



Board of Examiners in Optometry
PO Box 6
Langford, SD 57454
sdoptboard@venturecomm.net
Telephone: (605) 493-6504
Fax: (605) 493-6579
Website: <http://optometry.sd.gov>

AGENDA

April 22, 2016
Tieszen Law Office
Conference Room
Pierre, South Dakota
9:00 a.m. (CST)

1. Attendance
2. Approval of Agenda
3. Approve minutes from the regular meeting on August 14, 2015, and teleconference on March 31, 2016.
4. Treasurer's Report
5. Board review and approve CE courses
6. Old Business
 - a. Board Certification
 - b. Injections
 - c. Department of Labor Licensure Data System Update
7. New Business
 - a. Licensing
 - b. Legislative Updates
 - c. Application Forms and Process
 - d. Renewal Documents
 - e. Board member Terms
8. Time and place of next meeting
9. Adjournment

This meeting is being held in a physically accessible place. Individuals needing assistance, pursuant to the Americans with Disabilities Act, should contact the in Board of Examiners in Optometry (605-493-6504) or sdoptboard@venturecomm.net at least 24 hours advance of the meeting to make any necessary arrangements.

South Dakota Board of Examiners in Optometry

Meeting Minutes
August 14, 2015
Tieszen Law Office Conference Room
Pierre, South Dakota
9:00 AM (CST)

**DRAFT MINUTES
HAVE NOT BEEN
APPROVED BY
THE BOARD**

1. Attendance
Meeting called to order at 9:04 a.m. Board members present were Dr. Dockter, Dr. Hartford, and Nancy Van Camp. Also present were Naomi Cromwell, Tieszen Law Office; Ann Meyer, Attorney General's Office; and Deni Amundson, Board Executive Secretary.
2. Approval of Agenda
Dr. Hartford moved to approve the agenda as presented, seconded by Nancy Van Camp. All in favor. Motion passed.
3. Approve minutes from April 17, 2015.
Nancy Van Camp moved to approve the minutes from the regular meeting on April 17, 2015, seconded by Dr. Hartford. All in favor. Motion passed.
4. Approve treasurer's report
Dr. Hartford moved to approve the treasurer's report, seconded by Nancy Van Camp. All in favor. Motion passed.
5. Board review and approve CE courses
Board reviewed and approved continuing education courses by individual signature vote.
6. Old Business
 - a. Board Certification- Will continue to closely monitor. Tabled until next meeting.
 - b. Injections- Will continue to closely monitor. Tabled until next meeting.
 - c. Fairness to CL Consumers Act and Eyeglass Rule- The board reviewed potential administrative rules changes that would mirror federal language. No further action to be taken at this time, with matter to be monitored.
 - d. Board Member Terms- No action taken.
 - e. State Board Query- Deni Amundson presented information regarding laws that specifically address specialty offices in other states. No action taken.
7. New Business
 - a. Licensing- No action taken.
 - b. DLR/DOH Licensure Data System- Discussion was had regarding the new Department of Labor and Regulation data collection system. A list of elements

required by the DLR was presented and reviewed. Dr. Hartford moved to approve a discretionary plan of action for revising the board's application, renewal process, and database system. Deni Amundson will have these revisions available for board approval at the next meeting, seconded by Nancy Van Camp. All in favor, motion passed.

8. Time and Place of Next Meeting

TBD

9. Adjournment

Nancy Van Camp moved for adjournment, seconded by Dr. Hartford. All in favor, motion passed. Meeting was adjourned at 11:23 a.m.

Respectfully submitted,
Deni Amundson, Executive Secretary
South Dakota Board of Examiners in Optometry

South Dakota Board of Examiners in Optometry

Teleconference Meeting Minutes

March 31, 2016

6:00 p.m. (CST)

The meeting was called to order at 6:09 p.m.

1. Attendance:

Board members present via telephone were Dr. Hart, Dr. Hartford, and Dr. Haiar. Also present were Naomi Cromwell, in person at the Tieszen Law Office, Pierre, SD, and Deni Amundson, Board Executive Secretary, in person at the Board of Optometry office, Langford, SD, both locations having been noticed as available for public access.

2. Approval of Agenda:

Dr. Hartford moved to approve the agenda, seconded by Dr. Haiar. Motion passed by roll call vote.

3. Treasurer's Report:

Dr. Hartford moved to accept the treasurer's report, seconded by Dr. Hart. Motion passed by roll call vote.

4. Contracts:

- a. Tieszen Law Office- Dr. Hartford moved to approve the FY17 contract with the same terms as FY16 contract, seconded by Dr. Hart. Motion passed by roll call vote.
- b. SDOS- Dr. Hartford moved to approve the FY17 contract with the same terms as the FY16 contract, seconded by Dr. Haiar. Motion passed by roll call vote.
- c. BPro- Dr. Hart moved to approve the FY17 contract with an increase of the hourly rate to \$70/hour, seconded by Dr. Hartford. Motion passed by roll call vote.
- d. Kathryn Haivala- Since Dr. Haivala performs investigative services on an as-needed basis, her contract will not be renewed at this time.
- e. Lisa Kollis-Young- Dr. Hartford moved to approve the FY17 contract with the same terms as the FY16 contract, seconded by Dr. Hart. Motion passed by roll call vote.
- f. Deni Amundson- Dr. Hartford moved to approve the FY17 contract with an increase of 2.7% in the yearly salary from the FY16 contract, seconded by Dr. Haiar. Motion passed by roll call vote.

5. Time and Place of Next Meeting:

April 22, 2016, 9:00 a.m.(CST), Tieszen Law Office, Pierre, SD.

6. Adjournment:

At 6:32, Dr. Hart moved to adjourn, seconded by Dr. Haiar. Motion passed by roll call vote.

