

MEMORANDUM OF LAW

to

Mr. Robert Hay Jr., Executive Director, MSDC

from

Reza Ghafoorian, MD, Esq.

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MEMORANDUM OF LAW

TO: Robert Hay Jr.
FROM: Reza Ghafoorian, MD, Esq.
DATE: March 7, 2024

RE: Mr. Robert Hay’s request, on behalf of the Medical Society of the District of Columbia, to review and provide comments with respect to the new scope of practice amendments relating to Optometrists in the District under the new Health Occupations Revision General Amendment Act of 2023 (HORA 2023).

QUESTION PRESENTED

- I. Whether the HORA 2023 allows optometrists to prescribe controlled substances?
- II. Whether optometrists should be able to prescribe controlled substances.

BRIEF ANSWER

- I. Yes. HORA 2023 expands the scope of practice of optometrists in the District to include prescription of controlled substances, with certain limitations.
- II. Probably No. Optometrists do not have the required education, training or experience to prescribe controlled substances without supervision by a physician.

APPLICABLE LAWS**I. Summary of Scope of Practice Provisions of the HORA 2023**

In the HORA 2023, the Council of the District of Columbia has proposed to update the scope of practice of optometrists to permit the prescription and administration of controlled substances, with limitations.

II. Current DC Optometry Regulations

DC Code § 3-1201.02 entitled “Definitions of health occupations” defines the current scope of practice for an optometrist:

(10)(A) Practice of optometry means the application of the scientific principles of optometry in the examination of the human eye, its adnexa, appendages, or

visual system, with or without the use of diagnostic pharmaceutical agents to prevent, diagnose, or treat defects or abnormal conditions; the prescription or use of lenses, prisms, orthoptics, vision training or therapy, low vision rehabilitation, therapeutic pharmaceutical agents, or prosthetic devices; or the application of any method, other than invasive surgery, necessary to prevent, diagnose, or treat any defects or abnormal conditions of the human eye, its adnexa, appendages, or visual system.

(B) The Mayor shall issue rules identifying which, and under what circumstances, diagnostic and therapeutic pharmaceutical agents may be used by optometrists pursuant to this paragraph.

(C) An individual licensed to practice optometry pursuant to this chapter may use diagnostic and therapeutic agents only if certified to do so by the Board of Optometry in accordance with the provisions of § 3-1202.07.¹

(D) Nothing in this paragraph shall be construed to authorize an individual licensed to practice optometry to use surgical lasers; to perform any surgery including cataract surgery or cryosurgery; or to perform radial keratotomy. For the purpose of this subparagraph, the term “surgery” shall not include punctal plugs, superficial foreign body removal, epilation, or dialation² and irrigation.

(E) Nothing in this paragraph shall be construed to authorize an individual licensed to practice optometry to administer or prescribe any oral systemic drug except for antibiotics, appropriate analgesics, antihistamines, non-steroidal anti-inflammatories, or medication for the emergency treatment of angle closure glaucoma; to administer or prescribe any injectable systemic drug except for an injection to counter an anaphylactic reaction; or to administer or prescribe any drug for any purpose other than that authorized by this paragraph. For the purposes of this subparagraph, the term “antibiotics” shall not include antiviral or antifungal agents.

(F) Prior to initiating treatment for glaucoma, an optometrist shall consult with the patient’s physician or other appropriate physician. The treatment of angle closure glaucoma by an optometrist shall be limited to the initiation of immediate emergency treatment.

(G) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of a licensed physician or as prohibiting an optician from providing eyeglasses or lenses on the prescription of a licensed physician or

¹ DC Code § 3–1202.07. Board of Optometry

² Correct spelling is “dilation” - Misspelling by drafters of the statute.

optometrist or a dealer from selling eyeglasses or lenses; provided, that the optician or dealer does not represent by title or description of services that he or she is an optometrist. (Emphasis added)

DC Code § 3-1202.07 entitled “Board of Optometry” provides the current requirements the Board of Optometry imposes to certify an optometrist to prescribe and administer pharmaceutical agents in the District. Note that under the current rules, optometrists cannot prescribe controlled substances:

