



NMOA Newsletter Sept 2008 Newsletter

Affiliated with the
American Optometric
Association

Sept 2008

Mid-Year Convention Update

By William Jones, OD, Continuing Education Chair

I hope that everyone was pleased with the CE program at the annual convention in Albuquerque last May. I was able to get a good mix of speakers and choose to have topics that were varied and hopefully interesting to you.

The mid-year meeting is in Ruidoso and the 3 speakers are: Richard Mangan from Indiana (very dynamic speaker), who I saw at the Louisiana annual convention in Lafayette in June; Sue Cotter from SCCO who will speak on there-cent hot topic of amblyopia treatment in adults; and myself on central serous chorioretinopathy (CSR), which is a new lecture that I'm putting together. Hopefully all will find it interesting and applicable to their practice.

Remember, the hours needed for re-licensure is now 22 hours. This means that the annual convention will start on Friday morning and will end Sunday afternoon. Coming to the mid year meeting will reduce the number of hours you will need to attend at the annual convention.

Hope to see you all at Mid-Year!

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It's Not Too Late!!

Join us for the
**2008 New Mexico Optometric Association
Mid-Year Convention**

**September 19-20, 2008
Inn of the Mountain Gods Resort
Mescalero, NM
(Just outside of Ruidoso, NM)**

Upcoming Events:

Thirsty Wednesday
Wed, Sept 17, 2008
Jinja Restaurant & Bar

NMOA Mid-Year
Ruidoso, NM
Sept 19-20, 2008

**NMOA Annual
Convention**
Albuquerque, NM
May 15-17 2008

AOA State Government Relations Legislative Conference Update

By Alissa Irons, OD

I had the privilege to represent you, the NMOA Membership at the AOA State Government Relations Legislative Conference in Indianapolis IN. Here's what I learned:

1. The AMA has defined Surgery and also wants to define who can use the term "Doctor" and "Resident". The below link will take you to all the SGR notes and Dr. Gilan Cockrell's presentation entitled "Why Your State's Practice Act Must be Ready Now" outlines these definitions. Dr. Cockrell also did a terrific job of educating us on why we should never be ashamed of our education. Ophthalmology has been adamant about how they attend medical school and how their education is much superior to ours but the truth is that we spend four years studying the eyes exclusively and probably are much knowledgeable about our chosen profession. Please check out his presentation!

2. There was much talk about Medical Home. This is a system where a Physician would be in charge of coordinating all the medical needs of a particular patient from cradle to grave. AOA is working on getting Optometry recognized on being able to be this physician should the patient chose.

3. I attended a session called "Building Grassroots". Missouri is currently doing a "Storm the Capitol" which is what NMOA is planning for January in lieu of the past Glaucoma Screenings. Missouri OD's take cinnamon rolls to their legislators and later has a reception for their legislators later in the evening.

4. I attended another session put on by AOA's Eye Care Benefits. The theme of the meeting was "Educate then Legislate". It was determined that many HMO's and other ins companies are unaware of what services Optometrists actually provide. By sitting down with these companies, it is oftentimes possible to obtain access without having to legislate.

5. Sherry Cooper did a great talk on Legislative Issue beyond Scope Issues. This is also a link below. Check it out!

6. Dr. Bobby Jarrell, our Legislative Chair and SGR Member did a great job representing NM with talks on "How/When/With Whom to Negotiate" and "Let's Talk . . . Laser and Surgical Procedure Legislation". I'm very proud to have Dr. Jarrell represent our state and association.

<http://www.aoa.org/x10816.xml>

Sincerely

Alissa Irons, OD

Why Your State's Practice Act Must Be Ready NOW!

- The Accelerating Pace of Change
- The Increasing Aggressiveness of Anti-optometry Attacks by Ophthalmology
- Government Intervention
- Access Issues

Check out
<http://www.aoa.org/x10816.xml>
to learn More!!



Are You Proud Of Your Profession?