Respectfully submitted,

Deni Amundson, Executive Secretary
SD Board of Examiners in Optometry

2016/2017 Detailed Expenses				Last Year
2-Apr-16 24.1% FY Remaining				
	Expenditure	Purpose	Notes	1-Apr-15
Board Member Fees	\$240.00			
OASI- Employer's Share	\$19.00			\$360.00
Travel-Auto- In State	\$416.00			\$28.00
Travel- Lodging- In State	\$78.00			\$303.00
Travel- Meals- In State	\$75.00			\$56.00
Travel- Airfare				\$61.00
Travel- Meals, Lodging- Out of State				
ARBO Dues	\$750.00			
Computer Consultant- Bpro	\$754.00			\$750.00
Education and Training Consultant	\$4,000.00	Contract with SDOS		\$406.00
Legal Consultant	\$10,734.00	Tieszen Law Office Fees		\$4,000.00
Management Consultant	\$24,558.00	Reimbursements to Deni Amundson + Investigators		\$14,324.00
		Salary- \$1708/month	\$17,080.00	\$23,426.00
		Rent/Utilities- \$400/month	\$4,000.00	
		Postage and PO Box	\$886.90	
		Printing and Office Supplies	\$699.08	
		Travel Expenses	\$77.95	
		Insurance	\$0.00	
		Telephone and Internet	\$1,189.36	
		Computer	\$624.47	
Investigator	\$360.00	DOH Charges relating to payroll and audit.		\$157.50
Central Services- 5204200	\$673.00	DOH Charges relating to records management.		\$633.00
Central Services- 5204204	\$144.00	DOH Charges relating to personnel services.		\$176.00
Central Services- 5204207	\$75.00			\$116.00
Advertising 5204360				
Telecommunications Services				
Insurance Premiums				\$740.00
Office Supplies				
Printing State	\$1,048.00	Law Handbooks		
Postage	\$36.00			
Computer Hardware				\$1,868.00
Computer Software				
Office Furniture and Fixtures				
Total expenses through 4/2/2016	\$43,960			\$47,247
Total revenue for 2016/2017	\$70,135.54			\$52,931.34
4/1/2016 Cash Balance	\$ 64,690.87			
4/1/2015 Cash Balance	\$ 44,024.03			
4/1/2014 Cash Balance	\$ 47,464.91			
4/1/2013 Cash Balance	\$ 62,435.93			
4/1/2012 Cash Balance	\$ 70,564.70			
4/1/2011 Cash Balance	\$ 58,852.63			
4/1/2010 Cash Balance	\$49,753.40			
4/1/2009 Cash Balance	\$44,397.83			
4/1/2008 Cash Balance	\$37,071.87			
4/1/2007 Cash Balance	\$23,507.03			

Subsubject	Description	FY09 Actual	FY10 Actual	FY11 Actual	FY12 Actual	FY13 Actual	FY14 Actual	FY15 Actual	FY16 4/2/2016
	Salaries								
5101030	Board & Comm Members	1,020	1,140	480	960	720	720	660	240
5102010	OASI-Employer's	82	92	41	76	56	55	51	19
5203010	Auto-State								
	Board Member Travel	1,744	1,824	826	1,004	1,268	996	855	569
	*Includes: Auto, Meals, Lodging								
5204020	Dues & Memberships	600	750	750	750	750	750	750	750
5204060	Ed & Training	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000
5204050	Computer Consultant (database)					3,799	2,813	406	754
5204100	Medical Consultant (investigator)					2,375	-	-	360
5204080	Legal Consultant	11,669	10,849	9,573	7,218	25,953	25,482	16,949	10,734
5204090	Management Consultant	19,266	20,516	21,573	24,390	28,974	25,960	28,588	24,558
5204160	Workshop								
5204200	Central Services	651	653	598	636	681	778	802	673
5204203	Central Services			8					
5204204	Central Services	118	139	113	128	199	261	233	144
5204207	Central Services	288	262	201	220	111	319	208	75
5204960	Other Contractual				88				
5205310	Printing-State	-	331	96			483		1048
5204590	Ins Premiums & Surety Bds	975	900	-	975	470	750	740	-
5205350	Postage				9				36
5207905	Computer		2593	-				1868	0
5207451	Office Furniture and Fixtures				850				
	Total Expenses	40,413.00	44,049.00	38,259.00	41,304.00	69,356.00	63,367.00	56,110.00	43,960.00
	TOTAL REVENUE	50,166.18	49,661.00	50,824.22	53,104.77	52,660.58	54,109.40	54,491.16	70,135.54
		9,753.00	5,612.00	12,565.00	11,801.00	-16,695.00	-9,258.00	-1,618.84	26,175.54



**SOUTH DAKOTA
BOARD OF EXAMINERS
IN
OPTOMETRY**

PO Box 6
Langford, SD 57454
Phone: 605-493-6504
Email: sdoptboard@venturecomm.net
<http://doh.sd.gov/boards/optometry/>

APPLICATION FOR REGISTRATION BY ENDORSEMENT

I hereby apply for certificate of registration to practice optometry in the State of South Dakota and submit the following statement concerning my age, moral character, preliminary and optometric education.

Name: _____
(Print name in full, including middle name)

Maiden name: _____ Date of birth: _____ Place of birth: _____

Permanent address: _____

Permanent telephone: _____

Are you a citizen of the United States? _____

If granted licensure, where do you plan to practice in this state? Please give details of location:

Name: _____

Address: _____

Telephone: _____

Is this a new practice or will you be an employee at this location? _____

If employed, who is the person we may contact to confirm employment? _____

EDUCATION

HIGH SCHOOL-Where, when, and from what high school did you graduate?

PRE-OPTOMETRIC COLLEGE EDUCATION: I have spent _____ years in study at the institutions named below, for the following terms: (fill in)

Month/Year to Month/Year Name and location of School

(It is compulsory you enclose complete transcripts of all college work.)

Please complete regarding pre-optometric education: I received the degree of _____ from the _____ College or University, located at _____ on the _____ day of _____.

EDUCATION IN OPTOMETRY: I have spent _____ years in the study of optometry at the institutions named below, for the following terms: (fill in)

Month/Year	to	Month/Year	Name and location of school

Please complete regarding education in optometry: I received the degree of _____ from the _____ College or University, located at _____ on the _____ day of _____.