(f) The Board shall grant applications by licensed optometrists for certification to administer diagnostic pharmaceutical agents for applicants who demonstrate to the satisfaction of the Board that they have:

- (1) Successfully completed a Board-approved course in general and ocular pharmacology as it relates to the practice of optometry, that consists of at least 55 classroom hours, including a minimum of 10 classroom hours of clinical laboratory, offered or approved by an accredited institution of higher education; and
- (2) Passed an examination administered or approved by the Board on general and ocular pharmacology designed to test knowledge of the proper use, characteristics, pharmacological effects, indications, contraindications, and emergency care associated with the use of diagnostic pharmaceutical agents.

(g) The Board shall grant applications for certification to administer therapeutic pharmaceutical agents to applicants who demonstrate to the satisfaction of the Board that they have:

- (1) Been certified by the Board to use diagnostic pharmaceutical agents;
- (2) Successfully completed a Board-approved course in the use of therapeutic pharmaceutical agents as it relates to the practice of optometry, offered by an accredited institution of higher learning; and
- (3) Passed an examination administered or approved by the Board on the use of therapeutic pharmaceutical agents.

Under DC Municipal Regulations Title 17 Chapter 64, an optometrist may be licensed upon showing of a valid doctoral degree in optometry and passage of a practical examination developed by the Board (the District examination) or the national examination including a practical examination portion.

DISCUSSIONS

I. OPTOMETRISTS

A. **HORA 2023 Expands Optometrists Scope of Practice To Allow for Prescription of Controlled Substances.**

HORA 2023 has expanded the prescription authority of optometrists to include prescription of Schedule II-V drugs with some limitations, as follows:

1. Schedule II-V drugs must be first certified by the Board of Optometry as appropriate for the diagnosis or treatment of any disease or abnormal condition of the human eye and its adnexa; and
2. Prescriptions of controlled substances are limited to a one time 7 day-supply without refills. Any prescription beyond the 7 day period must be referred to a licensed practitioner.

The following is a review of the current laws in comparison to the HORA 2023 amendments:

Although the current laws do not allow prescription of controlled substances, DC Code § 3-1201.02(10)(E) allows optometrists to

“use ... diagnostic pharmaceutical agents to prevent, diagnose, or treat defects or abnormal conditions; the prescription or use of lenses, prisms, orthoptics, vision training or therapy, low vision rehabilitation, therapeutic pharmaceutical agents, or prosthetic devices ...”

“administer or prescribe ... antibiotics³, appropriate analgesics, antihistamines, non-steroidal anti-inflammatories, or medication for the emergency treatment of angle closure glaucoma ...”

“administer or prescribe ... injection to counter an anaphylactic reaction ...”

However, HORA 2023 has rewritten DC Code § 3-1201.02(10)(E) as follows:

(E) An individual licensed to practice optometry may administer or prescribe drugs as follows:

- (i) An individual licensed to practice optometry may administer or prescribe the following drugs:

³ Under DC Code § 3-1201.02 “antibiotics” shall not include antiviral or antifungal agents

- (I) Antibiotics, but not oral systemic antiviral or antifungal agents;
 - (II) Antihistamines;
 - (III) Non-steroidal anti-inflammatories;
 - (IV) Medication for the initiation of immediate emergency treatment of angle closure glaucoma; and
 - (V) Analgesics included in Schedules III through V controlled substances and analgesics included in Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen, when certified by the Board of Optometry as appropriate for the diagnosis or treatment of any disease or abnormal condition of the human eye and its adnexa;
- (ii) An individual licensed to practice optometry may administer or prescribe injectable systemic drugs to counter anaphylactic reactions;
 - (iii) Prescriptions for controlled substances issued by optometrists shall be limited to a 7-day supply; provided that, if treatment with a controlled substance is required beyond the 7-day period, the optometrist shall consult with or refer the patient to another appropriate health care provider;
 - (iv) Optometrists permitted under this chapter to prescribe controlled substances shall obtain and have a current federal drug enforcement agency registration number and a District of Columbia controlled substances registration number prior to prescribing or administering controlled substances.