By Richard Montoya, NMOA Executive Director

Are you proud of your profession?

That was a rhetorical question. I know that you are all proud of your profession and I know that you are proud to be an optometric physician. I also know that as a group you are very down-to-earth and not at all pretentious which is one of the many attributes that makes working with optometry such a pleasure. Through the years I have noticed that many of you introduce yourselves as "John Smith" or "Mary Jones" without referring to yourself as "Doctor". While this is a very unpretentious way to conduct yourselves in day to day life I do not want you to be afraid to introduce yourself and your colleagues as "Doctor" when you are meeting with Legislators, public officials, or anyone you meet with when you are representing yourself as an optometric physician. You have all worked very hard through the years to be recognized as physicians and you should be proud to introduce yourself as a doctor when the situation is appropriate.

Now I know that many of you have close relationships with the leaders of your communities and when you have already developed those relationships you do not need to continue to introduce yourself or refer to yourself as "doctor" but when you are meeting someone for the first time be proud of who you are and if your are representing the NMOA make sure that they know you are doing so. I always take great pleasure to introduce myself as a representative of the NM Optometric Association and notice when an individual is familiar with the good reputation that you, as optometric physicians, have developed for the profession.

"...when you are meeting someone for the first time be proud of who you are and if your are representing the NMOA make sure that they know you are doing so."

VSP Update By VSP State Representative Richard Zobel, OD

There has been some discussion about VSP requesting certain medical diagnosis when billing the vision plan. In the last coding and billing section in the First Friday e-mail, there was an opinion that the disclosure of the medical diagnoses was in violation of HIPAA. I realize that it was only an opinion.

It has been brought to my attention that there have actually been two doctors in two different states that filed complaints with Health and Human Services. In each case, the HHS has ruled in favor of VSP.

This service that VSP provides for our patients with medical conditions, such as Diabetes, is invaluable. When VSP receives this information, they make sure that the patient is complying with their follow up on a timely basis by notifying the patient it is time to have their eyes examined and be screened for signs of diabetes in their eyes. This is at no cost to their providers. VSP encourages its providers to communicate with the patients medical doctors after each visit when diabetes or any other chronic conditions are present. This is a great tool for us to use to promote optometry as a medically concerned profession. It is much more cost effective to control diabetes than to treat an out of control condition.

We as optometrists are not treating these conditions. We are detecting and monitoring them. We can't separate the fact that Eyecare is part of healthcare.

Hispanics have a 25-30% incidence of diabetes over the age of 50. 50% of those have diabetic retinopathy at some level. The diabetic incidence in New Mexico is one of the highest in the country.

In the interest of continuity of patient care with chronic diseases, I urge everyone to report the findings to VSP when billing for there services.

Hi, I am candidate...

By Melinda Cano-Howes, OD, NBEO Examiner

After 5 years of being an examiner for National Board Clinical Skills Examination and 3 years of working with the NM state board, I have seen many nervous candidates!

The National Board of Examiners in Optometry was established in 1951 a private, nonprofit organization to develop, administer, score and report results. 47 states, Puerto Rico and District of Columbia require each candidate to pass all three part of the National Board before being allowed to take state exams for licensure. The examination process strives to standardize the entry-level clinical skills of more than 1300 candidates in 17 cities with more than 500 examiners. The continuing expansion in practice and curriculum calls for changes to the NBEO, which is reviewed and updated on an ongoing basis, for basic knowledge, expanding skills and broad use of therapeutics.

The Clinical Skills Examination or Part 3 is administered at all Schools of Optometry. The exam is given on weekends, with up to four, 3-hour sessions. This part of the National Boards assesses the candidates' knowledge and skills necessary for safe and effective practice as an entry level practitioner. The examination has 19 skills or procedures divided among four stations. These skills include BIO, slit lamp exam, gonioscopy, refraction, lensometry, case history, communication, punctual plug placement and CL procedures.