(Partial transcripts will not be accepted- Candidate must have fulfilled requirements for graduation.)

BACKGROUND

I am currently licensed to practice optometry in the following states and no others: (Give dates)

State	License Number	Issue Date	Expiration Date

I have previously been licensed to practice optometry in the following states and no others: (Give dates)

State	License Number	Issue Date	Expiration Date

I have been refused State Board Optometric examinations in the following jurisdictions, for the following reasons:

I have been accused or convicted of a felony. If yes, please describe:

Criminal Background Investigation of Applicants for Licensure: Effective July 1, 2009, each applicant for licensure as an optometrist in this state is required to submit to a state and federal criminal background investigation by means of fingerprint checks by the Division of Criminal Investigation and the Federal Bureau of Investigation. Upon application, the Board of Examiners in Optometry will submit completed fingerprint cards to the Division of Criminal Investigation. The applicant must provide the fingerprints to the Board on cards that will be supplied to the applicant by the Board. Upon completion of the criminal background check, the Division of Criminal Investigation will forward to the Board all information obtained as a result of the criminal background check. This information must be obtained prior to permanent licensure of the applicant. The Board of Examiners in Optometry may require a state and federal criminal background check for any licensee who is the subject of a disciplinary investigation by the board. Failure to submit or cooperate with the criminal background investigation is grounds for denial of an application or may result in revocation of a license. The applicant shall pay for any fees charged for the cost of fingerprinting or the criminal background investigation.

Height: _____ Weight: _____ Color of eyes: _____ Single ()
Married ()
Divorced ()

Name of spouse, if married: _____

Military record, if any: _____

PHOTOGRAPH: Two loose photographs, not larger than 3" x 5" must be enclosed. One photograph must be certified on back by a notary public, the other to be kept in permanent record. The following statement should be written on the back of one photograph and the notary seal must be affixed:

I, _____ notary public in and for the county of _____ am personally acquainted with _____. I certify that this is his/her photograph and signature, written in my presence; that he/she is the original of said photograph, and is an applicant for registration before the South Dakota Board of Examiners in Optometry.

ENDORSEMENT REQUIREMENTS

20:50:02:04.03. Endorsement certification An applicant for licensure by endorsement must submit the application form and fee required under SDCL [36-7-13](#) and meet all of the following conditions:

- (1) Be licensed in good standing to practice optometry in a state or territory under U.S. jurisdiction that required passage of a written, entry-level examination at the time of initial licensure;
- (2) Be licensed at the highest level of prescriptive authority possible in that jurisdiction;
- (3) Have been actively engaged in the practice of optometry, including the use of therapeutic pharmaceutical agents, for at least five consecutive years immediately preceding making application under this section;
- (4) Have submitted directly to the board all transcripts, reports, or other information the board requires; and

(5) Pass the written examination regarding the optometry laws and administrative rules governing optometrists in the state. The candidate must request any optometry licensing agency of any U.S. jurisdiction in which the applicant is licensed or has ever been licensed to practice optometry to provide reports directly to the board describing current standing and any past or pending actions taken with respect to the applicant's authority to practice optometry in those jurisdictions, including such actions as investigations, entering into consent agreements, suspensions, revocations, and refusals to issue or renew a license. Any application received from an optometrist who has been sanctioned by revocation of license by another optometric licensing jurisdiction shall be reviewed on a case by case basis by the board.

The board retains the authority to require additional education, testing, or training prior to granting licensure under SDCL [36-7-13](#) when the competency of any applicant is in question. Any applicant who has previously been denied a license by the board shall apply for and meet all initial licensure requirements.

REFERENCES

CERTIFICATE OF GOOD MORAL CHARACTER

Signed by not less than two optometrists in good standing.

1. Name: _____
Address: _____
Telephone: _____ Email address: _____

This is to certify that I have been personally acquainted with _____ for _____ years. I believe him/her to be of good moral character and I hereby recommend him to the South Dakota Board of Examiners in Optometry as entirely worthy to be licensed to practice optometry in the State of South Dakota pursuant to law.

Signature: _____ Date: _____

2. Name: _____
Address: _____
Telephone: _____ Email address: _____

This is to certify that I have been personally acquainted with _____ for _____ years. I believe him/her to be of good moral character and I hereby recommend him to the South Dakota Board of Examiners in Optometry as entirely worthy to be licensed to practice optometry in the State of South Dakota pursuant to law.

Signature: _____ Date: _____

INSTRUCTIONS TO APPLICANT...READ CAREFULLY

THIS BOARD DOES NOT ISSUE TEMPORARY LICENSES OR SPECIAL PERMITS.

No person shall be eligible for examination unless such person is a full eighteen years old, a citizen of the United States of America, of good moral character, and a graduate of an accredited high school.

Applicants for examination for a license to practice optometry in the State of South Dakota shall be graduates from institutions recognized and approved by the South Dakota Board of Examiners in Optometry.

Applicants must submit to the federal and state background investigations and pay the fees associated with that investigation as set by the state and federal entities.

Applicants desiring to be examined must file with the secretary, a properly executed application together with an application fee of \$175.00 in the form of a certified check, or money order, payable to the South Dakota Board of Examiners in Optometry, upon completion of the National Board Examination. An INCOMPLETE application will not admit an applicant for examination.

No application fee will be returned after the application has been accepted by the board due to withdrawal of the applicant or his failure to take the examinations, excepting that the board may, under special mitigating circumstances, apply said fee on subsequent application.

I hereby promise and pledge that I will carefully read and study the South Dakota Optometry Laws (Chapter 36-7 of the South Dakota Codified Laws), and the Rules and Regulations of the South Dakota Board of Examiners in Optometry (Article 20:50 of the 1974 Administrative Rules of South Dakota). Passage of the South Dakota State Law and Ethics exam is required. The minimum grade for successful passage of the exam is 75%.

I further pledge that I will faithfully submit and conform myself and my actions to obey, observe, perform, fulfill, and keep all the provisions of the South Dakota Optometry Law, and the Rules and Regulations of the South Dakota Board of Examiners in Optometry. I will at all times assist the duly constituted authorities in enforcement of the Optometry Laws and South Dakota Board of Examiners in Optometry Rules and Regulations.