Maryland, which had the most restrictive optometry laws until recently, still does not allow optometrists to prescribe controlled substances except under certain specific conditions, a certified optometrist may prescribe oral antifungals, oral and topical antimetabolite agents, oral corticosteroids (for no longer than 1 months), epinephrine injections for anaphylaxis emergency.⁴

Virginia laws allow optometrists to prescribe and administer therapeutic pharmaceutical agents. VA law defines therapeutic pharmaceutical agents to include oral analgesics (Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen) and Schedules III, IV, and VI narcotics and nonnarcotic drugs. VA laws also permit prescription of certain topically administered Schedule VI agents, and certain orally administered Schedule VI agents. Schedule I, II, and V drugs are excluded from the list of therapeutic pharmaceutical agents except for Schedule II controlled substances

⁴ Maryland Code §11-404.2 (Article - Health Occupations)

consisting of hydrocodone in combination with acetaminophen and gabapentin in Schedule V.⁵

B. HORA 2023 Expands the Scope of Practice of Optometrists To Include Diagnosis, Treatment and Management of Open-Angle Glaucoma Without Restrictions.

HORA 2023 amends DC Code § 3-1201.02(10)(F) to allow optometrists to independently diagnose, treat and manage open-angle glaucoma. The proposed laws do not impose any restrictions.

For treating glaucoma, the current DC laws require physician involvement and supervision as follows:

(F) Prior to initiating treatment for glaucoma, an optometrist shall consult with the patient's physician or other appropriate physician. The treatment of angle closure glaucoma by an optometrist shall be limited to the initiation of immediate emergency treatment.

HORA 2023 amends subsection (F) to allow treatment of open-angle glaucoma without supervision:

(F) An individual licensed to practice optometry may conduct diagnosis, treatment, and management of open-angle glaucoma.

Maryland laws allow optometrists to treat open-angle glaucoma of adult patients with significant restrictions for patient safety.⁶

Virginia laws permit optometrists to diagnose and treat open and closed angle glaucoma (not including treatment of congenital and infantile glaucoma), but only limits the treatment of closed angle glaucoma to immediate emergency care with appropriate pharmaceutical agents.⁷

C. HORA 2023 Amends the Provisions of the Board of Optometry Relating to Certification Requirements To Prescribe Pharmaceutical Agents Under DC Code § 3-1202.07.

⁵ 18VAC105-20-47. Therapeutic pharmaceutical agents

⁶ Maryland Code §11-404.2 (Article - Health Occupations)

⁷ 18VAC105-20-46. Treatment guidelines for TPA-certified optometrists

Current DC Code § 3-1202.07, entitled “Board of Optometry” provides the requirements the Board of Optometry imposes to certify an optometrist to prescribe and administer pharmaceutical agents in the District.

Currently, subsection (f) of DC Code § 3-1202.07 requires an optometrist to:

- (1) Successfully completed a Board-approved course in general and ocular pharmacology as it relates to the practice of optometry, that consists of at least 55 classroom hours, including a minimum of 10 classroom hours of clinical laboratory, offered or approved by an accredited institution of higher education; and
- (2) Passed an examination administered or approved by the Board on general and ocular pharmacology designed to test knowledge of the proper use, characteristics, pharmacological effects, indications, contraindications, and emergency care associated with the use of diagnostic pharmaceutical agents.

The current subsection (g) specifies that the Board shall certify an optometrist to administer therapeutic pharmaceutical agents once she demonstrates that she has:

- (1) Been certified by the Board to use diagnostic pharmaceutical agents;
- (2) Successfully completed a Board-approved course in the use of therapeutic pharmaceutical agents as it relates to the practice of optometry, offered by an accredited institution of higher learning; and
- (3) Passed an examination administered or approved by the Board on the use of therapeutic pharmaceutical agents.