It is an impressive system considering the professionalism and attention to detail the National Boards have put into place. All examiners are calibrated and each examiner is expected to assess skills uniformly with results based on what graduating optometrist should be expected to perform, while protecting the health and safety of patients.

The work I have done with the Boards has proven to be challenging as well as educational, allowing me to grow in my practice of Optometry and provide better care to the patients I touch each day. This experience has given me a chance to examine new OD's and to work and meet seasoned OD's from all over the country who have brought the practice of Optometry to the level it is today.

Thank you

PCLI

**For Sponsoring NMOA's
Mid-Year
Convention**

- Don't forget to wear your favorite Rock-n-Roll T-Shirt on Friday, September 19, 2008 at NMOA's Mid-Year Convention!
- Bring your checkbooks to Ruidoso to buy Raffle tickets to benefit NMOA!



NMOA Member Tom Arvas, New Mexico State Game Commission Chairman, Helps Lesser Prairie-Chicken

After three months of collecting public comments and insight, the New Mexico State Game Commission, on July 23, 2008, adopted upland gamebird regulations for the 2008-2009 and the 2009-2010 hunting seasons. Those regulations contained provisions for a restricted and biologically sustainable hunt structure for lesser prairie-chickens in New Mexico. That structure is based on the Chairman of the Game Commission and the Director of the Department of Game and Fish concurring annually on the number of permits allowed with an upper limit of 50 permits for firearms hunting and 5 permits for falconry. There is no requirement for an annual hunt, but the hunt structure was put in place.



The **Lesser Prairie Chicken**, *Tympanuchus pallidicinctus*, a species in the grouse family, is slightly smaller and paler than its near relative the [Greater Prairie Chicken](#)

Subsequent to adoption of the regulations, a substantial amount of concern was raised by a variety of interests regarding the prospect that provision of such a hunt could complicate conservation efforts directed at ensuring lesser prairie-chickens in New Mexico are not listed as federal endangered or threatened species under pending federal action. The level of concern and indications that important conservation cooperators were holding divergent views called Chairman Tom Arvas and Director Bruce Thompson to decide to hold on issuing any permits until such time as communication among important conservation partners can be enhanced and further federal action becomes clearer.

As an important step in clarifying communication and understanding among conservation partners, Chairman Arvas and Director Thompson are hosting a forum in Santa Fe on Thursday, September 18, 2008 to engage the entire spectrum of conservation actions to benefit lesser prairie-chickens. The forum will involve representation resource and land management agencies. This forum is expected to clarify visions of prairie-chicken conservation, rekindle and reinvigorate partner efforts toward those objectives, and identify how various sustainable aspects of prairie-chicken occurrence in rural communities can be featured in conservation programs. More news on these efforts will be forthcoming.

Billing & Coding Corner by Brent Shelley, OD

On March 1, 2008, our Medicare Administrative Contractor changed from Pinnacle to TrailBlazer Health Enterprises. It has come to our attention that TrailBlazer has routinely denied surgical codes that are confirmed as legal by the New Mexico Board of Examiners in Optometry.

In an effort to ensure proper reimbursement from TrailBlazer, we are asking that all NMOA optometric physicians forward to us REDACTED remittance advices (ERA) that have been denied by TrailBlazer via the PR-170 code ("Not covered by this type of provider"). Please blackout any PHI. We are interested in date of service, procedure, and denial code. Please ensure that YOUR provider information is still included at the top.

To ensure fairness, if you have surgical codes that you have been reimbursed for, please submit those ERAs as well. This will help TrailBlazer find any bugs in their system that may reveal why some providers and codes are routinely denied, while others are paid.

Please fax your ERA to:

Brent Shelley, O.D. 575-526-5367

At our 2008 NMOA Annual Convention in May, AOA Trustee Dori M. Carlson, OD, FAO visited with us at our Membership Luncheon. If you missed her presentation, below are the points that were discussed.