I hereby agree that if statements made by me in this application prove false, or if I shall violate the above agreements, my certificate shall become null and void and I will immediately return it to the board upon their written demand.

I further certify that I will not receive from anyone, or give aid to anyone that would assist me or them in answering any questions on the State Law and Ethics examination I am granted.

I declare and affirm under the penalties of perjury this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signed: _____ Date: _____
Printed: _____

The South Dakota Board of Examiners in Optometry administers its examinations in a manner which does not discriminate against a qualified applicant with a disability. Applicants with disabilities who wish to request reasonable testing accommodations should immediately write Deni Amundson, Executive Secretary, PO Box 6, Langford, South Dakota, 57454, for assistance in contacting the appropriate testing site if necessary.

INSTRUCTIONS TO APPLICANTS FOR CRIMINAL BACKGROUND CHECK PROCESS

1. Pursuant to SDCL 36-7-12.2, effective July 1, 2009, each applicant for licensure is required to submit a full set of fingerprints with the completed application to obtain a state and federal criminal background check.
2. When you submit your application to the South Dakota Board of Examiners in Optometry, fingerprint cards will automatically be mailed to you.
3. The fingerprint cards you receive from the SDBEO **must** be the cards you use for fingerprints, since specific agency data is pre-printed on them.
4. Contact your local law enforcement agency for fingerprinting.
5. Mail the completed fingerprint cards and a separate check or money order for \$43.25 payable to the South Dakota Division of Criminal Investigation. You will mail this to:
South Dakota Board of Examiners in Optometry
PO Box 6
Langford, SD 57454
6. Your application will not be processed until your completed application and fingerprint cards are received. The Board does not issue temporary licenses.
7. You will not receive a permanent license until the fingerprint results from the Federal Bureau of Investigation (FBI) are received by the Board, approximately 2-3 weeks.
8. Cards will be rejected if bent, folded, tampered with, stained, smeared, or stapled. If rejected, you will be notified to resubmit your cards.

If you have any questions regarding this process, please contact the board offices at (605) 493-6504, or email sdoptboard@venturecomm.net.

PLEASE MAKE SURE THE FOLLOWING ITEMS ARE INCLUDED WITH APPLICATION OR HAVE BEEN SENT TO THE SD BOARD OF OPTOMETRY:

- Application and Fee: \$175.00
- National Board Scores
- Pre-Optometry Transcripts
- Optometry Transcripts
- SD Law and Ethics Exam- 75% or above (If you did not complete this with the National Board within one year from date of application, please contact the board secretary to make arrangements after application has been sent.)
Study materials can be found on our website, <http://optometry.sd.gov>, SDCL 36-7, SDCL 47-11B, and Administrative Rule 20:50.
- 2 Photographs (one notarized)
- License verification letter from all current and prior State Boards of Optometry that includes any current or previous disciplinary actions.
- Letter from current state board of optometry or copy of rules indicating current scope of practice.
- Work history for past five years.
- Location and Phone Number of Practice
- Completed fingerprint cards and check for \$43.25 made payable to the SD Division of Criminal Investigation. (See previous page for instructions.)
- Address Form (See following page.)
- Certificate Fee: \$25.00
- Pro-Rated License Fee: This will depend on date of licensure. Yearly fee is \$300 for 10/1-9/30. Contact board secretary for exact amount.
- Office Inspection: Applicant must notify the Secretary of the Board within 60 days of establishing a practice in this state. If you are working for or with an established practice, that has previously been inspected, you will not need to fulfill this requirement.

SD Board of Optometry

PO Box 6
Langford, SD 57454
Phone: 605-493-6504
Email: sdoptboard@venturecomm.net

Name: First: _____ Middle: _____ Last: _____

Date: _____

Primary Practice Name: _____

Primary Practice Address: _____

Primary Practice Telephone: _____

Home Address: _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____

Please indicate where you would prefer to receive correspondence from the Board:

Does your practice have satellite offices? If so, please indicate the cities where they are located.

If applicable, please indicate any states, other than South Dakota, you hold an optometric license:

PLEASE DO NOT FORGET TO NOTIFY THE BOARD OF ANY CHANGES TO THIS INFORMATION.

OPTOMETRY LICENSE APPLICATION

Requirements and Instructions- Applicant may keep this page for reference.

- Complete and mail enclosed application. The application fee of \$175.00 must be sent by check or money order with the application. The application is good for one year from the date received. The application fee is non-refundable and must be paid again if reapplying after the expiration of the application. The application may be filled out electronically, but must be signed in ink and mailed to the address above.
- National Board Scores must be sent to the South Dakota Board of Optometry directly from the National Board of Examiners in Optometry.
- Official transcripts are required from all pre-optometric and optometric university education and must be sent directly from the school. Copies or unofficial transcripts will not be accepted.
- You will need to successfully complete the SD Law and Ethics exam. This may be done in conjunction with the National Board exam or you may arrange to have the exam proctored in South Dakota by a board member. Contact the board executive secretary at sdoptboard@venturecomm.net to schedule the exam in South Dakota.
 - Study materials may be found on our website: <http://optometry.sd.gov>
 - SDCL 36-7 ~ SDCL 47-11B ~ Administrative Rule 20:50
- Pursuant to SDCL 36-7-12.2, effective July 1, 2009, each applicant for licensure is required to submit a full set of fingerprints with the completed application to obtain a state and federal criminal background check.
 - Instructions for completion:
 - Upon receipt of this application, fingerprint cards will automatically be mailed to the home address indicated on the application. If you would like them sent to another address, please provide this request in writing with the application.
 - The fingerprint cards you receive from the SDBEO **must** be the cards you use for the fingerprints since specific agency data is pre-printed on them. Make sure you fill out both sides of the cards before they are returned.
 - Contact your local law enforcement agency for fingerprinting.
 - Mail the completed fingerprint cards to the above address. Please include a check or money order for \$43.25 made payable to the **“South Dakota Division of Criminal Investigation”**.
 - Cards will be rejected if they have been bent, folded, tampered with, stained, smeared or stapled. If rejected, you will be notified to resubmit your cards.
 - Your application will not be processed until the results of the background check have been received. This board does not issue temporary licenses or special permits.
- License verification forms from page 9 must be submitted for each state listed in the “record of licensure” on page 4.
- Two references of good moral character must be submitted using the forms on pages 7 and 8.
- When all documents have been received, you will receive notification that includes information outlining the remaining fees that will need to be paid to complete licensure including the pro-rated yearly license fee (\$300 per year) and certificate fee (\$25). Your certificate will be mailed upon receipt of the check or money order, address update form on page 10, and all other requirements as outlined in this application.

