Practice of Excellence Award
Hayes Center for Practice Excellence
Southern College of Optometry

2016
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HCPE Practice of Excellence Award

Overview

In 2005, Jerry Hayes, OD’ 73 and his wife, Cris, established the Hayes Center for Practice Excellence (HCPE) at Southern College of Optometry. Dr. and Mrs. Hayes made a generous donation to create one of the first educational centers based at an optometric college dedicated specifically for the purpose of teaching current and future optometrists how to manage the business side of practice. The SCO Board of Trustees matched the gift to show its commitment to the endeavor. The HCPE Practice of Excellence Award is designed to identify and reward successful practices, recognize the achievements made by SCO graduates, and help foster joint relationships that benefit both the alumni and current optometry students.

The awards are divided into three sections based on the number of years of practice.

A panel of 5 judges consisting of 3 members of the Hayes Center for Practice Excellence Advisory Board, the Director of HCPE and Dr. Jerry Hayes will review all submissions and check for proper eligibility and truthfulness.

In the event the panel of judges determines that there are no qualified or suitable applications submitted for a particular award, then they may elect to refrain from selecting a winner and no award will be given.

Any questions regarding the award should be directed to HCPE@sco.edu.

List of Awards

The awards are available only to graduates who are founders of a private practice or have purchased an existing practice in the last 10 years and are currently continuing to operate in this manner.

<table>
<thead>
<tr>
<th>Award Name</th>
<th>Graduation Year</th>
<th>Type of Award</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Graduate Award</td>
<td>2012-2014</td>
<td>Equity Owner</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Mid-term Graduate Award</td>
<td>2009-2011</td>
<td>Equity Owner</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Long-term Graduate Award</td>
<td>2005-2008</td>
<td>Equity Owner</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>
Requirements

To apply for the awards, the applicant must meet the following requirements:

1. Be an alumnus of Southern College of Optometry
2. Have graduated within the last 10 years and started a solo private practice or purchased an existing practice and continue to operate it as a private practice
3. Complete the application form
4. Provide supporting documentation as required
5. Be willing to attend the Capstone Program (March 18, 2016) and share their experiences with the graduating class. (Travel expenses will be paid by the Hayes Center for Practice Excellence)
6. Allow HCPE to retain the information for use in classroom instruction
   Anonymity will be maintained during the educational process
7. Allow HCPE to publicize the award recipient and practice in its marketing plan

The Evaluation Process

The panel of 5 judges will consist of 3 members of the Hayes Center for Practice Excellence Advisory board, the Director of HCPE and Dr. Jerry Hayes. The judges will review each application for completeness and base their decision on the practice’s ability to excel in each of the following categories. A 100 point evaluation scale will be used with each category being worth 20 points. The winner of each award will be the graduate with the highest point total from all sections of the evaluation process. The following supporting documentation is required:

- Profit and Loss Statements from previous 2 years*
- Most recent Balance Sheet
- Actual office meeting agenda or minutes
- Completed attached worksheets

*Newer practices should include 1 year P&L Statement

1. **Gross collected receipts** (20 Points) – One of the criteria used in the evaluation of the awards will be the amount of the practice gross collected receipts.

2. **Net income** (20 points) - One of the criteria used in the evaluation of the awards will be the ability of the practice to maximize its net income.
3. **Key Metric Performance** (20 points)–The ability of the practice to meet certain key metrics is very valuable and can be a measure of success. The applicant will need to complete the attached Key Metric Performance worksheet based on their current practice’s Income Statement. The awarding of points will be based on the practice’s ability to closely match the Hayes Center for Practice Excellence’s Key Metrics. (See attachment)

4. **Operations / Staff Management** (20 points) – Proper staff management is vital. It can increase practice awareness and office productivity. Each applicant will need to complete the attached practice Operations and Staff Management form and supply a copy of an actual office agenda or minutes. Points in this category will be awarded based on the practice’s ability to correctly utilize and manage their staff. (See attachment)

5. **A short paper** (no more than 500 words) on “How I was able to successfully maximize my NET Income” (20 points). Each applicant will need to write a short paper explaining how they maximized their NET Income and what obstacles they encountered and how they overcame them along the way. The paper will be evaluated on the applicant’s ability to verbally demonstrate their success in practice in a short narrative.

**All decisions of the judges are final.**

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**Application Process**

All applications must be received by January 15, 2016 electronically or via postal mail service, with the completed application and all supporting documents in one package. Members of the HCPE Advisory Board will review all submissions and check for proper eligibility and truthfulness.

Any questions regarding the award should be directed to HCPE@sco.edu.

Winners will be announced February 19, 2016.

The Award Application Form and Marketing Release Form are found below.
**HCPE Practice of Excellence Award Application**

Complete all information below and submit the form when applying for the award. An application must be provided for each award. The form and all supporting documents must be submitted electronically to HCPE@sco.edu or via postal mail service in one entire package to the Hayes Center for Practice Excellence, 1245 Madison Ave. Memphis, TN 38104. **Deadline is January 15, 2016.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Award Name</td>
<td>SCO Graduation Year</td>
</tr>
<tr>
<td>Address (Line 1)</td>
<td></td>
</tr>
<tr>
<td>Address (Line 2)</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

By signing below, I agree to the following:

- I certify that I meet all the requirements for the award listed above.
- I certify that all statements accompanying this application are truthful and complete.
- I agree to abide by the requirements listed in **Section C** of the awards program.

Applicant Signature  __________________________________________________

Date (Day/Month/Year): ______/______/______
# Hayes Center Key Metric Performance

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of Gross Collected Receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs of Goods Sold (COGS)</td>
<td>___________________________</td>
</tr>
<tr>
<td>Occupancy Costs</td>
<td>___________________________</td>
</tr>
<tr>
<td>Marketing Expenses</td>
<td>___________________________</td>
</tr>
<tr>
<td>Equipment Expenses</td>
<td>___________________________</td>
</tr>
<tr>
<td>General Operating Expenses</td>
<td>___________________________</td>
</tr>
<tr>
<td>Staff Expenses</td>
<td>___________________________</td>
</tr>
<tr>
<td>Net Income</td>
<td>___________________________</td>
</tr>
</tbody>
</table>
Operations / Staff Management

Front Staff / Receptionists  # ___________________

Optometric Assistants  # ___________________

Optical Staff  # ___________________

Office Manager  # ___________________

Other Essential Staff  # ___________________

Office Meetings  # per month or year  ___________________

Delegated Staff Duties (attach additional sheet if needed)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Include actual office meeting agenda or minutes.
I, ______________________________, agree to allow the Hayes Center for Practice Excellence to use the information and documentation provided for this award in the classroom for educational purposes. I also understand that some of the information provided may be used in future marketing campaigns to promote the Hayes Center for Practice Excellence.

Date  ____________________________

Signature ____________________________

Print Name ____________________________

Address _____________________________

_____________________________

_____________________________