Request to Become and Approved Outside Entity for Tier 1 Vision Screening in Utah Schools

Utah Statute (UCA 53G-9-404) allows for approved outside entities to assist with tier 1 vision screening in schools. To become an approved outside entity please complete this application and submit to Utah Department of Health and Human Services (DHHS) to bhinkson@utah.gov. Please contact BettySue Hinkson with any questions at bhinkson@utah.gov or (801) 419-1078. Until you receive approval from DHHS your organization may not provide tier 1 vision screening in Utah schools. Approval is good for two calendar years. Organization Name: Date: Contact Person: Title: Contact Phone: Contact email: Please describe your organization purpose or goal, and your expected level of participation in tier 1 vision screening in Utah schools: **Assurances:** \square The organization is a 501(c) (3) not-for-profit organization. ☐ The organization shall provide tier 1 vision screening to schools at no charge to the school or families. ☐ The organization shall not self-refer students for further treatment unless there is no cost to school, student, or families. ☐ The organization shall only provide tier 1 (distance) vision screening. Tier 2 vision screening components are not permitted (near vision, color, eye tracking or focusing, or convergence screening). ☐ The organization agrees there shall always be a school employee present in the same room when working in schools with students. ☐ The organization shall not take photographs of any students. ☐ The organization shall follow the guidelines, procedures, and policy of the Utah Department of Health and Human Services (DHHS), including only using approved charts and equipment. ☐ All members of the organization who participate in school vision screening shall complete the DHHS training on vision screening (training B for volunteers and training D for outside entities) in schools. ☐ The organization shall provide the school with the results of vision screening on all students who were screened. ☐ All members of the organization who participate in school vision screening shall sign a confidentiality agreement, agreeing to maintain confidentiality of all students. Sharing of any protected health information is strictly prohibited. ☐ Neither the organization nor the volunteer should imply or guess at a diagnosis. ☐ Neither the organization nor the volunteer shall make referrals to specific eye care professionals. ☐ A volunteer shall not participate if there is a conflict of interest. A conflict of interest occurs when there is the potential to influence a decision that may result in personal gain for themselves, a relative, or ☐ The organization agrees to submit the Vision Screening Annual Report (part 2) to UDOH each year. Date Signed: Contact Signature:

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Date application received:	Date organization notified:
Approved? ☐ Yes ☐ No	
Comments:	

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