***Documents can also be found on the SDBEO website for your convenience in providing them to required parties.**



Attach Photo Here

For identification purposes, the applicant shall furnish one passport sized photograph taken not more than one year before the date of application.

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OPTOMETRY LICENSE APPLICATION- NEW GRADUATE

DEMOGRAPHIC INFORMATION

First Name:	Middle Name:	Last Name:
Social Security #:	Birth Date:	Gender:
Have you ever been known under any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list name(s):		

Personal Contact Information

Home Mailing Address:	Email Address:	
City:	State:	Zip Code:
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Home Phone:	Cell Phone:

Current Practice Information- (If licensed in another state.)

Practice Address:	Practice Phone:	
City:	State:	Zip Code:

South Dakota Practice Information

20:50:02:07. Certificate of registration. After a candidate has successfully passed the examination, the certificate of registration for admission to practice shall not be issued until the candidate has secured and equipped an office within the state of South Dakota meeting the minimum office requirements of 20:50:06:01 or has arranged a bona fide association with a registered optometrist licensed under the laws of the State of South Dakota who has an office meeting those requirements. The certificate of registration shall not be issued as a result of the examination unless the requirements of all sections of this article are met within one year from the date of the candidate was notified of passing the examination. This section does not apply when the candidate is in or entering the military or other governmental service.

Please note: *If you have not currently secured a location to practice in South Dakota, you may still submit your application. This information can be added at a later date using the document on page 10. This document will also be used to update your home information when you move to South Dakota.*

Practice Name:	Practice Address:	
City:	State:	Zip Code:
Practice Phone:	If employee, who may we contact to verify employment:	
Are you opening a new practice: Yes <input type="checkbox"/> No <input type="checkbox"/> Applicants must notify the secretary of the Board within 60 days of establishing a practice in this state. If you are not opening a new practice, you will not need to fulfill this requirement.		

EDUCATION

High School Graduation

High School Name:

City and State:

Graduation Date:

Pre-Optometric College Education

Starting with your undergraduate education, list all schools, colleges and universities attended, whether completed or not, and in chronological order.

Name of School	Address	Start Date	End Date

Degree Received:

Date of Graduation:

Education in Optometry

Name of School	Address	Start Date	End Date

Degree Received:

Date of Graduation:

MILITARY BACKGROUND

Are you currently a member of the armed forces of the United States? Yes No

Are you the spouse of a member of the armed forces of the United States? Yes No

If yes, was your spouse the subject of a military transfer to South Dakota? Yes No NA

CRIMINAL BACKGROUND INVESTIGATION

Instructions for completing the criminal background check can be found on page 1 and will also accompany the fingerprint cards that will be mailed upon receipt of this application.

36-7-12.2. Criminal background check of new applicants and licensees under disciplinary investigation. Each new applicant for licensure as an optometrist, in this state shall submit to a state and federal criminal background investigation by means of fingerprint checks by the Division of Criminal Investigation and the Federal Bureau of Investigation. Upon application, the Board of Examiners of Optometry shall submit completed fingerprint cards to the Division of Criminal Investigation. Upon completion of the criminal background check, the Division of Criminal Investigation shall forward to the board all information obtained as a result of the criminal background check. This information shall be obtained before permanent licensure of the applicant. The board may require a state and federal criminal background check for any licensee who is the subject of a disciplinary investigation by the board. Failure to submit to or cooperate with the criminal background investigation is grounds for denial of an application or may result in revocation of a license. The applicant shall pay for any fees charged for the cost of fingerprinting or the criminal background investigation.

CHILD SUPPORT INFORMATION

In accordance with 25-7A-56, the Board of Examiners in Optometry may not issue or renew any license under this chapter to a person after receiving notice from the South Dakota Department of Social Services that he or she has support arrearages in the sum of one thousand dollars or more unless he or she has made satisfactory arrangements with the Department of Social Services for payment of any accumulated arrearages. Failure to certify may result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

You must check one of the following:

- I am more than \$1,000 delinquent in complying with a child support order.
- I am currently under a child support order, but I am in compliance with the Department of Social Services.
- I am not currently under any child support order.

RECORD OF LICENSURE

I am currently or have previously been licensed to practice optometry in the following states and no others:

State	License Number	Issue Date	Expiration Date	Disciplinary Action
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.

Explanation of disciplinary action(s):

Please note: In order to complete this application, the license verification form on page 9 must be completed and returned by the state licensing board from each state listed above.

PERSONAL HISTORY INFORMATION

1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever been convicted, pled no contest/nolo contender, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please note: If you answered YES to 1 or 2, provide a signed and dated explanation. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated	
3. Is there any pending criminal prosecution against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Has any license, registration, permit or certificate held by you in any state or country been denied, revoked, suspended, stipulated, or have you been placed on probation or otherwise subjected to any type of disciplinary action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been denied a license to practice optometry in another state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you ever been subject to a negligence or malpractice judgment or settlement during the scope and course of your practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. In the five years prior to application, have you completed a supervised rehabilitation program for drugs or alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you experienced a physical, emotional, or mental condition that has adversely affected your practice or endangered the health or safety of your patients in the five years prior to application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you had adverse action or ethical violation(s) during any education, residency or training program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note: For questions 3-10 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and events. You must also send all supporting applicable documents. You must attached supporting documents to the signed and dated explanation. Please put supporting documents in chronological order (most recent first).