AOA Making A Difference

- Thanks to AOA Volunteers from New Mexico: Jenn Planitz, OD, Nate Rowland, OD, Robert Jarrell, III, OD
- Your AOA's Priorities:
 - Advocacy: Washington D.C. and States
 - Membership: Grow our membership – Now 63% market share (NM boasts 187 members & 75% market share)
 - Affiliate Relations: Help states grow membership and work with agencies and leveling of scope of practice
 - Public Health – HEHP, InfantSEE®
- Harmful Legislation & Cuts to Optometry Halted:
 - Stopped I-800-Contacts legislation, protected your rights to prescribe
 - HR5688 Truth in Transparency Act
 - Medicare Payment Cuts
- AOA Legislation Introduced: We asked the Washington office to be more proactive instead of reactive at the federal level. As a result 2007 was a busy year indeed...
 - “The Vision Care for Kids Act of 2007” HR 507/S. 1117
 - Passed in U.S. House!
 - Recognizes link between healthy vision and classroom learning
 - Provides Federal funding to bolster state children’s vision initiatives
 - “The Optometric Equity in Medicaid Act” HR 1983
 - Ensures ability of ODs to provide medical eye care to Medicaid patients—as is currently done for Medicare and private-pay patients
 - Closes Medicaid loophole allowing states to restrict coverage of primary eye care
 - “National Health Service Corps Improvement Act” HR 1884
 - Re-introduces ODs into the NHSC student loan repayment and scholarship programs
 - Would ensure greater access to eye and vision care for underserved populations and provide an incentive for health providers to locate in rural and underserved areas
 - “Contact Lens Consumer Protection Act” HR 2012
 - Requires a Federal crackdown on prescription verification abuses by Internet contact lens sellers
 - Protects the vision of millions of Americans
 - “Military Eye Trauma Act” HR 3558
 - Creates a Center of Excellence within the DOD devoted to the prevention, diagnosis, mitigation, treatment and rehabilitation of military eye injuries
 - Addresses growing number of serious eye wounds which have become the most common injuries in current U.S. conflicts
 - Approved in December of 2007
 - PQRI- CMS
 - Physicians Quality Reporting Initiative (PQRI)
 - Tax Relief and Health Care Act of 2006
 - Financial incentive to participate
 - Voluntary quality reporting
- Victories and Issues to Work On:
 - Continued to pressure the FTC into enforcing actions against companies that violate contact lens prescription verification process.



