



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

AGENDA

Wednesday, September 11, 2019
Telephonic Meeting
6:00 p.m. (CST)

1. Attendance
2. Approval of Agenda
3. Conflict of Interest
4. New Business
 - a. Review Application 20-2
 - b. Form for Ophthalmologist Observation for CE Credit
5. Public Comment
6. Time and place of next regular meeting:

Friday, April 24, 2020
8:00 AM (CST)
Tieszen Law Office Conference Room
306 East Capitol
Pierre, SD 57501
7. Adjournment

The public may listen to and participate in the teleconference by calling 1-720-707-2699 (Meeting ID: 631 406 498).

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



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

SURGICAL/OPHTHALMOLOGIST OBSERVATION FORM

Name of Licensee: _____ License No.: _____

Name of Ophthalmologist: _____

Date of Observation: _____ Time of Observation (Start to Finish): _____

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 area of expertise. The board must be provided documentation signed by the ophthalmologist evidencing the observation which must include a summary detailing the type of observation and the educational goal and outcome of such observation on a form provided by the board;

SUMMARY OF TYPE OF OBSERVATION:



EDUCATIONAL GOAL:

OUTCOME OF OBSERVATION (WHAT DID YOU LEARN?):

Ophthalmologist Name (Printed): _____

Ophthalmologist Name (Signed): _____ Date: _____

By signing this document, I hereby certify and declare that the information provided is true and correct. I understand that knowingly providing false information in this document may be grounds for disciplinary action against my optometric license.

Licensee Name (Printed): _____

Licensee Name (Signed): _____ Date: _____