



Board of Examiners in Optometry
PO Box 513
Wall, SD 57790
sdoptboard@goldenwest.net
Telephone: (605) 279-2244
Website: <http://optometry.sd.gov>

AGENDA

Monday, March 28, 2022
In-Person Meeting
AmericInn- Conference Room
312 Island Drive, Fort Pierre, SD 57532
8:00 a.m. (CST)

1. Approval of Agenda
2. Board Member Request for Conflict Waiver
3. Public Comment
4. Approve minutes from the regular meeting on August 25, 2021, and telephonic meetings on September 15, 2021, and January 5, 2022.
5. Treasurer's Report
 - a. Financial Reports
 - b. Database/Renewal Software Update
6. Board Review and Approve CE Courses
 - a. Non-COPE CE Approval
 - b. Online CE Waiver Extension: 20:50:08:02.01
 - c. Extend Approval Authority until July 1, 2022
7. Old Business
 - a. National and State Issues Monitored
8. New Business
 - a. Licensing
 - 22-4
 - b. Legal Counsel Update
 - c. Statute Update
 - d. Administrative Rule Review
 - Updated COPE Categories
 - e. Contracts
9. Time and place of next meeting
10. Adjournment

Individuals needing assistance, pursuant to the Americans with Disabilities Act, should contact the in Board of Examiners in Optometry (605-279-2244) or sdoptboard@goldenwest.net at least 24 hours advance of the meeting to make any necessary arrangements.



South Dakota Board of Examiners in Optometry

Meeting Minutes

August 25, 2021
8:00 AM (CST)
Telephonic/Zoom Meeting

DRAFT MINUTES
HAVE NOT BEEN
APPROVED BY THE
BOARD

Board Members		Board Staff Present
Ashley Crouch, OD	Present	Deni Amundson, Executive Secretary Megan Borchert, DOH Board Attorney
Jamie Farnen, Consumer Member	Present	
Brian Gill, OD	Absent	Guests
Angela Hase, OD, President	Present	
Scott Schirber, OD	Present	
		Deb Mortenson, South Dakota Optometric Society Aimee Schulte, OD, SDOS President

Attendance: President Hase called the meeting to order at 8:05 AM on August 25, 2021.

1. Approval of Agenda:

Board Action: S Schirber moved to approve the agenda, seconded by J Farnen. Vote:

Crouch	YES	Hase	YES
Farnen	YES	Schirber	YES
Gill	Absent	4 YES, MOTION CARRIED	

2. Conflict of Interest: All board members reported no conflict with agenda items.

3. Approval Minutes:

Board Action: J Farnen moved to approve the minutes from the regular meeting on March 26, 2021, and the Zoom/telephonic meetings on June 24, 2021, and July 20, 2021, seconded by S Schirber. Vote:

Crouch	YES	Hase	YES
Farnen	YES	Schirber	YES
Gill	Absent	4 YES, MOTION CARRIED	

4. Financial Reports:

Board Action: Deni Amundson presented the treasurer's report found on pages 11-12 of the agenda packet. A Crouch moved to accept treasurer's report, seconded by J Farnen. Vote:

Crouch	YES	Hase	YES
Farnen	YES	Schirber	YES
Gill	Absent	4 YES, MOTION CARRIED	

Deni Amundson reported that she's been researching options to upgrade the current database to a system that provides online renewal and credit card processing. Tabled until next meeting.

5. Board Review and Approve CE Courses:

Board Action: The Board reviewed one request for continuing education as presented in pages 14-16 of the agenda packet. J Farmen moved to decline this request for credit, seconded by S Schirber. Vote:

Crouch	YES	Hase	YES
Farmen	YES	Schirber	YES
Gill	Absent	4 YES, MOTION CARRIED	

7. Old Business

A. National and State Issues Monitored: Deb Mortenson, Executive Director for the South Dakota Optometric Society, provided updates on federal robocall legislation, the expansion of Medicaid, and state level legalization of marijuana issues. No other new information or action taken.

8. New Business:

A. Licensing:

Board reviewed application 22-2.

Board Action: A Crouch moved to provisionally approved application 22-2 and allow her to begin practicing September 1, 2021, pending background check. If the background check had any issues, the license may be suspended or rescinded immediately. Seconded by S Schirber. Vote:

Crouch	YES	Hase	YES
Farmen	YES	Schirber	YES
Gill	Absent	4 YES, MOTION CARRIED	

New Licensee:

- Melanie Hamiel

B. Board Member Seat Updates: President Hase announced the appointment of Brian Gill, OD, to the board. She also opened up nominations for a vice president.

Board Action: J Farmen moved to name S Schirber as vice president of the board. Seconded by A Crouch. Vote:

Crouch	YES	Hase	YES
Farmen	YES	Schirber	YES
Gill	Absent	4 YES, MOTION CARRIED	

C. Legal Counsel Update: Deni Amundson reported that Megan Borchert had accepted a position with the Attorney General's office. She is still representing this board in the interim until the South Dakota Department of Health appoints a replacement. Megan was thanked for her work on this board. An update will be provided again at the next meeting.

D. Statute and Administrative Rule Review:

Pages 17-45 of the agenda packet reflect legal counsel recommendations for amendments to the current administrative rules contained in Administrative Rules and Regulations chapter 20:50. South Dakota Codified Laws chapters 37-7 was omitted from the packet in error. The South Dakota Optometric Society requested a review of 36-7-1.2 be added to the final packet at the next meeting. Tabled until next meeting.

9. Public Comment: No public comment

10. Time and Place of Next Regular Meeting:

Monday, March 28, 2022- In-Person Meeting
AmericInn- Conference Room
312 Island Drive, Fort Pierre, SD 57532
8:00am (CST)

11. Adjournment:

Board Action: J Farmen moved to adjourn meeting at 9:20 AM, seconded by A Crouch. Vote:

Crouch	YES	Hase	YES
Farmen	YES	Schirber	YES
Gill	Absent	4 YES, MOTION CARRIED	



South Dakota Board of Examiners in Optometry

Telephonic Meeting Minutes

September 15, 2021
6:00 PM (CST)

DRAFT MINUTES
HAVE NOT BEEN
APPROVED BY THE
BOARD

Board Members		Board Staff Present
Ashley Crouch, OD	Present	Deni Amundson, Executive Secretary Megan Borchert, Board Attorney
Jamie Farnen, Consumer Member	Present	
Brian Gill, OD	Present	Public Attendance
Angela Hase, OD, President	Present	
Scott Schirber, OD, Vice President	Present	
		Deb Mortenson, South Dakota Optometric Society

* A call-in number and physical location were posted on the board's website, State of South Dakota board portal, and in the physical location as available for public access to listen to and participate in the meeting.

1. Attendance: President Hase called the meeting to order at 6:02 PM on September 15, 2021.

2. Approval of Agenda

Board Action: J Farnen moved to approve the agenda, seconded by B Gill Roll call vote:

Crouch	YES	Hase	YES
Farnen	YES	Schirber	YES
Gill	YES	5 YES, MOTION CARRIED	

3. Conflict of Interest: All board members reported no conflict with agenda items.

4. New Business

A. Licensing: None

B. Extension of Continuing Education Approval Authorization:

Board Action: S Schirber moved to extend the authorization allowing executive secretary, D Amundson, to approve COPE approved continuing education until March 31, 2022, seconded by A Crouch. This will continue to be monitored. Roll call vote:

Crouch	YES	Hase	YES
Farnen	YES	Schirber	YES
Gill	YES	5 YES, MOTION CARRIED	

Board Action: J Farnen moved to extend the waiver allowing COPE approved online CE to be considered the same as live CE until March 31, 2022, seconded by B Gill. D Amundson will provide an update to all licensees. This will continue to be monitored. Roll call vote:

Crouch	YES	Hase	YES
Farnen	YES	Schirber	YES
Gill	YES	5 YES, MOTION CARRIED	

C. Statute and Administrative Rule Review:

Board Action: The board has been working on a redline review of SDCL 36-7. A final draft of these revisions is contained in the agenda packet and was presented to the South Dakota Optometric Society, the South Dakota Board of Medical & Osteopathic Examiners, and the South Dakota State Medical Association for comment. No opposition was received. Deb Mortenson, with the South Dakota Optometric Society, indicated they would be testifying in favor of the revisions. S Schirber moved to approve the suggested statute revisions contained in the agenda packet, seconded by J Farmen. The final revision of administrative rules will be reviewed at the next meeting. Roll call vote:

Crouch	YES	Hase	YES
Farmen	YES	Schirber	YES
Gill	YES	5 YES, MOTION CARRIED	

5. Public Comment:

None

6. Time and Place of Next Meeting:

Next Meeting: Monday, March 28, 2022, 8:00AM (CST): Live Meeting- Location to be determined in Pierre.

7. Adjournment:

Board Action: At 6:24pm, A Crouch moved to adjourn meeting, seconded by J Farmen. Roll call vote:

Crouch	YES	Hase	YES
Farmen	YES	Schirber	YES
Gill	YES	5 YES, MOTION CARRIED	



South Dakota Board of Examiners in Optometry

Telephonic Meeting Minutes

January 5, 2022
6:00 PM (CST)

DRAFT MINUTES
HAVE NOT BEEN
APPROVED BY THE
BOARD

Board Members		Board Staff Present
Angela Hase, OD, President	Present	Deni Amundson, Executive Secretary Megan Borchert, Board Attorney
Ashley Crouch, OD	Present	
Craig Dockter, OD	Absent	Public Attendance
Scott Schirber, OD	Absent	
Jamie Farmen, Consumer Member	Present	
		Deb Mortenson, South Dakota Optometric Society

* A call-in number and physical location were noticed as available for public access to listen to and participate in the meeting.

