangible benefits to AFOS and AOA membership, why not join? Dues payments are on a graduated scale if you are a new graduate. Even if you have been a practicing VA optometrist for many years, AFOS dues are substantially less than comparable affiliated State organizations.

Please consider the benefits you will receive should you decide to join AFOS. Dr. Steven Sem, the Executive Director of AFOS, and I would be pleased to answer any questions you may have about the many benefits of membership. Visit our website at <http://www.afos2020.org/Afos/Membership/Main.htm> for more details.

Respectfully,

Alyon J. Wasik, O.D.
Member, AFOS Membership Committee

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Associations, Institutes, Organizations, Societies

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[American Optometric Association](#)

[American Optometric Foundation](#)

[Association of Regulatory Boards of Optometry \(ARBO\)](#)

[Council for Refractive Surgery Quality Assurance](#)

[Eye Advisory](#)

[Eye Surgery Education Council](#)

[Glaucoma Research Foundation](#)

[Healthy Vision 2010](#)

[International Glaucoma Association](#)

[NASA Vision Group](#)
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Coding

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Contact Lens

[Acuvue](#)
[Bausch & Lomb](#)
[British Contact Lens Association](#)
[CIBA Vision NIGHT & DAY](#)
[CIBA Wesley-Jessen](#)
[Contact Lens and Anterior Eye](#)
[Contact Lens Council](#)
[Contact Lens Manufacturers Association](#)
[Contact Lens Spectrum](#)
[CooperVision](#)
[Innovative Sclerals Ltd.](#)

[International Association of Contact Lens Educators \(IACLE\)](#)
[New Zealand Contact Lens Society](#)
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[Official Site of Silicone Hydrogel Lenses](#)
[Virtual Consultant](#)

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Conventions and Meetings

[Great Western Council of Optometry](#)
[Heart of America Contact Lens Society](#)
[Midwest Vision Congress & Expo](#)
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[Vision Expo East](#)
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Foreign Web Sites

[American Academy of Optometry \(British Chapter\)](#)
[Association of Optometrists, UK](#)
[Australasian College of Behavioural Optometrists \(ACBO\)](#)
[Bradford, University of, Department of Optometry \(UK\)](#)
[Brazilian Optometry Association](#)
[Canadian Association of Optometrists](#)
[College of Optometrists - UK](#)
[Eye Health Council of Canada](#)
[Hong Kong Polytechnic University Optometry Section \(PRC\)](#)
[Hong Kong Society of Professional Optometrists](#)
[Institute of Optometry - UK](#)
[Karolinska Institutue - Sweden](#)
[Melbourne College of Optometry - Australia](#)
[New Zealand Association of Optometrists](#)
[Ontario Association of Optometrists](#)
[Optometrists Association \(Victoria\)](#)
[Optometrists Association Australia \(New South Wales Division\)](#)
[Optometrists Association Australia \(Queensland Division\)](#)
[Optometrists Association Australia \(Victorian Division\)](#)
[Optometry and Optics Today - UK](#)
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[Thai Optometry](#)
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Government Health

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[Centers for Disease Control and Prevention](#)
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Journals

[American Journal of Ophthalmology](#)
[American Society of Cataract and Refractive Surgery](#)
[Archives of Ophthalmology](#)
[British Journal of Ophthalmology](#)
[Digital Journal of Ophthalmology](#)
[Eyeworld](#)
[Ocular Surgery News](#)
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Low Vision and Vision Therapy

[American Foundation for the Blind](#)
[Canadian National Institute for the Blind](#)
[Eschenbach Optical](#)
[Foundation for Fighting Blindness](#)
[Lighthouse International](#)
[Low Vision Gateway](#)
[NORA - Neuro-Optometric Rehabilitation Association](#)
[Ocutech](#)
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Ocular Disease

[AMD Alliance International](#)
[American Macular Degeneration Foundation](#)
[Lutein Information](#)
[Macular Degeneration Foundation](#)
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[Macular Degeneration Partnership](#)
[Macular Disease Society](#)
[MAXIVISION](#)
[Center for Keratoconus](#)
[Chua Eye Page](#)
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Ophthalmic Equipment and Medications

[Alcon Laboratories](#)
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Optical

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Optometry Schools

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[Pacific University](#)
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Systemic Disease

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[AskPhysicians.com](#)
[National Headache Foundation](#)
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