HORA 2023 amends DC Code § 3-1202.07(f) and (g) to eliminate the certification requirements in the law, passing the responsibility to the Mayor to draft a certification scheme at a future time, as follows:

(f) Upon application, the Board shall grant certification to administer diagnostic pharmaceutical agents and prescribe therapeutic pharmaceutical agents to applicants who have satisfied the requirements of the Board in accordance with the rules promulgated by the Mayor.

(g) Subsection (g) is repealed.

Accordingly, not only HORA 2023 expands the scope of practice of an optometrist to prescribe controlled substances, but also, it removes existing certification requirements for prescribing and administering pharmaceutical agents to patients.

D. A Review of Optometrist Education and Training as Compared To That of An Ophthalmologist (a Medical Doctor).

The American Academy of Ophthalmology⁸ published the following article in 2011 on the differences in education between optometrists and ophthalmologists. In determining whether optometrists should have a broader scope of practice, including prescribing controlled substances, it is important to understand the depth of knowledge of these practitioners and the scope of their education. In the absence of an educational restructuring and an expansion in the scope of their training and competencies, it may not be prudent to allow a broad expansion of their scope of practice.

AAO Article is as follows:⁹

There are significant differences in the education and training of optometrists compared with ophthalmologists. These differences are described below in detail:

Entrance Requirements

Optometry school: Optometry schools do not uniformly require a bachelor's degree for entry into optometry school.

Medical school: All medical schools require a bachelor's degree (except for combined 1st and 2nd degree programs). Applicants are required to take the Medical College Admissions Test (MCAT), which covers subjects including college-level mathematics, biology, chemistry, biochemistry, statistics, and physics.

Curriculum

Optometry school: The four-year optometry curriculum includes contact lenses, optics, vision sciences, sensory processing, vision therapy, practice management, and courses related to basic medical sciences and eye diseases. The total number of hours of basic sciences course work based on an evaluation of State University of New York (SUNY) School of Optometry is estimated at 572.5 hours for a 12-week semester.¹⁰ The majority of the remainder of course work (1,481.5 hours) is on optometric areas of focus and also non clinical areas (optometric theory and procedures, integrated optics, general vision therapy, contact lenses, geometrical and physical optics, , pediatric and special population optometry, behavioral vision and learning, children, vision and learning, visual function: sensory and sensorimotor, vision rehabilitation, health care economics and payment,

⁸ Footnotes numbers 10 - 26 belong to the cited article by AAO.

⁹ <https://www.aao.org/about/policies/differences-education-optometrists-ophthalmologists>

¹⁰ SUNY State College of Optometry. Optometry (O.D.) Program Curriculum http://www.sunyopt.edu/academics/od_curriculum1.shtml, Accessed March 30, 2010.

health care management, and practice management.) There are also an estimated 635 hours laboratory and instruction on ocular disease.

Medical school: The four-year medical school curriculum focuses on fundamental principles of medicine and its underlying scientific concepts. It includes required courses on anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine, including laboratory. The total number of hours of basic sciences course work based on the average across reporting medical schools is 1,352.

Clinical sciences studies encompass all organ systems, including the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care. Clinical experience includes family and internal medicine, obstetrics, gynecology, pediatrics, psychiatry, and surgery as well as clinical electives.¹¹

System Disease Training

Optometry: Optometrists receive no clinical training managing patients with different systemic diseases.

Ophthalmology: Medical students participate in two years of patient care rotations through different specialties and gain direct experience managing patients in all aspects of medicine. In addition, all ophthalmologists must complete a full year of general medical, pediatric, or surgical internship.

Postgraduate Training

Optometry: There is no mandatory postgraduate training in optometry. Currently, it is reported that less than 20 percent of optometry graduates go on to an optional one-year training program.¹² There is a total of 280 training slots according to the Optometric Residency Matching Service¹³ but a total of 1,317 optometry school graduates in 2008.¹⁴

Ophthalmology: To become an ophthalmologist after medical school, there is a required one-year general medical, pediatric, or surgical internship and three-year ophthalmology residency training program. About 40 percent of students go on to a one- or two-year

¹¹ American Association of Medical Colleges. Curriculum Directory, Course Details Search. <http://services.aamc.org/currdir/section4/start.cfm>, Accessed March 30, 2010.