1. Attendance: President Hase called the meeting to order at 6:00 PM on December 10, 2020.

2. Approval of Agenda

Board Action: B Gill moved to approve the agenda, seconded by J Farmen. Roll call vote:

Crouch	YES	Hase	YES
Farmen	YES	Schirber	YES
Gill	YES	5 YES, MOTION CARRIED	

3. Conflict of Interest: All board members reported no conflict with agenda items.

4. New Business

A. Licensing:

Board reviewed application 22-3.

Board Action: S Schirber moved to provisionally approve application 22-3 and allow him to begin practicing January 7, 2022, pending background check. If the background check has any issues, the license may be suspended or rescinded immediately. Seconded by A Crouch. Roll call vote:

Crouch	YES	Hase	YES
Farmen	YES	Schirber	YES
Gill	YES	5 YES, MOTION CARRIED	

New Licensee:

- Tyler Vermeer

5. Statute and Administrative Rule Update: No action taken.

6. Public Comment: None

7. Time and Place of Next Meeting:

Next Meeting: Monday, March 28, 2022, 8:00AM (CST): AmericInn- Conference Room, 312 Island drive, Fort Pierre, SD 57532.

*May change in response to COVID-19 pandemic at that time.

8. Adjournment:

Board Action: At 6:12pm, A Crouch moved to adjourn meeting, seconded by J Farnen. Roll call vote:

Crouch	YES	Hase	YES
Farnen	YES	Schirber	YES
Gill	YES	5 YES, MOTION CARRIED	

Remaining Authority by Object/Subobject

Expenditures current through 02/26/2022 01:20:24 PM

HEALTH -- Summary

FY 2022 Version -- AS -- Budgeted and Informational

FY Remaining: 34.2 %

09208 Board of Optometry - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
EMPLOYEE SALARIES							
5101030 Board & Comm Mbrs Fees	1,444	1,080	0	0	364	25.2	
Subtotal	1,444	1,080	0	0	364	25.2	
EMPLOYEE BENEFITS							
5102010 Oasi-employer's Share	164	83	0	0	81	49.4	
Subtotal	164	83	0	0	81	49.4	
51 Personal Services							
Subtotal	1,608	1,163	0	0	445	27.7	
TRAVEL							
5203020 Auto Priv (in-st.) L/rte	200	0	0	0	200	100.0	
5203030 Auto-priv (in-st.) H/rte	1,000	0	0	0	1,000	100.0	
5203100 Lodging/in-state	380	0	0	0	380	100.0	
5203140 Meals/taxable/in-state	258	0	0	0	258	100.0	
5203150 Non-taxable Meals/in-st	200	0	0	0	200	100.0	
Subtotal	2,038	0	0	0	2,038	100.0	
CONTRACTUAL SERVICES							
5204020 Dues & Membership Fees	850	850	0	0	0	0.0	
5204050 Computer Consultant	1,000	0	4,000	0	-3,000	0.0	
5204060 Ed & Training Consultant	4,000	4,000	0	0	0	0.0	
5204080 Legal Consultant	22,000	475	0	0	21,525	97.8	
5204090 Management Consultant	38,700	27,627	11,690	0	-617	0.0	
5204100 Medical Consultant	2,000	0	10,000	0	-8,000	0.0	
5204180 Computer Services-state	278	0	0	0	278	100.0	
5204200 Central Services	1,380	510	0	0	870	63.0	
5204204 Central Services	305	186	0	0	119	39.0	
5204207 Central Services	306	251	0	0	55	18.0	
5204590 Ins Premiums & Surety Bds	600	0	0	0	600	100.0	
Subtotal	71,419	33,899	25,690	0	11,830	16.6	
SUPPLIES & MATERIALS							
5205310 Printing-state	800	0	0	0	800	100.0	
Subtotal	800	0	0	0	800	100.0	
52 Operating							
Subtotal	74,257	33,899	25,690	0	14,668	19.8	

Total	75,865	35,062	25,690	0	15,113	19.9
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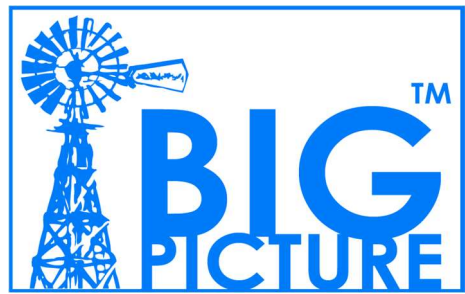
Subobject	Description	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Actual	FY20 Actual	FY21 Actual	FY22 3/1/2022
	Salaries										
5101030	Board & Comm Members	720	720	660	780	900	660	600	1,020	180	1,080
5102010	OASI-Employer's	56	55	51	61	69	50	46	81	14	83
5203010	Auto-State										
	Board Member Travel	1,268	996	855	1,229	1,002	1,467	1,482	2,131	-	-
	*Includes: Auto, Meals, Lodging										
5204020	Dues & Memberships	750	750	750	750	750	750	750	850	850	850
5204060	Ed & Training	4,000	4,000	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	1,595	175	350	315	128	765	-
5204100	Medical Consultant (investigator)	2,375	-	-	360	2,140	-	753	-	248	-
5204080	Legal Consultant	25,953	25,482	16,949	12,623	30,665	26,376	15,388	21,202	7,150	475
5204090	Management Consultant	28,974	25,960	28,588	31,703	33,924	34,541	35,214	35,251	34,366	27,627
5204180	Computer Services- State					213	158	62	76	84	
5204200	Central Services	681	778	802	828	1,125	1,115	1,195	1,262	1,069	510
5204204	Central Services	199	261	233	192	192	199	245	286	274	186
5204207	Central Services	111	319	208	242	293	230	205	360	44	251
5204960	Other Contractual							75			
5205310	Printing-State		483		1048			385	626	482	
5204590	Ins Premiums & Surety Bds	470	750	740	380	335	815	900	880	245	
5205350	Postage				36			9		13	
5207905	Computer			1868							
5207451	Office Furniture and Fixtures										
5207491	Telephone Equipment									25	
5207901	Computer Hardware									157	
52053901	Food Stuffs								24		
	TOTAL EXPENSES	69,356.00	63,367.00	56,110.00	55,827.00	75,783.00	70,711.00	61,624.00	68,177.00	49,966.00	35,062.00
	TOTAL REVENUE	52,660.58	54,109.40	54,491.16	71,403.85	72,734.74	73,801.78	75,524.55	75,454.24	76,015.09	72,508.76
	REVENUE - EXPENSES	-16,695.00	-9,258.00	-1,618.84	15,576.85	-3,048.26	3,090.78	13,900.55	7,277.24	26,049.09	37,446.76
	CASH CENTER BALANCE	47,283.03	38,025.23	36,406.28	51,986.12	48,935.18	52,025.36	65,925.77	73,202.49	94,237.52	131,684.19

3/1/2021 109,450.67
 3/1/2020 92,572.85
 3/1/2019 84,138.02
 3/1/2018 64,900.50

South Dakota Board of Examiners in Optometry

e-Licensing & Database

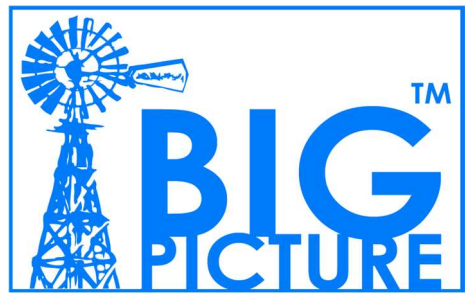
Service Type	Service Item	Costs		
Pricing Summary	First Year Annual Licensing/Support & Maintenance	\$5,100		
	Big Picture Software Stand-up & Database Implementation	\$20,250		
	Total Estimated Fees		\$25,350	
		Dev Cost	Hours	Total
Big Picture Software Licensing tools and Development	Online Renewal System (Renewal Application for OD)	\$135	20	\$2,700
	Online Application (OD License Application)	\$135	30	\$4,050
	Payment Processing Integration	\$135	10	\$1,350
	Database Configuration (Up to 4 System Users)	\$135	20	\$2,700
	CE Tracking (Upload Certificates and Track CE Courses Attended)	\$135	20	\$2,700
	Verifications	\$135	20	\$2,700
	Simple Compliant Tracking	\$135	10	\$1,350
	Data Import (Less than 500 Records)	\$135	20	\$2,700
	Total			\$20,250
	First Year Hosting/Support/Maintenance			\$5,100.00
	2nd Year Hosting/Support/Maintenance			\$5,300.00
Annual Pricing Summary	3rd Year Hosting/Support/Maintenance			\$5,500.00
	4th Year Hosting/Support/Maintenance			<u>\$5,700.00</u>
	Total			\$21,600.00



Digital transformation in government is accelerating, and Big Picture's Software-as-a Service (SaaS) platform helps agencies realize the benefits of this rapid modernization of technology. Many agencies continue to struggle with the costs and resources required to maintain older systems

Agencies who have implemented online licensing services, can expect to see on average within 6 to 12 months:

- A shift to 97% of licensee applications received through online application processing
- 90% of license renewals completed online
- Anywhere from \$3,000 to \$25,000 direct mail expenses eliminated per annum depending on size of agency
- On average a 33% reduction in incomplete renewals and applications
- 81% decrease in hours spent manually reviewing and processing paper applications per month
- 10% reduction in late/outstanding renewals
- \$5,000- \$25,000 in manual license processing costs eliminated
- 50% reduction in processing time of applications
- 5-30 hours of staff time previously spent on manual applications saved per month
- Agencies on average have gone from 60% to 85% paperless with the adoption of Big Picture Software within the first 3 to 4 months
- Late renewals reduced from up to 20% before Big Picture Software to 5% after deployment
- Renewal license fee payments by check reduced from 20-30% a year before Big Picture Software to 2% after deployment



- Approximately 35 hours of staff time previously spent on manual applications and renewals saved per week
- 10% increase in revenue over the previous quarter (before deploying Big Picture Software)

In addition to simplifying and streamlining the licensing process altogether, Big Picture Software can help with the elimination of printed documentation, traditional mail delivery, and tedious manual work.