- ODs now recognized as acceptable medical sources for Social Security disability determinations
- Secured a seat at the table for optometry in Federal health panels developing Medicare "pay for performance" guidelines.
- Advocating for ODs for DME Accreditation process
- AOA Washington Office...
 - Washington is the new battleground for Optometry
 - AOA Keyperson Program being re-vamped and expanded
 - AOA PAC made history in 2006, reaching a new record of raising nearly \$1.4 M (6th largest healthcare PAC in the nation!)
 - New goal for the 2007-2008 election cycle is \$2 Million. Currently at \$1.3 M as of 3/31/08
- AOA PAC - 2008: 23 members at the \$2,000 level!!! 63 members at the \$1,000 level! We can do it!
 - If 20% gave \$500/year we would be the largest Healthcare PAC by a factor of THREE.
- New Mexico AOA-PAC Members: March 2008 --- 31 members, Total Contributions \$5,165, Average per NM PAC Member \$166, The BOT challenge \$500, 9 have met this challenge, 13 at the \$1,000 level, Jennifer Planitz, OD at the \$2,000 level !!!!!
- State Advocacy Efforts
 - SGRC working with the affiliated associations to reach your state legislative goals.
- Scope of Practice Legislation
 - 2007 was an excellent year for scope amplification legislation – bills were enacted either adding additional drugs, clarifying surgical procedure language (go New Mexico!), and modifying or repealing “standard-of-care” statutory language.
- 2007 Banner Year for State Legislation: Attacks on Scope of Practice Legislation: Comanagement restriction bills: GA (defeated), MA (pending), NY (pending), Roll back scope: OK (multiple bills, all defeated), Punitive “study” bill in NY (no activity) Children’s Mandatory Eye Exam Legislation: IL passed by 112 – 0 vote veto override of SB 641 (Requires eye exams for children entering kindergarten or enrolling for first time in public, private or parochial elementary schools)
- Optometry Awareness & Public Affairs Campaign Continues: Media-Results of the Campaign– More than 2 BILLION Media Impressions!
 - Increase in media interest in eye diseases = More opportunities for optometry-driven stories
 - AOA’s increased visibility makes it an even stronger advocate for optometry
- Profession Takes a New Look at Board Certification: Health care landscape has changed , profession expressed interest, 10 of 57 “preferred futures” from Optometry 2020 Summits, joint project team to devise prototype board certification process for the profession
- Things we’re hearing...
 1. CMS (Medicare): For the first time they are now requiring “board certification” to be a provider in the Medical Home program, a CMS sponsored and paid for program. Requires the provider to be either a MD or DO.
http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MedHome_TaxRelief_HealthCareAct.pdf.
 2. Pay for Performance/PQRI: May require demonstration of continued competence;
 “Board Certification/Continued Competence will be one way that may be used to evaluate quality of care, “ Tom Valuck CMS representative”. April, 2008 (AOA Advocacy Conference).
 -Board Certification: The general practice of optometry is the only prescribing doctoral level health care profession that does not have a board certification process available as an ongoing measure of advanced (beyond entry level) clinical competence. All other prescribing professions have it.
 -InfantSEE ® : Number of OD’s Enrolled: 7,800nAbout 125,00 to 150,000 infants have been seen
 NM Providers: 57 (This is about 38% of your membership)
 -Communicating Through the Web: New look, revised content of AOA Web site, easier to search
 -New Member Benefit: AOA Contract Analysis Service
 FREE service available to AOA members only, FREE access to licensed attorneys who will review, Unsigned managed care plan contracts, Unsigned employment contracts with retail optical entities
 ...Visit www.aoa.org/contractanalysis.xml for details or to submit a contract for review.

We've all heard about Board Certification. But what does it mean? Randolph Brooks, Chair of the Joint Board Certification Project Team gave a presentation at the 2008 AOA House of Delegates, and here's what he had to say. For Questions or Comments? Contact him! (973) 584-2020 rebrooks@aoa.org

Joint Board Certification Project Team Update to the AOA House of Delegates

- Board Certification: Why study the process?
 - Healthcare delivery in the U.S. is evolving
 - Governmental programs currently in place to evaluate quality of care are making reference to board certification/continued competence.
 - PQRI & P4P & Public Advocacy efforts to improve quality of care
 - Managed Care Organizations are considering board certification
 - Web sites like www.healthgrades.com are already using board certification as a means to pre-qualify a patient's search for a physician. These sites are expected to proliferate and be provided at no cost to consumers. The first problem: Optometry is excluded.

Quality preferences are 1. Free of professional misconduct 2. Board Certification