ENDORSEMENT REQUIREMENTS

(You may skip this section if you have graduated optometry school in the past 5 years.)

20:50:02:04.03. Endorsement certification. An applicant for licensure by endorsement must submit the application form and fee required under SDCL 36-7-13 and meet all of the following conditions:

- (1) Be licensed in good standing to practice optometry in a state or territory under U.S. jurisdiction that required passage of a written, entry-level examination at the time of initial licensure;
- (2) Be licensed at the highest level of prescriptive authority possible in that jurisdiction;
- (3) Have been actively engaged in the practice of optometry, including the use of therapeutic pharmaceutical agents, for at least five consecutive years immediately preceding making application under this section;
- (4) Have submitted directly to the board all transcripts, reports, or other information the board requires; and
- (5) Pass the written examination regarding the optometry laws and administrative rules governing optometrists in the state. The candidate must request any optometry licensing agency of any U.S. jurisdiction in which the applicant is licensed or has ever been licensed to practice optometry to provide reports directly to the board describing current standing and any past or pending actions taken with respect to the applicant's authority to practice optometry in those jurisdictions, including such actions as investigations, entering into consent agreements, suspensions, revocations, and refusals to issue or renew a license. Any application received from an optometrist who has been sanctioned by revocation of license by another optometric licensing jurisdiction shall be reviewed on a case by case basis by the board.

The board retains the authority to require additional education, testing, or training prior to granting licensure under SDCL 36-7-13 when the competency of any applicant is in question. Any applicant who has previously been denied a license by the board shall apply for and meet all initial licensure requirements.

Have you met all of the requirements described above to be issued licensure through endorsement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please note: If you answered NO to the above question, please provide written documentation of circumstances. You must also attach any applicable supporting documents.

The South Dakota Board of Examiners in Optometry administers its examinations in a manner which does not discriminate against a qualified applicant with a disability. Applicants with disabilities who wish to request reasonable testing accommodations should immediately email or write the board executive secretary for assistance in contacting the appropriate testing site if necessary.

AUTHORIZATION AND RELEASE

- No person shall be eligible for examination unless such person is a full eighteen years old, a citizen of the United States of America, of good moral character, and a graduate of an accredited high school.
- Applicants for examination for a license to practice optometry in the State of South Dakota shall be graduates from institutions recognized and approved by the South Dakota Board of Examiners in Optometry.
- Applicants must submit to the federal and state background investigations and pay the fees associated with that investigation as set by the state and federal entities.
- Applicants desiring to be examined must file with the secretary, a properly executed application together with an application fee of \$175.00 in the form of a certified check, or money order, payable to the South Dakota Board of Examiners in Optometry, upon completion of the National Board Examination. An INCOMPLETE application will not admit an applicant for examination.
- Applicant are required to provide a social security number on this application. An independent license number will be issued upon licensure.
- Upon licensure, general license, practice address, and disciplinary actions will be posted on the South Dakota Board of Examiner's website. Licensee demographic information may also be shared with other state entities for statistical purposes.
- I understand that passage of the South Dakota State Law and Ethics exam is required, and that the minimum grade for successful passage of the exam is 75%. I will therefore carefully read and study the South Dakota Optometry Laws, including South Dakota Codified Law chapters 36-7 and 47-11B, and Administrative Rules of South Dakota Article 20:50.
- I will further faithfully submit and conform myself and my actions to obey, observe, perform, fulfill, and keep all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota. I will at all times assist the duly constituted authorities in enforcement of the laws governing Optometry in South Dakota.
- I hereby agree that if statements made by me in this application prove false, or if I shall violate the above agreements, my certificate shall become null and void and I will immediately return it to the board upon their written demand.
- I further certify that I will not receive from anyone, or give aid to anyone that would assist me or them in answering any questions on the State Law and Ethics examination I am granted.

CERTIFYING STATEMENT

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief all information contained herein is true and correct and that the photograph attached hereto is a true likeness of myself. I hereby authorize the State Board of Examiners in Optometry to verify any and all information contained in this application. I authorize the South Dakota Board of Examiners in Optometry to obtain and review any and all records and files pertaining to my licensure and practice in this and any other state in which I am or have been licensed in optometry or have applied to be licensed in optometry, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority."

Signature of Applicant: _____

Printed Name of Notary Public: _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

My commission expires: _____



Board of Examiners in Optometry
PO Box 6
Langford, SD 57454
sdoptboard@venturecomm.net
Telephone: (605) 493-6504
Fax: (605) 493-6579
Website: <http://optometry.sd.gov>

REFERENCE FORM

(Must be signed by an optometrist licensed and in good standing from any U.S. state.)

Please complete this reference form and return it directly to the address shown above.

This is to certify that I have been personally acquainted with _____
for _____ years. I believe him/her to be of good moral character and I hereby recommend him//her to the South Dakota Board of
Examiners in Optometry as entirely worthy to be licensed to practice optometry in the State of South Dakota pursuant to law.

Additional Comments:

Please note: No member of the profession is expected to sign this recommendation who does not know the applicant personally or who is not willing to supply additional information concerning this person's character and education upon request from the South Dakota Board of Examiners in Optometry.

Your Name (Printed):

Your Signature:

Address:

City:

State:

Zip:

Phone:

Email Address:

State of Optometry License (Currently Practicing):

License Number:

Number of Years in Practice:



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Additional Comments:

Please note: No member of the profession is expected to sign this recommendation who does not know the applicant personally or who is not willing to supply additional information concerning this person's character and education upon request from the South Dakota Board of Examiners in Optometry.

Your Name (Printed):

Your Signature:

Address:

City:	State:	Zip:
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Phone:

Email Address:

State of Optometry License (Currently Practicing):	License Number:
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Number of Years in Practice:



SOUTH DAKOTA DEPARTMENT OF HEALTH

Board of Examiners in Optometry
PO Box 6
Langford, SD 57454
sdoptboard@venturecomm.net
Telephone: (605) 493-6504
Fax: (605) 493-6579
Website: http://optometry.sd.gov

REQUEST FOR LICENSE VERIFICATION

(Must be completed by the regulatory agency of any other state in which you have been licensed.)