Big Picture Software's seamless payment processing capabilities will also transform an agency's ability to collect payments and track them against licensing applications and renewals versus having to manually match paper documentation against mailed in payments

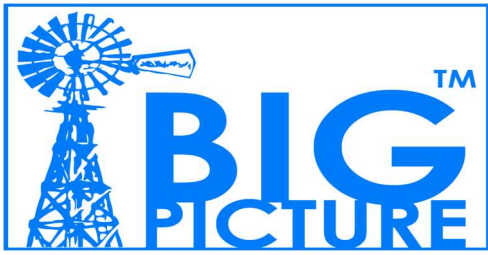
Challenge:

Most agencies and boards that we have worked with process all licensing almost completely manually before Big Picture Software, which can inundate an agency with thousands of mailed documents and payments each year.

Big Picture Software enables individuals to renew their professional licenses quickly and efficiently, practically eliminating mailed-in documentation and manual payment. Enabling licensees to engage and complete their transactions online and lets you reduce costs and human resources, while increasing customer satisfaction.

Replacing legacy systems with an integrated cloud solution saves time – speeding up current processes anywhere from 30% to 50%, depending on the agency's previous solution – while enabling you to increase service offerings and licensee satisfaction.

From the public's point of view, accessing government services should be as simple as ordering groceries or a rideshare. People who have grown accustomed to Amazon and eBay expect an engaging and responsive experience from any device, at any time – including government websites.



South Dakota Boards currently using Big Picture Software

- South Dakota Board of Dentistry
- South Dakota Board of Nursing
- South Dakota Department of Health
- South Dakota Board of Abstract Examiners
- South Dakota Board of Addiction & Prevention Professionals
- South Board of Social Workers
- South Dakota Board of Examiners for Counselors & Marriage & Family Therapists
- South Dakota Board of Funeral Services
- South Dakota Hearing Aid Dispensers and Audiologists
- South Dakota Board of Massage Therapy
- South Dakota Board of Nursing Facility Administrators
- South Dakota Board of Podiatry
- South Dakota Board of Psychologist Examiners
- South Dakota Board of Speech-Language Pathology



To: South Dakota Board of Examiners in Optometry
Deni Amundson, Executive Secretary
PO Box 513
Wall SD 57790
605-279-2240

From: CodeWise Technologies, LLC.
Rick Sommerfeld, President
PO Box 184
Horace ND 58047
701-541-3240

RE: Estimate for SD Board of Examiners in Optometry Online Licensing System

Dear Deni Amundson,

CodeWise submits the enclosed project estimate to be considered for the SD Board of Examiners in Optometry Online Licensing System.

We look forward to hearing from you and thank you for the opportunity to put this document together. Please do not hesitate to contact me if you have any questions.

Sincerely,

Rick Sommerfeld, President
CodeWise Technologies, LLC.



SD Board of Examiners in Optometry Online Licensing System Estimate


Deliverables
<ul style="list-style-type: none">• Gather requirements• Work with SD BIT to setup environments• Move database from Microsoft Access to Microsoft SQL• Create online licensing system• Update current Access licensing system with online licensing modules and reports• Setup online payments• Weekly conference calls• Review system• Updates from review• Final review• Install new system• Maintenance


Total Estimate: \$25,000

NOTE: There will be no additional monthly or yearly fees

Screenshots From SD Board of Chiropractic Examiners System

Sign-In Page:


Login Help



[Forgot your password?](#)

[Don't have an account? Sign up now](#)

Home Page



SOUTH DAKOTA
BOARD OF CHIROPRACTIC EXAMINERS

Rick Sommerfeld [Log out](#)

Please check your malpractice expiration date. If it shows expired, please email declaration page to the board office. Licenses will not be renewed if malpractice shows expired.


[i Update Information](#)

Inactive Chiropractor - License #528


First Name	Last Name	Address
Roger		
City	State	Zip
Mesa	AZ	85207
Phone	Email	Malpractice Expiration
	rick@cwtech.io	3/18/2006

Receipts

NUMBER	STATUS	AMOUNT	DATE
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Renewal Page:



SOUTH DAKOTA
BOARD OF CHIROPRACTIC EXAMINERS

Rick Sommerfeld [Log out](#)

Please check your malpractice expiration date. If it shows expired, please email declaration page to the board office. Licenses will not be renewed if malpractice show expired.

License Renewal

Any license Renewal fee not received before December 31st of the current year, will be considered delinquent. A \$100.00 late fee will be assessed along with the normal Renewal fee to be paid by January 15th. Further board action may be taken after January 15th if Renewal fees and late fees are not paid.

☒ **ACTIVE**

1. Personal Information

First Name	Middle	Last Name
<input type="text" value="Roger"/>	<input type="text"/>	<input type="text" value=""/>
Email		Phone
<input type="text" value="rick@cwtech.io"/>		<input type="text" value=""/>
Address		
<input type="text" value=""/>		
City	State	Zip
<input type="text" value="Mesa"/>	<input type="text" value="Arizona"/>	<input type="text" value="85207"/>

License Details

2

x 1 - Late Fee	\$100.00
x 1 - Inactive Chiropractor Renewal	\$50.00
Total (USD)	\$150.00

2. Personal History

1. Since the date of your last application for licensure in the State of South Dakota, have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a DUI whether or not sentence was imposed or suspended?

☐ Yes ☐ No

2. Since the date of your last application for licensure in the State of South Dakota, have you been treated for a drug or alcohol addiction or participated in a rehabilitation program?

☐ Yes ☐ No

3. Since the date of your last application for licensure in the State of South Dakota, have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?

☐ Yes ☐ No

4. Since the date of your last application for licensure in the State of South Dakota, have you had any disease or condition that interfered with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. mental or emotional disease or condition; alcohol or other substance abuse; and/or physical disease or condition, that interfered with your ability to competently and safely perform the essential functions involved in practice as a chiropractor?

4. Certifying Statement

"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 the information given in this applicaiton is true, correct and complete. I hereby authorize the South Dakota Board of Chiropractic Examiners to verify any and all information contained in this Renewal application, including information maintained in applicable data banks. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, 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 posession of applicable information to release such information to the licensing authority."

Signature of Applicant

Digital Signature Here

Signature Date

mm/dd/yyyy



Continue to Checkout

Cancel

Check-out Page:

Checkout

There will be no additional fees for use of credit/debit card. The Board of Examiners will absorb that cost at this time.

First Name

Roger

Last Name

Address

City

Mesa

State

Arizona

Zip

85207

Checkout Details

2

x 1 - Late Fee	\$100.00
x 1 - Inactive Chiropractor Renewal	\$50.00
Total (USD)	\$150.00

Card Number

Expiration
Month

Choos


Expiration
Year

CVV

Pay Now

Back

Receipt Page:



**SOUTH DAKOTA
BOARD OF CHIROPRACTIC EXAMINERS**

Rick Sommerfeld [Log out](#)

Please check your malpractice expiration date. If it shows expired, please email declaration page to the board office. Licenses will not be renewed if malpractice shows expired.


Receipt #77

Receipt Details 2

x 1 - Late Fee	\$100.00
x 1 - Inactive Chiropractor Renewal	\$50.00
Total (USD)	\$150.00

Done

Back to Home Page:




**SOUTH DAKOTA
BOARD OF CHIROPRACTIC EXAMINERS**

Rick Sommerfeld [Log out](#)

Please check your malpractice expiration date. If it shows expired, please email declaration page to the board office. Licenses will not be renewed if malpractice shows expired.

[i Update Information](#)

Renewal In Review



Thank you for your renewal payment. Your renewal will be reviewed and license will be mailed from the board office within 7 business days. If any additional information is needed for issuance of license, you will be notified from the board office.

Inactive Chiropractor - License #528

First Name	Last Name	Address
Roger		
City	State	Zip
Mesa	AZ	85207
Phone	Email	Malpractice Expiration
	rick@cwtech.io	3/18/2006

Receipts

NUMBER	STATUS	AMOUNT	DATE	
77	Paid	\$150.00	3/14/2022	View



2022 South Dakota Legislature
House Bill 1028
ENROLLED

AN ACT

ENTITLED An Act to update certain provisions related to the licensure of optometrists.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. That chapter 36-7 be amended with a NEW SECTION:

As used in this chapter, the term, board, means the South Dakota Board of Examiners in Optometry.

Section 2. That § 36-7-3 be AMENDED:

36-7-3. The Governor shall appoint five members to the board. Four members must be optometrists in active practice in this state for at least five years preceding the appointment. One member must be a representative of the public who is a resident of this state and who is not associated with, or financially interested in, the practice or business of optometry. The term of each member is three years commencing on July first. The Governor shall, by appointment, fill any vacancy. No member may serve more than three consecutive, full terms. The appointment of a person to an unexpired term is not considered a full term.

Section 3. That § 36-7-3.2 be AMENDED:

36-7-3.2. The board shall continue within the Department of Health.

Section 4. That § 36-7-10 be AMENDED:

36-7-10. It is a Class 2 misdemeanor for any person who is not the holder of a certificate of registration or exemption, issued and recorded as provided in this chapter, to practice or offer to practice optometry within the state.

Section 5. That § 36-7-11 be AMENDED:

36-7-11. The board may issue a license to an applicant that:

- (1) Submits an application on a form prescribed by the board;
- (2) Pays the application fee set by rules promulgated by the board pursuant to chapter 1-26, not to exceed one hundred seventy-five dollars;
- (3) Is eighteen years or older, and a citizen of the United States or a resident of South Dakota;
- (4) Is of good moral character;
- (5) Is a graduate of an optometric school or college approved by the Accreditation Council on Optometric Education or the board;
- (6) Has passed all required sections of a national board examination approved by the board; and
- (7) Has committed no act for which disciplinary action may be justified.