 - NOCEC concluded that "renewed dialogue should be considered involving all stakeholders, organized by ARBO and AOA to reassess the continued competence and board certification topic." (May 2006)
 - Organizations (AAO, ARBO, ASCO, NBEO) at the Optometry 2020 Summit chose Preferred Futures relating to competence and board certification. (August 2006)
 - In light of these developments, the leaders of 6 optometric organizations supported the formation of a joint project team with representatives appointed by their respective organizations to study the issue of board certification and to propose a model process to be considered by the profession.
- Board Certification in Optometry
 - A voluntary process that establishes standards that denotes that a doctor of optometry has exceeded the requirement(s) necessary for licensure. It provides the assurance that a doctor of optometry maintains the appropriate knowledge skills and experience needed to deliver quality patient care in optometry.
 - The general practice of optometry is the only prescribing doctoral level health care profession that does not have a board certification process available as a measure of continued (beyond entry level) clinical competence.
 - All other doctoral level prescribing professions have it.
 - The other prescribing professions have already defined Board Certification as "beyond entry level for licensure".
 - The public has accepted that definition
 - Government (Medicare) has accepted that definition
 - Third party payers have accepted that definition
 - We cannot demonstrate "continued competence" (beyond entry level) in the same manner as the other health care professions without a board certification process.
- Who is asking for Board Certification?
 - The public through state legislative initiatives: In 2007, in Virginia, the AARP initiated national model legislation to consider continued competence as a prerequisite for re-licensure.
 - Board certification is not linked to re-licensure in any profession. Linking BC to re-licensure is strongly opposed by the AOA and is NOT under consideration by the JBCPT.
 - The public through state legislative initiatives: In 2006, as a result of proposed legislation, the Governor of Washington created a work group that is looking at requiring continuing competence for MDs. In Oklahoma, discussions were held in the 2008 legislature to require board certification of pediatricians. No action was taken.
- Who is asking for Board Certification?
 - The Federal Government
 - CMS (Medicare): Requiring "board certification" to be a provider in the CMS sponsored and paid-for Medical Home program. The program is currently limited to MDs/DOs
 - Pay for Performance / PQRI: May require demonstration of continued competence:

“Board certification/continued competence will be one way that may be used to evaluate quality of care.” – Tom Valuck, CMS Representative to the AOA Advocacy Conference, April 2008

- Who is asking for Board Certification/ Continued Competence?
 - Third Party Payers::Blue Cross, Cigna, Aetna, WellPoint, United Health Group
 - Each reviewing Quality of Care and Continued Competence outcomes. All signed Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs.
- Why is Board Certification being asked for by those outside the profession?
 - The Public through state governments believes it can use board certification as one way to evaluate quality of a provider, thus the quality of care they (or their family) will receive. The public has both a desire for and expectation of quality care.
 - The Federal Government believes it can better ensure quality of outcomes (better quality of care) and thereby control healthcare expenditures.
 - Third party payers believe they can provide better care to their enrollees/control expenditures/capture more of the market. If asked, can we demonstrate Continued Competence leading to improved quality of care to the public, government & third party payers, in order to participate?
 - These groups can: Allopathic Medicine, Osteopathic Medicine, Podiatric Medicine, Veterinary Medicine
 - All have board certification routes for continued competence.

Joint Board Certification Project Team Mission

“Develop and propose an attainable, credible and defensible model for Board Certification in Optometry and maintenance of certification for adoption by the profession. This model will establish standards for voluntary board certification and maintenance of certification in the practice of optometry. This model will communicate information about these standards to support the public’s quest for high quality health care.” –Adopted by Joint Board Certification Project Team, Nov 2007

Myth: AOA is driving the process and the AOA Board of Trustees has already decided that we are having board certification regardless of what AOA members or other organizations think.

Fact: This is a profession with a wide effort with input and direction from many organizations. No one has decided on anything except that the profession needs a model to discuss and consider.

Myth: The AOA will dominate whatever organization is formed, will control the entire process, and make a lot of money

Fact: Although the AOA will have representation on any certifying board, AOA will not be the certifying entity and will neither control the process nor profit from application fees.

Myth: We could solve this problem with a really easy process that really doesn’t require any study or testing

Fact: A process that is not credible will not have acceptance by third party payers, state, and federal government or the public

Myth: The process will be really difficult that only sub-specialty trained ODs, academics, and residency trained OD will be able to qualify

Fact: The JBCPT is considering a process for general optometry at this time. The process will be attainable for the optometrist in general practice.

Myth: We are already board certified since we passed the National Boards

Fact: The National Board of Examiners in Optometry tests entry level competence not competence associated with board certification.

Myth: If we don’t open this “can of worms” it will probably just go away and we will never have to worry about it.

Fact: Recent events show that healthcare is evolving and the demonstration of continued competence associated with board certification is not likely to disappear will probably become more important.