Applicant Name: License Number: Issue Date: Expiration Date: Current License Status: Active [] Inactive [] Expired [] Revoked [] Probation [] Other [] Is this individual considered to be in good standing in your state? Yes [] No [] If no, please explain: Has this license ever been revoked, suspended, restricted, limited, or placed on probation? Yes [] No [] If yes, please explain: Is this individual currently under investigation or charged with a violation? Yes [] No [] If yes, please explain: Was this individual required to pass a written examination at the time of initial licensure? Yes [] No [] Was this individual required to pass a written examination at the time of initial licensure? Yes [] No [] Is or was this individual licensed at the highest level of prescriptive authority possible in your jurisdiction? Yes [] No [] If no, please explain: If this license is not in good standing or has ever been revoked, suspended, restricted, limited, or placed on probation, please provide a copy of the final order or other documentation of action taken.

FORM COMPLETED BY:

Name (Printed): Signature: Title: State Agency: Date:





SOUTH DAKOTA DEPARTMENT OF HEALTH

Board of Examiners in Optometry

PO Box 6

Langford, SD 57454

sdoptboard@venturecomm.net

Telephone: (605) 493-6504

Fax: (605) 493-6579

Website: <http://optometry.sd.gov>

DEMOGRAPHICS UPDATE

(Do not send with application. You will send this with remaining fees prior to receiving certificate.)

First Name:	Middle Name:	Last Name:
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Email Address:	Cell Phone:
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South Dakota Primary Practice Information

Practice Name:	Practice Address:
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City:	State:	Zip Code:
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Practice Phone:	If employee, who may we contact to verify employment:
-----------------	---

Employment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp/PRN <input type="checkbox"/>	Hours Worked Per Week:
--	------------------------

Satellite or Secondary Office Information

Practice Name:	Practice Address:
----------------	-------------------

City:	State:	Zip Code:
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Practice Phone:	Hours Worked Per Week:
-----------------	------------------------

Employment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp/PRN <input type="checkbox"/>
--

Home Address Information

Home Address:	Home Phone:
---------------	-------------

City:	State:	Zip Code:
-------	--------	-----------

Mail Preference

Where would you prefer to receive mail correspondence from the Board? Primary Practice Address <input type="checkbox"/> Home Address <input type="checkbox"/>

Please note: You will receive email correspondence from the Board executive secretary with payment reminders and continuing education updates so it is important to have an active email address on file.

Signed:	Date:
---------	-------

South Dakota Board of Optometry

INVOICE

PO Box 6
Langford, SD 57454
Phone: (605) 493-6504
Email: sdoptboard@venturecomm.net

Date: March 28, 2016
Invoice #: 858
For: 2016 License Renewal Fee

Bill To:

Description	Amount
2016 License Renewal Fee	\$300.00
Total:	\$300.00

CONTINUING EDUCATION: SHORT _____ / CURRENT

REMINDER: OE Tracker reports are not automatically generated. If you attended any events recorded through this program, it is your responsibility to mail in the attendance history.

Please contact the board secretary if you do not wish to renew your license.

If you are short CE hours, please send your CE verification with your renewal fee. Checks received prior to CE verification will be returned.

Make all checks payable to the **South Dakota Board of Optometry**.

PAYMENT IS DUE BY SEPTEMBER 30, 2016-THANK YOU !

If you have any questions regarding this invoice please contact Deni Amundson at 605-493-6504 or email sdoptboard@venturecomm.net.



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Website: <http://optometry.sd.gov>

MAILING ADDRESS

Date:

Invoice#:

INVOICE

Description	Amount
October 1, 2016-September 30, 2017 License Renewal Fee	\$300.00
Total:	\$300.00

INSTRUCTIONS FOR LICENSE RENEWAL

1. REVIEW THE ENCLOSED CONTINUING EDUCATION FORM.

- As a reminder, the SD Board of Optometry does not generate OE Tracker reports. If you attended any events recorded through this program, it is your responsibility to print and mail the attendance history to receive proper credit.
- If your CE is not current, you must enclose the proper verification of continuing education hours with your license renewal.
- Please do not send your license renewal check until your continuing education requirements have been met. Checks received prior to CE documentation will be returned.

2. REVIEW THE ENCLOSED DEMOGRAPHIC INFORMATION FOR ACCURACY.

- You may indicate any changes directly on the form.

3. RETURN THE SIGNED AND UPDATED DEMOGRAPHIC FORM WITH A CHECK OR MONEY ORDER FOR \$300.

- You may also send continuing education with these documents.
- Payment and continuing education must be post-marked prior to October 1, 2016, to avoid a \$100 late fee or potential disciplinary actions against your license.
- If you do not wish to renew your license, please contact the board secretary to complete the required voluntary non-renewal document.

36-7-20. Annual renewal of certificate--Revocation on default--Restoration of certificate. Each licensed optometrist residing in or in active practice within the State of South Dakota shall, on or before the first day of October in each year pay to the State Board of Examiners in Optometry a fee to be set in rule by the Board of Examiners, in default of which the board may, in compliance with chapter 1-26, revoke his license or certificate, either for failure to comply with the continuing education requirements or nonpayment of such fee, but the payment of such fee at or before the time of hearing, with such additional sum as may be fixed in rule by the board. shall excuse the default.

20:50:02:08. Annual renewal fees. The annual renewal fee for licensed optometrists is \$300 if paid by the first day of October of each year. The additional fee for reinstatement after a default, pursuant to SDCL [36-7-20](#), is \$100.

Continuing Education Requirements. Refer to bottom of enclosed continuing education form for summary or <http://optometry.sd.gov> to see complete administrative rules. 20:50:08:01, 20:50:08:02, 20:50:08:02.01, 20:50:08:02.02, 20:50:08:02.03, and 20:50:08:04.