Section 6. That § 36-7-12.1 be AMENDED:

36-7-12.1. Any applicant for licensure as an optometrist after July 1, 1986, shall satisfactorily complete all pharmacology studies and clinical experience required by this chapter and the board, and attain a passing grade on the pharmacology portion of a national board examination approved by the board.

Section 7. That § 36-7-13 be AMENDED:

36-7-13. The board may issue a license to practice as an optometrist by endorsement to a person who has been licensed as an optometrist under the laws of another state or territory under United States jurisdiction if:

- (1) The person submits an application and pays the required fee set by rules promulgated by the board pursuant to chapter 1-26, not to exceed one hundred seventy-five dollars;
- (2) In the opinion of the board, the applicant meets the qualifications required of an optometrist in this state at the time of the applicant's original licensure; and
- (3) The applicant has engaged in the practice of optometry for at least five consecutive years immediately preceding application under this section.

The board may require additional education, testing, or training before granting licensure if competency of any applicant is in question. Any applicant who has been denied a license by the board must reapply and meet all initial licensure requirements before the board may grant licensure.

Section 8. That § 36-7-15 be AMENDED:

36-7-15. The board may:

- (1) Promote the safe and qualified practice of optometry;
- (2) Promulgate rules pursuant to chapter 1-26 to govern standards for the safe and qualified practice of optometry, to adopt a code of ethics or professional conduct, and to establish criteria for advertising by optometrists;
- (3) Prepare an annual budget;
- (4) Expend funds for administrative, legal, consultative, and other necessary services from fees received by the board;
- (5) Examine, license, endorse, and renew the licenses of qualified applicants;
- (6) Define what constitutes a recognized optometric school;
- (7) Establish the minimum amount and type of continuing education to be required of each optometrist seeking renewal of a license; and
- (8) Administer oaths and take testimony pursuant to §§ 1-26-19.1 and 1-26-19.2.

Section 9. That § 36-7-17 be AMENDED:

36-7-17. Every optometrist in this state shall furnish the board satisfactory evidence that the licensee practices optometry as a profession, in an individual personal capacity under the optometrist's own name or as a partner of another licensed optometrist and not as a corporation, limited liability company or agent, employee, officer, member, or partner of a corporation or limited liability company, except where a practice as an officer, employee, member, or agent of a corporation is established under the terms of chapter 47-11B. A violation of this section is a Class 2 misdemeanor.

Nothing in this section precludes a licensed optometrist from serving as a shareholder, officer, or director of a corporation established under the terms of chapter 58-41 as a health maintenance organization, a preferred provider organization, individual practices association, or other form of entity whatever established for group health care purposes.

Section 10. That § 36-7-18 be AMENDED:

36-7-18. Each optometrist shall conspicuously display any license, and subsequent proof of renewal, issued by the board under this chapter at the optometrist's primary place of practice. A violation of this section is a Class 2 misdemeanor.

Section 11. That § 36-7-20 be AMENDED:

36-7-20. Each optometrist licensed pursuant to this chapter shall apply, on a form approved by the board, for a renewal of the license. The renewal must be issued by the board upon payment of a fee set by the board by rule promulgated pursuant to chapter 1-26, not to exceed three hundred dollars, and upon verification that the optometrist has met the requirements for continuing education as provided in § 36-7-20.2. The renewal must be in the form of a receipt acknowledging payment of the required fee and signed by the secretary of the board.

Failure to renew the license on or before October first of each year constitutes a forfeiture of the optometrist's license. The license may be renewed at the discretion of the board upon application and payment of the fee required by § 36-7-11, and a late fee set by the board by rules promulgated pursuant to chapter 1-26, not to exceed one hundred dollars for each month the renewal is late.

Section 12. That § 36-7-20.2 be AMENDED:

36-7-20.2. The board shall establish requirements for continuing education by rules promulgated pursuant to chapter 1-26. Any continuing education course must be certified by the Council of Optometric Practitioner Education or approved by the board. Attendance at any course must be submitted by each optometrist when renewing a license pursuant to § 36-7-20. The board may waive any or all of this requirement in case of certified illness or undue hardship.

Section 13. That § 36-7-21 be AMENDED:

36-7-21. The board may remit the license fee of any optometrist on active duty in the armed forces of the United States.

For the purposes of this section, the term, active duty in the armed forces, means full-time duty in the active military services and reserve components of the United States, including the National Guard and Reserve, while serving under published orders for active duty or full-time training.

Section 14. That § 36-7-24 be AMENDED:

36-7-24. The board, in compliance with chapter 1-26, may impose disciplinary sanctions against any optometrist for the following causes:

- (1) Conviction of a felony, as shown by a certified copy of the record of the court of conviction;
- (2) Obtaining, or attempting to obtain, a license by fraudulent misrepresentation;
- (3) Malpractice;
- (4) Continued practice when knowingly having an infectious or contagious disease, or after sustaining a physical or mental disability that renders further practice potentially harmful or dangerous;
- (5) Use of alcohol or other substances that renders the optometrist unfit to practice with reasonable skill and safety;
- (6) Unprofessional conduct; or
- (7) Failure to submit to or cooperate with the criminal background investigation requested by the board.

Section 15. That § 36-7-25 be AMENDED:

36-7-25. The term, unprofessional conduct, as used in this chapter, means:

- (1) Any conduct of a character likely to deceive or defraud the public;
- (2) The loaning of a license by any licensed optometrist or any person or corporation;
- (3) Violating any provision of this chapter or any rule promulgated by the board;
- (4) Splitting or dividing a fee or compensation with any person or corporation;
- (5) The obtaining of any fee or compensation by fraud or misrepresentation;
- (6) Employing, either directly or indirectly, any suspended or unlicensed optometrist to perform any work covered by this chapter;
- (7) The advertising of optometric practice, treatment, advice, or costs in which untruthful, improbable, misleading, or impossible statements are made;
- (8) Failure to maintain adequate safety and sanitary conditions, or meet the requirements of an optometric clinic in accordance with the standards set forth in this chapter and any rule promulgated by the board in accordance with chapter 1-26;
- (9) Inappropriate prescribing to any person in quantities and under circumstances apparent to the board that the prescription was not made for legitimate medicinal purposes related to the practice optometry, or prescribing in a manner or in amounts that, in the opinion of the board, endanger the wellbeing of a patient or the public in general;

- (10) The failure to refer a patient to a physician licensed pursuant to chapter 36-4 if examination of the eye indicates a substantial likelihood of pathology that requires the attention of a physician;
- (11) Any conviction of a criminal offense related to the practice of optometry;
- (12) Consistently misdiagnosing or consistently prescribing improper therapy;
- (13) Failing to hold in professional confidence all information concerning a patient;
- (14) Failing to comply with state and federal laws on keeping records regarding possessing and dispensing controlled substances or habit-forming drugs;
- (15) Falsifying the records of a patient;
- (16) Exercising influence within the optometrist-patient relationship for the purpose of engaging a patient in sexual activity. For purposes of this subdivision, the patient is presumed incapable of giving free, full, and informed consent to sexual activity with the optometrist;
- (17) Engaging in sexual harassment;
- (18) Any practice or conduct that tends to constitute a danger to the health, welfare, or safety of patients or the public, or engaging in conduct that is unbecoming of an optometrist;
- (19) Discipline by the licensing board of another state or territory under United States jurisdiction if the violation is also a violation of this chapter or any rule promulgated by the board;
- (20) Not reporting discipline by a licensing board of another state or territory under United States jurisdiction to the board; and
- (21) Not reporting a conviction of a criminal offense arising out of the practice of optometry to the board.

Unprofessional conduct, as defined in this section, may not be the basis for criminal prosecution unless otherwise declared unlawful.

Section 16. That § 36-7-27 be AMENDED:

36-7-27. After one year, and upon application and proof that the disqualification has ceased, the board may reinstate a person whose license has been revoked, if no other basis for denial of the license exists.

Section 17. That § 36-7-3.1 be REPEALED.

Section 18. That § 36-7-4 be REPEALED.

Section 19. That § 36-7-5 be REPEALED.

Section 20. That § 36-7-6 be REPEALED.

Section 21. That § 36-7-8 be REPEALED.

Section 22. That § 36-7-12 be REPEALED.

Section 23. That § 36-7-14 be REPEALED.

Section 24. That § 36-7-15.1 be REPEALED.

Section 25. That § 36-7-15.2 be REPEALED.

Section 26. That § 36-7-15.3 be REPEALED.

Section 27. That § 36-7-19 be REPEALED.

Section 28. That § 36-7-20.1 be REPEALED.

Section 29. That § 36-7-20.3 be REPEALED.

Section 30. That § 36-7-20.4 be REPEALED.

Section 31. That § 36-7-29 be REPEALED.

Section 32. That § 36-7-31 be REPEALED.

An Act to update certain provisions related to the licensure of optometrists.