¹² American Optometric Association: Residency Program Opportunities. <http://www.aoa.org/x5120.xml> Accessed March 30, 2010.

¹³ Ophthalmic Residency Matching Program. <http://www.opted.org/i4a/pages/index.cfm?pageid=3430>, Accessed March 30, 2010.

¹⁴ Association of Schools and Colleges of Optometry. Annual Student Data Report. <http://www.opted.org/files/public/Graduate.pdf> Accessed March 30, 2010.

fellowship program to concentrate training and experience in a particular subspecialty. This is an additional five to six years of training following medical school for those who complete a fellowship program. The Accreditation Council in Graduate Medical Education (ACGME) has established standards for patient care responsibilities, minimum volume of outpatient visits, and minimum volume of different surgical procedures for residents to perform during their training.¹⁵ In addition, ACGME standards require that ophthalmologists spend a minimum of 612 hours of laboratory time and structured instruction on ocular disease and management during residency training. This does not include the time spent during medical school.

Clinical Experience

Optometry: A 1995-1996 survey of optometric curricula found that clinical experience across schools ranged from 1,215 to 2,240 hours, with an average of 1,910 hours, during the four years of optometry school.¹⁶ Another study published in 2005 reported an average of 1,768 hours of clinical experience.¹⁷ There are no accreditation criteria for optometry schools with respect to the minimum requirements for the number of visits with patients who have ocular diseases or for ocular surgical operative experience.¹⁸ Many patients who come to an optometric school clinic do not have significant ocular diseases but rather seek glasses and/or contact lenses, and therefore the optometrist's exposure to care of a broad spectrum of diseases is limited.

Ophthalmology: It is estimated that at least 17,280 of the total hours that ophthalmologists spend in medical school, internship, and residency are spent in gaining clinical experience and taking care of the patients who enter hospitals, tertiary care centers and academic medical centers. This is based on an estimate of an average of 60 hours per week (including on-call duty, the maximum duty hours for residents is 80 hours per week) multiplied by 48 weeks and by 6 years. During training, the ACGME requires that ophthalmologists manage a minimum of 3,000 outpatient visits with a broad range of disease presentation, and that they assist at and then personally perform under

¹⁵ Accreditation of Graduate Medical Education. Ophthalmology Residency Review Committee. Ophthalmology Program Requirements http://www.acgme.org/acWebsite/RRC_240/240_prIndex.asp, Accessed March 30, 2010.

¹⁶ Bamberg HM, Grenier EM, Harris MG: An evaluation of U.S. optometry school curricula. *Optometric Education* 1998; 23:41-7.

¹⁷ Maier H, Smith A, Coffey B. A curriculum comparison of U.S. optometry schools: looking back over the decade. *Optom Educ* 2005;30(2):39-55.

¹⁸ American Optometric Association Accreditation Council for Optometric Education, Professional Optometric Degree Standards, revised 2009, Optometry Residency Definition and Standards, Effective July 1 2009, Accreditation Manual; Professional Optometry Degree Programs, Revised 2009; Accreditation Manual: Optometric Residency Programs, Revised 2009. <http://www.aoa.org/x12707.xml> Accessed March 30, 2010.

supervision a specified minimum number of various surgical procedures.¹⁹ There are also requirements for systemic disease consultation during residency training.

Professional Regulation

Optometry: An American Board of Optometry was established by the American Optometric Association in October 2009 but has not yet administered its first exam.²⁰ Another competing entity, the American Board of Clinical Optometry, was also established in 2009.²¹ These entities are not under the umbrella of the American Board of Medical Specialties.