**SOUTH DAKOTA
BOARD OF EXAMINERS
IN
OPTOMETRY**

PO Box 6
Langford, SD 57454
Phone: (605) 493-6504
Email: sdoptboard@venturecomm.net
<http://doh.sd.gov/boards./optometry/>

APPLICATION FOR LICENSE RENEWAL

PLEASE INDICATE ANY CHANGES DIRECTLY ON THIS FORM

Name: _____

Primary Practice Name: _____

Primary Practice Address: _____

Primary Practice Phone: _____

Home Address: _____

Home Phone: _____

Alternate Phone: _____

Email: _____

Preferred mailing address (Home or Office): _____

Satellite Offices: _____

Other States With OD License: _____

Employment Status: _____



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Website: <http://optometry.sd.gov>

DEMOGRAPHICS UPDATE

The following is the information the Board currently has on file.
Please indicate any changes directly on this form and return with your renewal.

First Name:	Middle Initial:	Last Name:	
Email Address:		Cell Phone:	
Primary Practice Information			
Practice Name:		Hours Worked Per Week:	
Practice Address:		City:	
State:	Zip Code:	Practice Phone:	
Employment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/PRN <input type="checkbox"/> Retired/Not Working <input type="checkbox"/> Employed in Other Field <input type="checkbox"/>			
Satellite or Secondary Office Information			
Practice Name:		Practice Address:	
City:	State:	Zip Code:	Hours Worked Per Week:
Home Address Information			
Home Address:			Home Phone:
City:	State:	Zip Code:	
Mail Preference			
Where would you prefer to receive mail correspondence from the Board? Primary Practice Address <input type="checkbox"/> Home Address <input type="checkbox"/>			
<i>Please note: You will receive email correspondence from the Board executive secretary with payment reminders and continuing education updates so it is important to have an active email address on file.</i>			
Social Security Number:			
Signing this form indicates that I have reviewed the above information for accuracy and filled in any missing information. It also indicates my wish to renew my South Dakota optometric license for the 2016-2017 year.			
Signature: _____		Date: _____	

SOUTH DAKOTA BOARD OF OPTOMETRY CONTINUING EDUCATION

NAME: _____ CERTIFICATE NO: _____ YEARS: 2014-2017

DATE	HRS	COPE#	COURSE	LECTURER	PLACE
9/12/2014	2	42163-CL	Irregular Cornea	Reeder	SDOS
11/1/2014	0.5		Drug Delivery Options for Retinal Disease	Thomas	Ophthal. Ltd.
11/1/2014	0.75		Unexplained Vision Loss	Geraets	Ophthal. Ltd.
11/1/2014	0.5		Ocular Prostheses: Care and Management of Patients with Artificial	McCann	Ophthal. Ltd.
11/1/2014	0.5		Exodeviations and Convergence Insufficiency	West	Ophthal. Ltd.
11/1/2014	0.75		Neuro-Ophthalmologic Diagnoses That Cannot Be Missed	Dierks	Ophthal. Ltd.
11/1/2014	0.5		Ancillary Testing and the Management of Glaucoma	Osmudnson	Ophthal. Ltd.
11/1/2014	0.75		Why Not Femot?	Eide	Ophthal. Ltd.
11/1/2014	0.75		Normal Tension Glaucoma: Diagnosis and Management	Erickson	Ophthal. Ltd.
11/1/2014	0.5		Thyroid Eye Disease	Hammer	Ophthal. Ltd.
11/1/2014	0.5		Open Discussion/ Case Studies	Misc.	Ophthal. Ltd.
3/14/2015	1	44115-PO	Industry Update	Thompson	VTV
3/14/2015	1	44118-PO	ReLACS, the New State of Cornea, and the Final Frontier	Berdahl	VTV
3/14/2015	1	44140-LP	Ocular Surface Disease and Skin Therapies	Schmit	VTV
3/14/2015	1	44141-GL	Advanced Daignostics for Corneal Hysteresis and MIGS for Glaucoma	Rasmussen	VTV
3/14/2015	1	44116-PO	Advancements in Post-Operative Care	Ibach	VTV
3/14/2015	1	40502-PM	PM- Optometric Documentation, Coding, and Reimbursement	Mack	VTV
3/14/2015	1	44142-PO	Finishing the Refractive Journey with Excellence	Wallin	VTV
3/14/2015	1	44505-GO	Clinical Management of Ocular Surface Disease in OD Practice	Thompson	VTV

16 Year 1- September 1, 2014 through August 31, 2015 CURRENT

2/20/2016	1	47816-SD	Interpretation of OCT in the Management of Diabetic Macular Edema	Sepah	BHREI
2/20/2016	1	47810-SD	Current Concepts in the Managemetrn of Retinal Vasculitis	Nguyen	BHREI
2/20/2016	1	47714-PO	Oculoplastics Recognition and Treatment	Shaftel	BHREI
2/20/2016	1	47763-PO	This Isn't Your Grandfathers Cataract Surgery	Khachikian	BHREI
2/20/2016	2	47737-GL	Maximizing OCT in Diagnosis and Management of Glaucoma	Marrelli	BHREI
2/20/2016	1	39960-PO	Co-Managing Cataract Surgery	Spencer	BHREI

7 Year 2- September 1, 2015 through August 31, 2016 CURRENT

Year Total		3 Year Total	Need for renewal
16	Year 1- September 1, 2014 through August 31, 2015	16	0
7	Year 2- September 1, 2015 through August 31, 2016	23	0
	Year 3- September 1, 2016 through August 31, 2017		

STATE REQUIREMENTS:

- ➡ 45 CE Hours needed every 3 year period.
- ➡ Five TPA hours required each year. (No more than 2 can be self-directed learning.)
- ➡ No more than 4 hours practice management.
- ➡ No more than 9 hours of self-directed learning.
- ➡ Surgical/Ophthalmologist Observation- 1 hour for every 2 hours observation- 4 hours maximum.
- ➡ Video/Recorded Webinars/Teleconference- 2 hours maximum
- ➡ Correspondence/Internet Courses- 4 hours maximum
- ➡ Live Webinars- must document "LIVE" on the certificate- 4 hours maximum

Highlighted lines do not apply towards total hours.

Hours needed for renewal must be received by September 30.