<p>_____</p> <p>I certify that the attached Act originated in the:</p> <p>House as Bill No. 1028</p> <p>_____</p> <p style="text-align: right;">Chief Clerk</p> <p>_____</p> <p style="text-align: right;">Speaker of the House</p> <p>Attest:</p> <p>_____</p> <p style="text-align: right;">Chief Clerk</p> <p>_____</p> <p style="text-align: right;">President of the Senate</p> <p>Attest:</p> <p>_____</p> <p style="text-align: right;">Secretary of the Senate</p> <p>House Bill No. <u>1028</u></p> <p>File No. _____</p> <p>Chapter No. _____</p>	<p>Received at this Executive Office this _____ day of _____,</p> <p>2022 at _____ M.</p> <p>By _____</p> <p style="text-align: right;">for the Governor</p> <p>_____</p> <p style="text-align: right;">Governor</p> <p>STATE OF SOUTH DAKOTA,</p> <p style="text-align: right;">ss.</p> <p>Office of the Secretary of State</p> <p>Filed _____, 2022</p> <p>at _____ o'clock ____ M.</p> <p>_____</p> <p style="text-align: right;">Secretary of State</p> <p>By _____</p> <p style="text-align: right;">Asst. Secretary of State</p>
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ARTICLE 20:50

OPTOMETRY

Chapter	
20:50:01	Definitions, <u>Repealed</u> .
20:50:02	Examinations of applicants <u>Licensing and registration</u> .
20:50:03	Optometric schools.
20:50:04	Code of ethics.
20:50:05	Advertising.
20:50:06	Office and equipment requirements.
20:50:07	Minimum examination.
20:50:08	Continuing education requirements.
20:50:09	Petitions for rules, Superseded or repealed.
20:50:10	Prescribing of contact lenses.
20:50:11	Corporate practice.
20:50:12	Complaint investigation.

CHAPTER 20:50:01

DEFINITIONS

(Repealed)

Section

~~20:50:01:01 — Definitions.~~

~~**20:50:01:01. Definitions.** Words defined in SDCL 36-7 have the same meaning when used in this article. In addition the following words mean:~~

~~(1) "Board," the State Board of Examiners in Optometry of the state of South Dakota as provided for in SDCL 36-7-3 and 36-7-3.1; and~~

~~(2) "Practice," the practice of optometry as defined by SDCL 36-7-1.~~

~~**Source:** SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986.~~

~~**General Authority:** SDCL 36-7-15.~~

~~**Law Implemented:** SDCL 36-7-1.~~

CHAPTER 20:50:02

EXAMINATIONS OF APPLICANTS LICENSING AND REGISTRATION

Section

20:50:02:01 ~~Time of examinations, Repealed.~~
 20:50:02:02 ~~Filing of applications for examination~~ Application for licensure.
 20:50:02:03 ~~Repealed.~~
 20:50:02:03.01 ~~Examination fees~~ Fees.
 20:50:02:04 ~~Examination subjects—Admission to practice, Repealed.~~
 20:50:02:04.01 ~~Repealed.~~
 20:50:02:04.02 ~~Repealed.~~
 20:50:02:04.03 ~~Endorsement certification~~ Licensure by endorsement.
 20:50:02:04.04 ~~Minimum educational requirements—Pharmaceutical agents, Repealed.~~
 20:50:02:04.05 ~~Repealed.~~
 20:50:02:04.06 ~~Repealed.~~
 20:50:02:05 ~~Transferred.~~
 20:50:02:06 ~~National board examination required.~~
 20:50:02:06.01 ~~Passing grade, Repealed.~~
 20:50:02:07 ~~Certificate of registration.~~
 20:50:02:08 ~~Annual renewal fees.~~

20:50:02:01. Time of examinations. ~~The examinations for South Dakota state law and ethics shall be given upon request by an applicant~~ Repealed.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 31 SDR 101, effective January 19, 2005; 39 SDR 127, effective January 21, 2013.

General Authority: ~~SDCL 36-7-15(1), 36-7-15.1.~~

Law Implemented: ~~SDCL 36-7-11, 36-7-12.~~

20:50:02:02. Filing of applications for examination Application for licensure.
~~Applications for the right to take examinations shall be filed in the office of the secretary of the board upon forms to be furnished by the board~~ Each applicant for licensure shall apply to the board on prescribed forms. Applicants shall attest that they have reviewed and agree to comply with South Dakota optometry law and ethics.

Source: SL 1975, ch 16, § 1; SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15.

Law Implemented: SDCL 36-7-11, 36-7-12.

20:50:02:03.01. Examination—fees Fees. The application fee for ~~taking the initial examination, which includes the state law and ethics examination,~~ licensure is \$175. An additional amount of \$25 shall be paid upon the issuance of a certificate.

Source: 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 44, effective October 20, 1986; 31 SDR 101, effective January 19, 2005; 39 SDR 127, effective January 21, 2013.

General Authority: SDCL 36-7-12.

Law Implemented: SDCL 36-7-12.

20:50:02:04. Examination subjects — Admission to practice. ~~The examination for admission to practice, which may be either written or oral, or both, shall cover subjects including but not limited to theoretical optics; visual science I; visual science II; ocular anatomy; ocular pathology; theory and practice of optometry; ophthalmic optics; public health, community optometry, and optometric jurisprudence; ocular pharmacology and treatment; practical examination, diagnosis, and treatment; and South Dakota optometry law and ethics.~~ Repealed.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 44, effective October 20, 1986.

General Authority: SDCL 36-7-15.

Law Implemented: SDCL 36-7-11.

20:50:02:04.03. ~~Endorsement certification~~ Licensure by endorsement. An applicant for licensure by endorsement shall submit the application ~~form and fee of \$175, and meet all of the following conditions required by § 20:50:02:02 and pay the required fee pursuant to § 20:50:02:03.01.~~ The application must be supported by written evidence satisfactory to the board that the applicant:

(1) ~~Be~~ Is 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~~ Is licensed at a level of prescriptive authority that, in the judgment of the board, is equal to or higher than the requirement in this state ~~as provided in SDCL 36-7-15.3 for therapeutic drugs; and~~

(3) ~~Have~~ Has been actively and routinely 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) ~~Have passed the written examination regarding the optometry laws and administrative rules governing optometrists in this state.~~

The applicant shall 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 the applicant's current standing and any past or pending actions taken with respect to the applicant's authority to practice optometry in those jurisdictions, including any investigations, entrances into consent agreements, suspensions, revocations, and refusals to issue or renew a license. The reports must be provided directly from the licensing jurisdiction to the board. Any application received from an optometrist who has been sanctioned by revocation of license by another optometric licensing jurisdiction must be reviewed on a case-by-case basis by the board.

The applicant for licensure by endorsement shall also submit a set of fingerprints on a standard card provided by the board for the purpose of obtaining a state and federal criminal background check pursuant to SDCL 36-7-12.2. The applicant must sign and submit a release form authorizing the release of the criminal history to the board.

The board retains the authority to require additional education, testing, or training prior to granting licensure under SDCL 36-7-13 if 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.

Source: 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 21 SDR 35, effective August 30, 1994; 31 SDR 101, effective January 19, 2005; 32 SDR 225, effective July 5, 2006; 34 SDR 323, effective July 2, 2008; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL 36-7-13, 36-7-15(3), 36-7-15.1, 36-7-15.2, 36-7-15.3.

Law Implemented: SDCL 36-7-13, 36-7-15.1, 36-7-15.2, 36-7-15.3.

Cross-Reference: Passing grade, § 20:50:02:06.01.

20:50:02:04.04. Minimum educational requirements – Pharmaceutical agents. ~~For the purpose of fulfilling the minimum educational requirements set forth in SDCL 36-7-15.1 the board may approve prior classroom and clinical experience hours dealing with diagnosis and treatment of ocular disease. Clinical experience must be hours in the office or clinic of a licensed ophthalmologist or an optometrist certified to prescribe and administer diagnostic and therapeutic pharmaceutical agents in South Dakota~~ Repealed.

Source: 13 SDR 44, effective October 20, 1986; 31 SDR 101, effective January 19, 2005.

General Authority: SDCL 36-7-15.1.

Law Implemented: SDCL 36-7-15.1.

20:50:02:06. National board examination required. ~~An applicant is required to~~ must pass an examination certified by the National Board of Examiners in Optometry or other national board examination approved by the board in any of the subjects required by § 20:50:02:04 and Part I (Applied Basic Science), Part II (Patient Assessment and Management), Part III (Clinical Skills), and the Treatment and Management of Ocular Disease (TMOD) of the examination certified by the National Board of Examiners in Optometry. The board may require an applicant to take additional tests ~~on any subjects listed in § 20:50:02:04,~~ including the National Board of Clinical Skills examination. The application shall indicate when the applicant took the national board examinations and the subjects covered. The applicant must have passed the examinations within the five years before the date of licensure in this state unless licensed pursuant to § 20:50:02:04.03.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 17 SDR 199, effective June 30, 1991; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL 36-7-15.

Law Implemented: SDCL 36-7-12, 36-7-12.1.

20:50:02:06.01. Passing grade. ~~The board may accept certification of a passing examination grade of an examination administered by a national board as evidence of an applicant having satisfied the requirements of § 20:50:02:06. On any examination administered by the board, a minimum grade of 75 percent in each subject must be achieved~~ Repealed.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; transferred from § 20:50:02:05, 17 SDR 199, effective June 30, 1991.

General Authority: SDCL 36-7-15, 36-7-15.1.

Law Implemented: SDCL 36-7-11, 36-7-12, 36-7-12.1, 36-7-15.2, 36-7-15.3.

CHAPTER 20:50:03

OPTOMETRIC SCHOOLS

Section

20:50:03:01 Recognized optometric schools or colleges.

20:50:03:01. Recognized optometric schools or colleges. The optometric schools or colleges referred to in SDCL 36-7-11(4)(3) are those optometric schools or colleges certified by the Council on Optometric Education of the American Optometric Association as approved optometric schools or colleges as of June, 1985. ~~Any schools or colleges certified after that date which meet the standards of certification in existence on June, 1985, may apply to the board for approval. Upon request, the board will provide a current list of approved institutions and curriculum as defined in SDCL 36-7-11(4) and 36-7-15.2.~~

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15, 36-7-15.2.

Law Implemented: SDCL 36-7-11, 36-7-15.2.