Ophthalmology: There is a well-established national board certification process for ophthalmologists, as for other medical doctors. Independent of the American Academy of Ophthalmology and established in 1916, the American Board of Ophthalmology (ABO) of the American Board of Medical Specialties (ABMS) certifies ophthalmologists who have successfully completed an accredited course of education and training and who successfully pass an oral and written examination process. The ABMS is recognized as the “gold standard” in physician certification. This certification goes beyond the minimum requirements necessary for licensure and provides the public assurance that a physician has the appropriate knowledge, skills, and experience to deliver optimum care in a specific area of medicine.²² About 91 percent of Academy members are board certified. In addition to state licensure, the ABO requires that ophthalmologists certified in 1992 or later renew their certification every 10 years; many ophthalmologists who were certified prior to 1992 voluntarily participate in this Maintenance of Certification (MOC) process. It requires evidence for professional standing, practice performance (review of patient records), commitment to lifelong learning and self assessment (continuing medical education and self-review tests), and cognitive expertise (proctored exam).

Competencies

Optometry: Optometry does not delineate a set of competencies that carry through training and practice of optometry in the community.

Ophthalmology: Ophthalmology residency programs require residents to obtain competencies in seven areas to the level of a new practitioner. These areas are patient

¹⁹ Accreditation of Graduate Medical Education. Ophthalmology Residency Review Committee. Ophthalmology Program Requirements http://www.acgme.org/acWebsite/navPages/nav_240.asp Accessed March 30, 2010.

²⁰ American Board of Optometry. <http://americanboardofoptometry.org/> Accessed March 30, 2010.

²¹ American Board of Clinical Optometry. <http://www.boardofclinicaloptometry.org/> Accessed March 30, 2010.

²² American Board of Medical Specialties. <http://www.abms.org/> Accessed March 30, 2010. 17. American Board of Ophthalmology. Maintenance of Certification Requirements. <http://www.abop.org/maintain/req.asp> Accessed March 30, 2010.

care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, and surgical competence.²³ Residency programs must assess residents' performance in these competencies and use assessment results to improve their performance. The ABO certification process requires satisfactory completion of a residency training program, including evaluation of the seven competencies.²⁴ The MOC process focuses on the seven competencies to define the skills and essential areas of ophthalmic knowledge needed to provide high-quality patient care.²⁵

Continuing Education

Optometry: According to the Association of Regulatory Boards in Optometry,²⁶ optometric continuing education (CE) is the primary method used by optometric licensing boards to identify continuing competence of licensed optometrists. There are myriad formats by which each optometry board or licensing jurisdiction approves CE courses, disseminates course information, records course attendance, and retrieves practitioner data on course completion. There is no national organization that oversees the bodies that approve CE. The Council of Optometric Professional Education serves as a national clearinghouse for all CE courses of a statewide, regional, or national scope. It was created to remove the duplicative efforts by state boards, instructors, and program administrators.

Ophthalmology: One element of the MOC program is continuing medical education (CME). The independent Accreditation Council for Continuing Medical Education (ACCME®) is a national organization that develops standards for quality CME. ACCME accreditation is a mark of quality CME activities that are planned, implemented, and evaluated by ACCME-accredited providers in accordance with ACCME's Essential Areas and Elements and Accreditation Policies ("Accreditation Requirements"). ACCME accreditation assures the medical community and the public that such activities provide physicians with information that can help them maintain or improve their practice of medicine.²⁷

²³ Accreditation Council for Graduate Medical Education. General Competencies. <http://www.acgme.org/outcome/comp/compFull.asp> Accessed March 30, 2010, and Accreditation of Graduate Medical Education. Ophthalmology Residency Review Committee. Ophthalmology Program Requirements http://www.acgme.org/acWebsite/navPages/nav_240.asp Accessed March 30, 2010.

²⁴ American Board of Ophthalmology. The American Board of Ophthalmology Board Certification process. <http://www.abop.org/become/req/index.asp> Accessed March 30, 2010.

²⁵ American Board of Ophthalmology. The American Board of Ophthalmology Maintenance of Certification process. <http://www.abop.org/maintain/index.asp> Accessed March 30, 2010.

²⁶ Association of Regulatory Boards in Optometry. Council on Professional Education in Optometry http://www.arbo.org/cope_about.php Accessed March 30, 2010.

²⁷ Accreditation Council for Continuing Medical Education. Accreditation Process. <http://www.accme.org/index.cfm/fa/AccreditationProcess.home/AccreditationProcess.cfm> Accessed March 30, 2010.