Myth: Rather than encouraging everyone to be open minded about a process yet to be proposed, AOA is looking for a groundswell of support from the profession

Fact: The AOA is encouraging everyone to be patient with a process currently still under study by the six organizations. The JPT expects to have a report ready by the end of 2008 for discussion of the 2009 AOA House of Delegates.

Paraoptometric Committee Page

Paraoptometric Perspective by Fiona Ratzlaff, CPO

Announcing an all New CE Convention

For next year's convention there has been an extra room acquired for our classes. Room 1 will have a max of 90 people and there will be General classes held in this room. Room 2 will have more advanced classes. These classes will vary and will have a max occupancy of 30 to 40 people depending on the class. Every staff member will be required to sign up for the classes they wish to take.

When the Registration form is sent out it will have all the information needed for signing up each employee as well as information regarding the maximum amount of students for each class.

Once one class fills up then the staff members will have to be put in the alternate class running at the same time. First ones to submit get their choice.



Time to work together.

[Any additional questions please contact Fiona Ratzlaff at fionaratzlaff@qwest.net](mailto:fionaratzlaff@qwest.net)

CPO, CPOA, CPOT CE Guidelines from the AOA



The AOA-CPC has put together a list of subject matters that are acceptable and it has increased over the years. Below is an overview of some of them. CPO, CPOA & CPOT can receive continuing education classes in the subjects below. They can be ABO, NCLE, COPE or JCAHPO approved. We are required to have a minimum of 18 credit hours per 3 year certification period.

Subject Matter

- Practice Management
- Refractive Status of the Eye
- Ophthalmic Optics/Dispensing
- Basic Procedures
- CPR Certification / First Aid
- Special Procedures
- Anatomy and Physiology
- Low Vision
- Ophthalmic Pharmacology
- Contact Lenses

OR

- Oral presentation of lectures and/or workshops that have been approved by the AOA Commission on Paraoptometric Certification
- Authorship or co-authorship of work-related articles and manuscripts that are approved by the AOA Commission on Paraoptometric Certification



Paraoptometric Committee Page

NCLE TRAINING

Saturday, October 11, 2008

9:00 AM – 5:00 PM

ABO TRAINING

Sunday, October 12, 2008

8:30 AM – 4:00 PM

Training will be held at:

Advanced Vision Technologies

14828 West 6th Avenue, Suite 15B Golden, CO 80401

\$185/Person for NCLE Class

\$175/Person for ABO Class

Books/Materials, Light Breakfast and Lunch will be provided

Seats are limited

Call Today To Reserve Your Seat

For NCLE Training Call: 303-384-1111/888-393-5374

For ABO Training Call: 303-525-4606

The NCLE & ABO Preparation Training is to prepare the individual for the Basic NCLE & ABO Certification.

**The NCLE/ABO Certification test will be held on: November 16, 2008
Deadline to register for NCLE/ABO Certification is September 16, 2008
Please call 800-296-1379 to register for the NCLE/ABO Certification.**

**Affiliated with the American
Optometric Association**

Please send questions, comments, article submissions, or if you are interested in helping the NMOA Communications committee, contact:

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Member News



James Simnacher, OD, welcomed his grandson Wesley Barron Broome "Bear", Born May 8, 2008. Bear has the proud parents Summer and Brandon Broome

Tom Arvas, OD, welcomed his granddaughter Anna Kathryn Lombardi on April 10, 2008



DC Dean, OD, got married earlier last month to his bride pictured to the left.

Legislative Update:

PAC Checks will be going out soon! Please meet with your legislator and let them know they have our support!



Take your legislator out to lunch and thank them for the support in the past



Let them know you can help in their campaign from putting signs in your yard, "pounding the pavement" by going door to door, and any financial support you can give them



Let them know about programs that New Mexico Optometrists do for the community such as InfantSEE, Lions Club Screenings, Special Olympics, etc.