References: List of Accredited Optometric Educational Programs, ~~June, 1985~~, Council on Optometric Education, American Optometric Association. Copies may be obtained from the Council on Optometric Education, American Optometric Association, 243 North Lindbergh Blvd., St. Louis, Missouri 63141; ~~no cost for list~~ <https://www.aoa.org>.

CHAPTER 20:50:04

CODE OF ETHICS

Section

20:50:04:01 Confidential communications.

20:50:04:02 Advising patient.

20:50:04:03 Serving as optician prohibited.

20:50:04:04 Maintenance of office.

20:50:04:05 Use of word "doctor."

20:50:04:05.01 Repealed.

20:50:04:06 Optometrist to write and release prescription – Requests for medical records.

20:50:04:07 Claims of superiority.

20:50:04:08 Repealed.

20:50:04:09 Division of fees – Payments to employees.

20:50:04:10 Repealed.

20:50:04:11 Improper business relationships.

20:50:04:12 ~~Scope of practice – Procedural codes, Repealed.~~

~~Appendix A – Procedural Code List, Repealed.~~

20:50:04:11. Improper business relationships. To ensure that the services provided by an optometrist to a patient are based solely on the optometrist's professional judgment and not influenced by other business considerations, the following business relationships are prohibited:

(1) An office rental, lease, or office space-sharing arrangement which by virtue of location causes the optometrist to be in violation of SDCL 36-7-17 by being directly employed by or connected with another person or entity other than an optometrist, ophthalmologist, or other licensed healing arts professional or in which the optometrist's office, location, or place of practice is owned, operated, supervised, staffed, directed, or attended by any other person, corporation, or entity not licensed to practice optometry, ophthalmology, or other healing arts in the state of South Dakota; and

(2) An arrangement or agreement, express or implied, with any firm, business, corporation, person, or other entity not licensed to practice optometry in this state which would interfere with the optometrist's independent ability to provide professional care for patients without outside influence.

Nothing in this section shall be construed to prohibit a practice established under the terms of SDCL chapter 47-11B or affect referrals between persons authorized to practice medicine or optometry in the state of South Dakota.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 21 SDR 35, effective August 30, 1994; 32 SDR 129, effective January 31, 2006.

General Authority: SDCL 36-7-15, 36-7-17, 36-7-25.

Law Implemented: SDCL 36-7-15(3).

20:50:04:12. Scope of practice – Procedural codes. ~~A licensed optometrist may perform the optometric clinical procedures listed in Appendix A Repealed.~~

Source: 32 SDR 225, effective July 5, 2006.

General Authority: ~~SDCL 36-7-15(3).~~

Law Implemented: ~~SDCL 36-7-1, 36-7-15.~~

DEPARTMENT OF HEALTH
OPTOMETRY

PROCEDURAL CODES LIST

Chapter 20:50:04

APPENDIX A

SEE: § 20:50:04:12

(Repealed)

~~Source: 32 SDR 225, effective July 5, 2006; 34 SDR 101, effective October 18, 2007; 36 SDR 44, effective September 30, 2009; 39 SDR 127, effective January 21, 2013; 41 SDR 109, effective January 12, 2015; 43 SDR 61, effective October 24, 2016; 46 SDR 119, effective May 4, 2020.~~

APPENDIX A
Optometric Clinical Procedures Approved by South Dakota Board of Optometry
(Within this Appendix, the word "Physician(s)" refers to Optometrist(s))

CPT Code	Description of Clinical Procedure	Notes/Comments
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions.	
11201	Each additional ten lesions (list separately in addition to code for primary procedure).	
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula).	
65205	Removal of foreign body, external eye; conjunctival superficial.	
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating.	
65220	Removal of foreign body, external eye; corneal, without slit lamp.	
65222	Removal of foreign body, external eye; corneal, with slit lamp.	
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body.	
65430	Scraping of cornea, diagnostic, for smear and/or culture.	
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage).	
65600	Multiple punctures of anterior cornea (e.g., for corneal erosion, tattoo).	
65778	Placement of amniotic membrane on the ocular surface; without sutures.	
66999	Unlisted procedure, anterior segment of eye.	
67820	Correction of trichiasis; epilation, by forceps only.	
67850	Destruction of lesion of lid margin (up to 1 cm).	
67938	Removal of embedded foreign body, eyelid.	
68020	Incision of conjunctiva, drainage of cyst.	
68136	Destruction of lesion, conjunctiva.	
68040	Expression of conjunctival follicles (e.g., for trachoma).	
68761	Closure of the lacrimal punctum; by plug, each.	
68801	Dilation of lacrimal punctum, with or without irrigation.	
68810	Probing of nasolacrimal duct, with or without irrigation.	
68840	Probing of lacrimal canaliculi, with or without irrigation.	
76511	Ophthalmic ultrasound, echography, diagnostic; A scan only, with amplitude quantification.	
76512	Ophthalmic ultrasound, echography, diagnostic; contact B scan (with or without simultaneous A scan).	

CPT Code	Description of Clinical Procedure	Notes/Comments
76514	Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry unilateral or bilateral (determination of corneal thickness).	
76516	Ophthalmic biometry by ultrasound echography, A-scan.	
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation.	
76529	Ophthalmic ultrasonic foreign body localization.	
82785	Ige (allergy) tear film test.	
83520	Unlisted tear immunoassay, e.g., lactoferrin.	
83861	Microfluidic analysis utilizing integrated collection and analysis device, tear osmolarity.	
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.	
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits.	
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient.	
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits.	
92015	Determination of refractive state.	
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete.	
92020	Gonioscopy (separate procedure).	
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report.	
92060	Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure).	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.	
92071	Fitting of a contact lens for treatment of ocular surface disease.	
92072	Fitting contact lens for management of keratoconus, initial fitting.	
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent).	
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g., at least 2 isopters on	

CPT Code	Description of Clinical Procedure	Notes/Comments
	Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33).	
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2).	
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure).	
92120	Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method.	
92130	Tonography with water provocation.	
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.	
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.	
92136	Ophthalmic biometry.	
92140	Provocative tests for glaucoma, with interpretation and report, without tonography.	
92225	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial.	
92226	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; subsequent.	
92250	Fundus photography with interpretation and report.	
92260	Ophthalmodynamometry.	
92270	Electro-oculography, with interpretation and report.	
92275	Electroretinography, with interpretation and report.	
92283	Color vision examination, extended, e.g., anomaloscope or equivalent.	
92284	Dark adaptation examination, with interpretation and report.	
92285	External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereo photography).	
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count.	
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes except for aphakia.	

CPT Code	Description of Clinical Procedure	Notes/Comments
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye.	
92312	Corneal lens for aphakia, both eyes.	
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens.	
92314	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia.	
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye.	
92316	Corneal lens for aphakia, both eyes.	
92317	Corneoscleral lens.	
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation.	
92326	Replacement of contact lens.	
92340	Fitting of spectacles, except for aphakia, monofocal.	
92341	Bifocal.	
92342	Multifocal, other than bifocal.	
92352	Fitting of spectacle prosthesis for aphakia; monofocal.	
92353	Multifocal.	
92354	Fitting of spectacle mounted low vision aid; single element system.	
92355	Telescopic or other compound lens system.	
92358	Prosthesis service for aphakia, temporary (disposable loan, including materials).	
92370	Repair and refitting spectacles; except aphakia.	
92371	Spectacle prosthesis for aphakia.	
92499	Unlisted ophthalmological service or procedure.	e.g., corneal topography
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash.	
97003	Occupational therapy evaluation.	
97004	Occupational re-evaluation.	
97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.	

CPT Code	Description of Clinical Procedure	Notes/Comments
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes.	Low Vision
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes.	Low Vision
97535	Self care/home management training (e.g., activities of daily living (ADL) and compensatory training meal preparation safety procedures and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.	Low Vision
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one-on-one contact by provider, each 15 minutes.	Low Vision
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.	
99051	Services provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service.	
99053	Services provided between 10 p.m. and 8 a.m. at 24 hour facility, in addition to basic service.	
99070	Supplies and materials (except spectacles) provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided).	
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudiosochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare). (This service must employ graduated visual acuity stimuli that allow a quantitative determination of visual acuity (e.g., Snellen chart). This service may not be used in addition to a general ophthalmological service or an E/M service.)	
99173	Screening test of visual acuity, quantitative, bilateral. (The screening test used must employ graduated visual acuity stimuli that allow a quantitative estimate of visual acuity (e.g., Snellen chart). Other identifiable services unrelated to this screening test provided at the same time may be reported separately (e.g., preventive medicine services). When acuity is measured as part of a general ophthalmological service or of an E/M service of the eye, it is a diagnostic examination and not a screening test.)	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the	

CPT Code	Description of Clinical Procedure	Notes/Comments
	nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the	

CPT Code	Description of Clinical Procedure	Notes/Comments
	patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face to face with the patient and/or family.	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face to face with the patient and/or family.	
99241	Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family' needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face to face with the patient and/or family.	
99242	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face to face with the patient and/or family.	
99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed	

CPT Code	Description of Clinical Procedure	Notes/Comments
	examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	
99244	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face to face with the patient and/or family.	
99245	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face to face with the patient and/or family.	
99307	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving.	
99308	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.	
99309	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem.	

CPT Code	Description of Clinical Procedure	Notes/Comments
99310	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.	
99324	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	
99325	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	
99326	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	
99327	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	
99328	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	

CPT Code	Description of Clinical Procedure	Notes/Comments
	Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the	

CPT Code	Description of Clinical Procedure	Notes/Comments
	presenting problem(s) are of low severity. Physicians typically spend 20 minutes face to face with the patient and/or family.	
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face to face with the patient and/or family.	
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face to face with the patient and/or family.	
99344	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face to face with the patient and/or family.	
99345	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face to face with the patient and/or family.	
99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face to face with the patient and/or family.	
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity.	

CPT Code	Description of Clinical Procedure	Notes/Comments
	Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face to face with the patient and/or family.	
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face to face with the patient and/or family.	
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face to face with the patient and/or family.	
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face to face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour. (List separately in addition to code for office or other outpatient Evaluation and Management service).	
99355	Each additional 30 minutes. (List separately in addition to code for prolonged physician service).	
99499	Other Unlisted Evaluation and Management Services.	
0207T	Evacuation of Meibomian glands, automated, using heat and intermittent pressure, unilateral.	
A4263	Permanent, long-term, non-dissolvable lacrimal duct implant, each.	
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist.	
G0118	Glaucoma screening for high risk patients furnished under the direct supervision of an optometrist or ophthalmologist.	
XXXXX-55	Ophthalmic surgery co-management/postoperative care.	
S0500	Disposable contact lens, per lens.	
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens.	
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens.	

CPT Code	Description of Clinical Procedure	Notes/Comments
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass) per lens.	
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens.	
S0512	Daily wear specialty contact lens, per lens.	
S0514	Color contact lens, per lens.	
S0516	Safety eyeglass frames.	
S0518	Sunglasses frames.	
S0580	Polycarbonate lens.	
S0581	Nonstandard lens.	
S0590	Integral lens service, miscellaneous services reported separately.	
S0592	Comprehensive contact lens evaluation.	
S0620	Routine ophthalmological examination including refraction; new patient.	
S0621	Routine ophthalmological examination including refraction; established patient.	
S0820	Computerized corneal topography, unilateral.	
S0830	Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral.	

**Optometric Clinical Procedures Approved by South Dakota Board of Optometry
(these codes require hospital privileges)**

CPT Code	Description of Clinical Procedure	Notes/Comments
99221	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problems(s) and the patient's and/or family's needs. Usually, the problems requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	
99222	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	

CPT Code	Description of Clinical Procedure	Notes/Comments
99223	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.	
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a	

CPT Code	Description of Clinical Procedure	Notes/Comments
	comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.	
99238	Hospital discharge day management; 30 minutes or less.	
99239	Hospital discharge day management; more than 30 minutes.	
99251	Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	
99252	Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history, an expanded problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	
99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	
99254	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	
99255	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians	

CPT Code	Description of Clinical Procedure	Notes/Comments
	typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	
99281	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	
99282	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low or moderate severity.	
99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	
99284	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	
99285	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and pose an immediate significant threat to life or physiologic function.	
99356	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (e.g., maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient), first hour (List separately in addition to code for inpatient Evaluation and Management service).	

CPT Code	Description of Clinical Procedure	Notes/Comments
99357	Each additional 30 minutes (List separately in addition to code for prolonged physician service).	

CHAPTER 20:50:06

OFFICE AND EQUIPMENT REQUIREMENTS

Section

- 20:50:06:01 Minimum office equipment.
20:50:06:02 Inspection of office.

20:50:06:02. Inspection of office. Within 60 days following the establishment of a new practice of optometry in this state, a new licensee shall inform ~~the secretary of the board.~~ At least one member of the board shall who may conduct an inspection of the office facility and procedures. ~~This section and § 20:50:06:01 also apply to an optometrist admitted under endorsement provisions or a licensed optometrist who changes location or opens an additional office. The inspection of the office of an optometrist previously licensed in this state is at the option of the board.~~

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 21 SDR 35, effective August 30, 1994; 34 SDR 101, effective October 18, 2007.

General Authority: SDCL 36-7-15(3).

Law Implemented: SDCL 36-7-13, 36-7-15(3).

Cross-Reference: Certificate of registration, § 20:50:02:07.

CHAPTER 20:50:08

CONTINUING EDUCATION REQUIREMENTS

Section

- 20:50:08:01 Continuing education requirements.
20:50:08:02 Acceptable courses of study.
20:50:08:02.01 ~~Limits on self directed learning.~~ Repealed.
20:50:08:02.02 ~~Limits on self directed learning for continuing pharmaceutical education.~~ Repealed.
20:50:08:02.03 Limits on continuing education courses in practice management and patient protection and compliance issues.
20:50:08:03 Repealed.
20:50:08:04 Obtaining evidence of compliance.
20:50:08:05 Repealed.

20:50:08:01. Continuing education requirements. ~~To be eligible for the renewal of the initial license to practice in this state and for each annual renewal thereafter, an~~ An optometrist must complete 45 hours of continuing education as defined in SDCL 36-7-20.1 and 36-7-20.4 within each

three-year period after the date of initial licensure. ~~The board shall make at least 12 hours of continuing education courses available each year.~~

Those optometrists certified to use pharmaceutical agents for diagnostic or therapeutic purposes must complete 5 hours annually of continuing pharmaceutical education in the area of diagnosis and treatment of ocular disease to be eligible for renewal of certification. The 5 hours of annual pharmaceutical education count toward the 45 hours required each three years.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 44, effective October 20, 1986; 15 SDR 40, effective September 13, 1988; 17 SDR 199, effective June 30, 1991; 21 SDR 35, effective August 30, 1994; 31 SDR 101, effective January 19, 2005; 37 SDR 133, effective January 18, 2011.

General Authority: SDCL 36-7-15(4), 36-7-15.1.

Law Implemented: SDCL 36-7-15.1, 36-7-20, 36-7-20.1, 36-7-20.2, 36-7-20.4.

20:50:08:02. Acceptable courses of study. ~~The board shall determine acceptable continuing education courses. The board may approve courses on the following subjects or similar suitable subjects as determined by the board:~~

- ~~—— (1) Binocular vision and perception;~~
- ~~—— (2) Pathology;~~
- ~~—— (3) Contact lenses;~~
- ~~—— (4) Pharmacology;~~
- ~~—— (5) Low vision;~~
- ~~—— (6) Vision training or vision therapy;~~
- ~~—— (7) Pediatric vision care;~~
- ~~—— (8) Geriatric vision care;~~
- ~~—— (9) New instrumentation and techniques;~~
- ~~—— (10) Public health and optometric care;~~
- ~~—— (11) Optometric examinations, diagnosis, and treatment; and~~
- ~~—— (12) Patient protection and compliance issues~~ All continuing education courses must be accredited by the Council on Optometric Practitioner Education (COPE) or approved by the board.

An optometrist may receive one hour credit for every two hours of surgical/ophthalmic observation, up to four hours credit. If the location of the observation being submitted for credit is the optometrist's regular office, evidence must be provided to the board that the subject of the observation is other than the optometrist's regular practice expertise. The board must be provided with documentation signed by the ophthalmologist evidencing the observation, including a summary detailing the type of observation and the educational goal and outcome of the observation on a form provided by the board.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 24 SDR 91, effective January 6, 1998; 43 SDR 61, effective October 24, 2016; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL 36-7-15(4).

Law Implemented: SDCL 36-7-20.1, 36-7-20.2.

20:50:08:02.01. Limits on self-directed learning. ~~No more than nine hours of self-directed learning may be credited to a licensee in a three-year period to fulfill continuing education~~

requirements. The number of credit hours is limited for each self directed learning category as follows:

~~(1) Surgical/ophthalmologist observation one hour credit for every two hours of observation, up to four hours credit. If the location of the observation being submitted for credit is the optometrist's regular office, evidence must be provided to the board that the subject of the observation is other than the optometrist's regular practice expertise. The board must be provided with documentation signed by the ophthalmologist evidencing the observation, including a summary detailing the type of observation and the educational goal and outcome of the observation on a form provided by the board;~~

~~—— (2) Video, recorded webinars, and teleconferences — up to two hours credit. The course must be proctored to receive credit;~~

~~—— (3) Correspondence courses from colleges or occupational journals — up to four hours credit. The course must have self testing to receive credit; and~~

~~—— (4) Live webinars — up to four hours credit. A certificate of attendance stating it is a live webinar must be provided to the board in order to receive live webinar credit.~~

~~—— In the event of an emergency or situation not within the control of the licensee, and for good cause shown, a live stream presentation may receive credit as a live presentation Repealed.~~

Source: 24 SDR 91, effective January 6, 1998; 37 SDR 133, effective January 18, 2011; 44 SDR 99, effective December 11, 2017; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL 36-7-15(4).

Law Implemented: SDCL 36-7-20.1, 36-7-20.2.

20:50:08:02.02. Limits on self-directed learning for continuing pharmaceutical education. ~~Subject to § 20:50:08:02.01, those optometrists certified to use pharmaceutical agents for diagnostic or therapeutic purposes may not use more than two hours of instruction obtained through self directed learning, to fulfill the annual requirement of five hours of continuing pharmaceutical education Repealed.~~

Source: 24 SDR 91, effective January 6, 1998; 31 SDR 101, effective January 19, 2005; 37 SDR 133, effective January 18, 2011.

General Authority: SDCL 36-7-15.1.

Law Implemented: SDCL 36-7-15.1.

CHAPTER 20:50:10

PREScribing OF CONTACT LENSES

Section

- | | |
|-------------|--|
| 20:50:10:01 | Acts constituting prescribing of contact lenses. |
| 20:50:10:02 | Provision of contact lens prescription. |
| 20:50:10:03 | Expiration of contact lens prescription. |

20:50:10:02. Provision of contact lens prescription. A person licensed under SDCL chapter 36-7 may not issue a validated contact lens prescription until a licensed optometrist has completed follow-up evaluation of the contact lens design on the patient's eye to assure the compatibility of the lens to the eye and the patient's ocular health.

After the completion of the follow-up evaluation by the licensed optometrist, ~~if the patient requests, in writing, a copy of the contact lens specifications pursuant to SDCL 36-2-16,~~ the prescribing optometrist shall provide a copy of the validated prescription in compliance with state and federal law. The optometrist shall clearly state the expiration date on the prescription.

If a patient refuses to permit the prescribing optometrist to complete a follow-up evaluation, the prescribing optometrist shall deliver a nonvalidated prescription to the patient that includes a statement that the prescription cannot be validated without follow-up evaluation.

Source: 21 SDR 35, 21 SDR 50, effective January 1, 1995.

General Authority: SDCL 36-7-15.

Law Implemented: SDCL 36-7-1.

CHAPTER 20:50:12

COMPLAINT INVESTIGATION

Section

20:50:12:01	Complaints.
20:50:12:02	Investigations.
20:50:12:03	Completion of complaint investigation.
20:50:12:04	Status of complainant.
20:50:12:05	Failure to renew during investigation.
20:50:12:06	Costs of disciplinary actions.

20:50:12:01. Complaints. Upon receipt of a written complaint, the board may initiate an investigation pursuant to SDCL chapter 36-1C. Any person filing a complaint shall submit the complaint in writing to the executive secretary, on a form provided by the executive secretary. A complaint is not a public record. ~~Any complaint that concerns matters over which the board does not have jurisdiction will be dismissed, and the complainant will be notified of that action, an~~ An investigation may also be initiated upon receipt by the executive secretary of information sufficient to create a reasonable suspicion that a licensee is in violation of any applicable standard for professional conduct, or that the health or welfare of the public is endangered.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL 36-7-15(3).

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-41B-15.

20:50:12:02. Investigations. If the complaint alleges a violation of a matter within the board's authority or compliance with licensing standards and requirements, the executive secretary shall promptly investigate the complaint or provide the complaint to the board investigator for investigation pursuant to SDCL chapter 36-1C. The executive secretary shall give written notice to the license, permit, or certificate holder of the complaint, along with a statement that the licensee is entitled to due process rights, including the right to notice and an opportunity to be heard and to be represented by counsel. The licensee ~~will be requested to~~ shall provide a written response to the complaint, which the licensee must provide to the executive secretary within twenty days of receipt of the request, and will be notified that a copy of that response may be provided to the complainant. Upon completion of a complaint investigation, the investigator shall prepare a report to present to the executive secretary of the investigator's findings and conclusions for review. Upon review of the investigator's report, the executive secretary may direct further investigation of the matter.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL 36-7-15(3).

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15.

20:50:12:03. Completion of complaint investigation. Upon completion of a complaint investigation, the following sanctions may be imposed after a determination by the board that a violation exists:

- (1) A letter of concern, which shall be placed in the licensee's permanent records; a letter of concern is not a public record;
- (2) Formal reprimand;
- (3) Require that the licensee comply with specified terms and conditions;
- (4) Probation of license to practice optometry in the state of South Dakota;
- (5) Suspension of license to practice optometry in the state of South Dakota;
- (6) Revocation of license to practice optometry in the state of South Dakota; or
- (7) Restitution and payment of all costs and expenses of the investigation and proceedings, including attorney fees.

If the licensee disputes the determination, a contested case hearing shall be held pursuant to SDCL ~~ch. chapters~~ 1-26 and 36-1C. Pursuant to SDCL 1-26-20, informal disposition may be made by stipulation, agreed settlement, consent order, or default. A final action taken in disposition of a complaint matter is public unless otherwise provided for by law.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL 36-7-15(3).

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15.



Releases Call for Comment on Proposed Course Format Changes

To: ARBO Member Boards, COPE Administrators/Providers and Instructors
From: Council on Optometric Practitioner Education (COPE)
Date: February 25, 2022
Re: Proposed COPE Course Format Changes

As part of COPE's ongoing commitment to accredit top quality, outcomes-based continuing education, the COPE Governing Committee has completed an extensive review of the current course format options and the effectiveness of these formats within optometry and healthcare education as a whole. Based on the committee's research into CE/CME in numerous healthcare professions, COPE has determined that the overall quality of education is more important than the location of the course. Continuing education delivery methods have changed since the COVID-19 pandemic and technology now allows for immediate interaction with a course instructor regardless of learners being present in the same room. During the past two years, COPE CE Administrators have planned and executed numerous synchronous virtual COPE Accredited CE activities, and many optometrist learners have reported learning just as much, or more, in a virtual environment than they previously did in an in-person environment.

The COPE Governing Committee's recommendations for updating and modernizing the COPE course formats are attached. Table 1 shows the current COPE course format options. Table 2 lists the proposed NEW COPE course format options. Additional updated information regarding outcomes measurements and Continuing Education with Examination (CEE) is also included. We welcome your feedback on the proposed changes. **Comments will be accepted through March 31, 2022.** After the comment period closes, all comments will be reviewed by the COPE Governing Committee and the ARBO Board of Directors. COPE's final recommendations for course formats will be presented to the ARBO Member Boards at the Annual Meeting in June 2022.

Please send your comments to Lisa Fennell, ARBO Executive Director, at lfennell@arbo.org. We look forward to receiving your feedback.

Table 1. Current COPE Course Formats

Format	Definitions	Examples
1. Live	<p>A live format is when the instructor is in the same room with the participants, even if other formats are used as audiovisual aids for teaching the course. The instructor is face-to-face with the audience and can touch the participants.</p> <p>1. CE: There is no post-course test. 2. CEE (Continuing Education with Examination): There is a post-course test.</p>	<ul style="list-style-type: none"> • Grand Rounds • Hands-on Workshop • Lecture • Panel • Posters • Symposia
2. Interactive Distance Learning	<p>In an interactive distance learning format, the learners and the instructor attend together at the same time. Attendees must be able to have immediate interaction with the instructor. The activity can only be presented at one specified time, and once it has taken place, the learners may no longer participate in that activity.</p>	<ul style="list-style-type: none"> • Webinar • Video conference • Teleconference • Other format that allows for immediate interaction and feedback between the audience and the instructor
3. Enduring Distance Learning (Non-Interactive)	<p>In an enduring distance learning format there is no immediate interaction with the instructor and learners can choose when to participate.</p>	<ul style="list-style-type: none"> • Webcast • Podcast • Video • Journal • Website • Written • Other format that provides one-way content to the audience without immediate interaction with the instructor

Table 2. Proposed New COPE Course Formats

Format	Definitions	Examples
1. Synchronous a. In-person OR b. Virtual	Interactive: <ul style="list-style-type: none"> Lecturer and learner are together at the same time Real time communication between the instructor and the learner Learners can receive immediate feedback Fixed schedule; learning takes place only once at a specific date and time 	<ul style="list-style-type: none"> In-person <ul style="list-style-type: none"> Face-to-face Hands on workshop Interactive posters with authors present Remote/Virtual <ul style="list-style-type: none"> Interactive webinars in real time Videoconferences Interactive posters with authors present <p><i>*Post-course tests will not be required for courses presented in a synchronous format unless the course is for CEE credit. See CEE definition below.</i></p>
2. Asynchronous a. Distance	Non-Interactive: <ul style="list-style-type: none"> Lecturer and learner are not together at the same time No real time communication between the instructor and the learner Learners do not receive immediate feedback Content is created and made available for attendance at a later date No fixed schedule, learner-paced 	<ul style="list-style-type: none"> Recorded webinar without instructor interaction Journal article Webcast/podcast <p><i>*Post-course tests will be required for all courses presented in an asynchronous format.</i></p>

Continuing Education with Examination (CEE) is also known as Transcript Quality (TQ) or Certified CE. This type of continuing education is required to be in-person, be a minimum of 2 hours in length and include a post-course test to verify learning. Learners must score a minimum of 70% on the test in order to receive CEE credit.

As noted above, COPE is proposing not requiring a post-course test for synchronous (non-CEE) CE courses. The COPE Governing Committee has developed a menu of outcomes measurement tools that CE providers can use for synchronous courses. A preliminary list is below. This list may be modified based on feedback received.

Outcomes Measurement Mechanism for Synchronous Courses (Non-CEE)	Description
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.
Written Responses	Learners write down what they learned and indicate commitment to change or maintain an element of practice.

Audience Response System (ARS)	Learners select answers to provocative questions using the ARS. The ARS must be traceable to the individual learner.
Table-Top Exercise	Learners write down next steps in an evolving case at various set points.
Simulation	Learners demonstrate strategy/skill in a simulated setting- could be role-play or formal simulation lab.
Review of Manuscript	Learners provide constructive feedback on the manuscript according to the specifications of the journal.
Test Item Writing	Learners write test items that are evaluated by committee chair and peers.
Learning from Teaching	Identification by the teacher (who is the learner in this instance) of knowledge gaps that need to be filled in order to teach the material.



Board of Examiners in Optometry
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Telephone: (605) 279-2244
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FY22 CONTRACT SUMMARY and FY23 RECOMMENDATIONS

- **South Dakota Optometric Society- Education Services**
 - \$4,000.00 per year
 - **Proposed-FY23: Continue with same terms**
- **CodeWise- Database Services**
 - \$85.00/hour
 - Not to exceed \$4000.00
 - **Proposed- FY23: Depends on database selection.**
- **Big Picture Software- Database Services**
 - **Proposed- FY23: Depends on database selection.**
- **Scott Kennedy- Investigative Services**
 - \$90.00/hour
 - Not to exceed \$5,000.00
 - **Proposed- FY23: Continue with same terms**
- **Lisa Kollis-Young- Investigative Services**
 - \$90.00/hour
 - Not to exceed \$5,000.00
 - **Proposed- FY23: Continue with same terms**
- **Deni Amundson- Administrative Services**
 - Salary- \$1900.34/month
 - Rent- \$537.60/month
 - Office and travel expenses reimbursed, not to exceed \$7,000.00
 - \$3,062.00 for professional liability insurance
 - Not to exceed \$38631.60
 - **Proposed- FY23: TBD by board.**